Texas Medicaid Fee Schedule Information
TUBERCULOSIS (TB) CLINIC

This fee schedule is intended to be used by a variety of provider types and provider specialties. Some procedure codes might not apply to every provider type and provider specialty designated to use the fee schedule. For detailed benefits and limitations, providers should refer to the current year's Texas Medicaid Provider Procedures Manual and relevant issues of the Texas Medicaid Bulletin.

Field Descriptions

TOS: One-character type-of-service (TOS) code assigned to each procedure code for system administration.

TOS Desc: Description of the TOS.

Proc Code: The five-digit code for services and items defined in Current Procedure Terminology or the Healthcare Common Procedure Coding System.

Mod 1: 1st Modifier, if required for pricing determination.

Mod 2: 2nd Modifier, if required for pricing determination.

Client Age

Frm: The "from age" is the beginning of an age range, if it is required for determining pricing. Some procedure codes have more than one pricing row. If the first row has a 0-999 age range, and the second row has a 21-999 age range, then the client age range for the first row (0-999) is actually 0-20 years of age. If the first row has a 0-999 age range and the second row has a 0-20 age range, then the client age range for the first row (0-999) is actually 21-999 years of age. Refer to the Texas Medicaid Provider Procedures Manual (TMPPM) for the exact age limitations.

Thru: The "through age" is the end of an age range, if it is required for determining pricing. Some procedure codes have more than one pricing row. If the first row has a 0-999 age range, and the second row has a 21-999 age range, then the client age range for the first row (0-999) is actually 0-20 years of age. If the first row has a 0-999 age range and the second row has a 0-20 age range, then the client age range for the first row (0-999) is actually 21-999 years of age. Refer to the TMPPM for exact age limitations.

Client Age Units: Medicaid rates are based on the client's age in days, months or years.

Non-facility/Facility Non-Facility pricing is for services that are rendered in places of service other than an inpatient hospital or an outpatient hospital. Facility pricing is for services that are rendered in an inpatient hospital (place of service [POS] 3), or an outpatient hospital or ambulatory surgical center (POS 5).

Total RVUs/Base Units: The current relative value units (RVUs) for the procedure code, if the fee is a resource-based fee (RBF). The payable amount for RBFs is calculated by multiplying the total RVUs by the applicable conversion factor. For Anesthesia services only, this column shows the base units instead; and payment is based on the sum of the base units plus actual face-to-face time units multiplied by the applicable conversion factor.

Conversion Factor: The Texas Medicaid conversion factor that is applicable for determining the amount payable when the rate is calculated by base units for anesthesia services or RVUs for other services.

Medicaid Fee: The Medicaid allowed amount.

Fee Effect Date: The effective date of service for which the fee is payable.

Adjust %: A percentage reduction has been applied to the allowed fee for this service. This column shows the percent by which the fee was adjusted. Additional information about rate changes is available on the TMHP website at www.tmhp.com/pages/topics/rates.aspx.

Adjusted Fee for Report Date: A percentage reduction has been applied to the allowed fee for this service. This column does not show reductions that may have been applied using other criteria that include but are not limited to place of service, client type program, or provider specialty. Additional information about rate changes is available on the TMHP website at www.tmhp.com.

Note Codes: Note code indicator. Providers should review each note code to identify specific payment explanation or limitation. See Note Codes worksheet for applicable payment explanation or limitation.

Last Pricing Review Date: Medicaid rates are reviewed every two years or as necessary. This column shows the date on which the most recent review was conducted.

Change Ind: Indicator denoting that the Fee Schedule row has been added/updated since the last run. 'C' for change; blank for no changes.

TOS	TOS Desc	Proc Code	Mod 1	Mod 2	Client Age			Non-facility									Facility									Last Pricing Review Date	Change Ind
					Frm	Thru	Units	Total RVUs/ Base Units	Conversion Factor	Medicaid Fee	Fee Effect Date	Adjust %	Adjusted Fee for Report Date	Note Codes 1	2	3	Total RVUs/ Base Units	Conversion Factor	Medicaid Fee	Fee Effect Date	Adjust %	Adjusted Fee for Report Date	Note Codes 1	2	3		
D	TB CLINIC	71045			0	20	Years	0.77	$28.0672	$21.61	3/1/2025	0.00	$21.61													3/1/2025	
D	TB CLINIC	71045			21	999	Years	0.77	$26.7305	$20.58	3/1/2025	0.00	$20.58													3/1/2025	
D	TB CLINIC	71046			0	20	Years	1.01	$28.0672	$28.35	9/1/2023	0.00	$28.35													3/1/2025	
D	TB CLINIC	71046			21	999	Years	1.01	$26.7305	$27.00	9/1/2023	0.00	$27.00													3/1/2025	
D	TB CLINIC	71047			0	20	Years	1.27	$28.0672	$35.65	9/1/2023	0.00	$35.65													3/1/2025	
D	TB CLINIC	71047			21	999	Years	1.27	$26.7305	$33.95	9/1/2023	0.00	$33.95													3/1/2025	
D	TB CLINIC	71048			0	20	Years	1.37	$28.0672	$38.45	3/1/2025	0.00	$38.45													3/1/2025	
D	TB CLINIC	71048			21	999	Years	1.37	$26.7305	$36.62	3/1/2025	0.00	$36.62													3/1/2025	
D	TB CLINIC	86580			0	20	Years	0.30	$28.0672	$8.42	9/1/2023	0.00	$8.42													9/1/2025	
D	TB CLINIC	86580			21	999	Years	0.30	$26.7305	$8.02	9/1/2023	0.00	$8.02													9/1/2025	
D	TB CLINIC	89220			0	20	Years	0.57	$28.0672	$16.00	9/1/2025	0.00	$16.00													9/1/2025	
D	TB CLINIC	89220			21	999	Years	0.57	$26.7305	$15.24	9/1/2025	0.00	$15.24													9/1/2025	

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TOS	TOS Desc	Proc Code	Mod 1	Mod 2	Client Age			Non-facility									Facility									Last Pricing Review Date	Change Ind
					Frm	Thru	Units	Total RVUs/ Base Units	Conversion Factor	Medicaid Fee	Fee Effect Date	Adjust %	Adjusted Fee for Report Date	Note Codes 1	2	3	Total RVUs/ Base Units	Conversion Factor	Medicaid Fee	Fee Effect Date	Adjust %	Adjusted Fee for Report Date	Note Codes 1	2	3		
D	TB CLINIC	96365			0	20	Years	1.79	$28.0672	$50.24	3/1/2026	0.00	$50.24													3/1/2026	
D	TB CLINIC	96365			21	999	Years	1.79	$26.7305	$47.85	3/1/2026	0.00	$47.85													3/1/2026	
D	TB CLINIC	96366			0	20	Years	0.60	$28.0672	$16.84	3/1/2026	0.00	$16.84													3/1/2026	
D	TB CLINIC	96366			21	999	Years	0.60	$26.7305	$16.04	3/1/2026	0.00	$16.04													3/1/2026	
D	TB CLINIC	96367			0	20	Years	0.82	$28.0672	$23.02	3/1/2026	0.00	$23.02													3/1/2026	
D	TB CLINIC	96367			21	999	Years	0.82	$26.7305	$21.92	3/1/2026	0.00	$21.92													3/1/2026	
D	TB CLINIC	96368			0	20	Years	0.57	$28.0672	$16.00	3/1/2026	0.00	$16.00													3/1/2026	
D	TB CLINIC	96368			21	999	Years	0.57	$26.7305	$15.24	3/1/2026	0.00	$15.24													3/1/2026	
D	TB CLINIC	96374			0	20	Years	1.05	$28.0672	$29.47	3/1/2026	0.00	$29.47													3/1/2026	
D	TB CLINIC	96374			21	999	Years	1.05	$26.7305	$28.07	3/1/2026	0.00	$28.07													3/1/2026	
D	TB CLINIC	96375			0	20	Years	0.44	$28.0672	$12.35	3/1/2026	0.00	$12.35													3/1/2026	
D	TB CLINIC	96375			21	999	Years	0.44	$26.7305	$11.76	3/1/2026	0.00	$11.76													3/1/2026	
D	TB CLINIC	99000			0	999	Years	0.00	$0.0000	$9.31	3/1/2022	0.00	$9.31													9/1/2025	
D	TB CLINIC	99001			0	999	Years	0.00	$0.0000	$13.07	3/1/2022	0.00	$13.07				0.00	$0.0000	$13.07	3/1/2022	0.00	$13.07				9/1/2025	
D	TB CLINIC	99202			0	20	Years	0.00	$0.0000	$48.29	9/1/2023	0.00	$48.29													9/1/2023	
D	TB CLINIC	99202			21	999	Years	0.00	$0.0000	$41.09	9/1/2009	0.00	$41.09													9/1/2023	
D	TB CLINIC	99203			0	20	Years	0.00	$0.0000	$65.25	9/1/2023	0.00	$65.25													9/1/2023	
D	TB CLINIC	99203			21	999	Years	0.00	$0.0000	$55.52	9/1/2009	0.00	$55.52													9/1/2023	
D	TB CLINIC	99204			0	20	Years	0.00	$0.0000	$95.47	9/1/2023	0.00	$95.47													9/1/2023	
D	TB CLINIC	99204			21	999	Years	0.00	$0.0000	$81.24	9/1/2009	0.00	$81.24													9/1/2023	
D	TB CLINIC	99205			0	20	Years	0.00	$0.0000	$118.70	9/1/2023	0.00	$118.70													9/1/2023	
D	TB CLINIC	99205			21	999	Years	0.00	$0.0000	$101.00	9/1/2009	0.00	$101.00													9/1/2023	
D	TB CLINIC	99211			0	20	Years	0.00	$0.0000	$15.86	9/1/2023	0.00	$15.86													9/1/2023	
D	TB CLINIC	99211			21	999	Years	0.00	$0.0000	$13.49	9/1/2009	0.00	$13.49													9/1/2023	
D	TB CLINIC	99212			0	20	Years	0.00	$0.0000	$26.54	9/1/2023	0.00	$26.54													9/1/2023	
D	TB CLINIC	99212			21	999	Years	0.00	$0.0000	$22.59	9/1/2009	0.00	$22.59													9/1/2023	
D	TB CLINIC	99213			0	20	Years	0.00	$0.0000	$39.90	9/1/2023	0.00	$39.90													9/1/2023	
D	TB CLINIC	99213			21	999	Years	0.00	$0.0000	$33.95	9/1/2009	0.00	$33.95													9/1/2023	
D	TB CLINIC	99214			0	20	Years	0.00	$0.0000	$56.03	9/1/2023	0.00	$56.03													9/1/2023	
D	TB CLINIC	99214			21	999	Years	0.00	$0.0000	$47.68	9/1/2009	0.00	$47.68													9/1/2023	
D	TB CLINIC	99215			0	20	Years	0.00	$0.0000	$86.26	9/1/2023	0.00	$86.26													9/1/2023	
D	TB CLINIC	99215			21	999	Years	0.00	$0.0000	$73.40	9/1/2009	0.00	$73.40													9/1/2023	
D	TB CLINIC	H0033			0	999	Years	0.00	$0.0000	$13.53	3/1/2022	0.00	$13.53													9/1/2025	
D	TB CLINIC	H0033			0	999	Years	0.00	$0.0000	$13.53	3/1/2022	0.00	$13.53	P2												9/1/2025	
D	TB CLINIC	H0033			0	999	Years	0.00	$0.0000	$13.53	3/1/2022	0.00	$13.53	P9												9/1/2025	
D	TB CLINIC	J0278			0	999	Years	0.00	$0.0000	$0.62	3/1/2026	0.00	$0.62													9/1/2026	
D	TB CLINIC	J1956			0	999	Years	0.00	$0.0000	$2.16	9/1/2026	0.00	$2.16													9/1/2026	C
D	TB CLINIC	J2020			0	999	Years	0.00	$0.0000	$2.74	9/1/2026	0.00	$2.74													9/1/2026	C
D	TB CLINIC	J2280			0	999	Years	0.00	$0.0000	$9.16	9/1/2026	0.00	$9.16													9/1/2026	C
D	TB CLINIC	J3000			0	999	Years	0.00	$0.0000	$33.88	9/1/2026	0.00	$33.88													9/1/2026	C

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TOS	TOS Desc	Proc Code	Mod 1	Mod 2	Client Age			Non-facility									Facility									Last Pricing Review Date	Change Ind
					Frm	Thru	Units	Total RVUs/ Base Units	Conversion Factor	Medicaid Fee	Fee Effect Date	Adjust %	Adjusted Fee for Report Date	Note Codes 1	2	3	Total RVUs/ Base Units	Conversion Factor	Medicaid Fee	Fee Effect Date	Adjust %	Adjusted Fee for Report Date	Note Codes 1	2	3		
D	TB CLINIC	T1002			0	999	Years	0.00	$0.0000	$11.05	1/1/2014	-5.00	$10.50													4/1/2018	
D	TB CLINIC	T1003			0	999	Years	0.00	$0.0000	$8.09	1/1/2014	-5.00	$7.69													4/1/2018	
D	TB CLINIC	T1023			0	20	Years	0.00	$0.0000	$46.50	9/1/2026	0.00	$46.50													9/1/2026	C
D	TB CLINIC	T1023			21	999	Years	0.00	$0.0000	$44.29	9/1/2026	0.00	$44.29													9/1/2026	C

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Texas Medicaid Fee Schedule Information
TUBERCULOSIS (TB) CLINIC

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Field Descriptions

Proc Code: The five-digit code for services and items defined in Current Procedure Terminology or the Healthcare Common Procedure Coding System.

Mod 1: 1st Modifier, if required for pricing determination.

Mod 2: 2nd Modifier, if required for pricing determination.

Client Age

Frm: The "from age" is the beginning of an age range, if it is required for determining pricing. Some procedure codes have more than one pricing row. If the first row has a 0-999 age range, and the second row has a 21-999 age range, then the client age range for the first row (0-999) is actually 0-20 years of age. If the first row has a 0-999 age range and the second row has a 0-20 age range, then the client age range for the first row (0-999) is actually 21-999 years of age. Refer to the Texas Medicaid Provider Procedures Manual (TMPPM) for the exact age limitations.

Thru: The "through age" is the end of an age range, if it is required for determining pricing. Some procedure codes have more than one pricing row. If the first row has a 0-999 age range, and the second row has a 21-999 age range, then the client age range for the first row (0-999) is actually 0-20 years of age. If the first row has a 0-999 age range and the second row has a 0-20 age range, then the client age range for the first row (0-999) is actually 21-999 years of age. Refer to the TMPPM for exact age limitations.

Client Age Units: Medicaid rates are based on the client's age in days, months or years.

Clinical Lab

Fee: The rate for diagnostic tests that are performed in a clinical laboratory.

Adjusted Fee for Report Date: A percentage reduction has been applied to the allowed fee for this service. This column does not show reductions that may have been applied using other criteria that include but are not limited to place of service, client type program, or provider specialty. Additional information about rate changes is available on the TMHP website at www.tmhp.com.

Sole Community Hospital (SCH)

Fee: The rate for services that are rendered in a Medicare-designated sole community hospital.

Adjusted Fee for Report Date: A percentage reduction has been applied to the allowed fee for this service. This column does not show reductions that may have been applied using other criteria that include but are not limited to place of service, client type program, or provider specialty. Additional information about rate changes is available on the TMHP website at www.tmhp.com.

Clin. Lab & SCH

Fee Effect Date: The effective date for the Clinical Lab and Sole Community Hospital fee.

DSHS Lab

Fee: The rate for services that are performed by a Department of State Health Services (DSHS)-designated laboratory.

Adjusted Fee for Report Date: A percentage reduction has been applied to the allowed fee for this service. This column does not show reductions that may have been applied using other criteria that include but are not limited to place of service, client type program, or provider specialty. Additional information about rate changes is available on the TMHP website at www.tmhp.com.

Fee Effect Date: The effective date for the DSHS Lab fee.

Automated Test Panel: A "Y" in this column indicates that the procedure code is part of an automated test panel. Refer to the Clinical Laboratory, Automated Test Panel—Insert static fee schedule for panel pricing.

Note Codes: Note code indicator. Providers should review each note code to identify specific payment explanation or limitation. See Note Codes worksheet for applicable payment explanation or limitation.

Last Pricing Review Date: Medicaid rates are reviewed annually. This column shows the date on which the most recent review was conducted.

Change Ind: Indicator denoting that the Fee Schedule row has been added/updated since the last run. 'C' for change; blank for no changes.

Proc Code	Mod 1	Mod 2	Client Age			Clinical Lab		Sole Community Hospital (SCH)		Clin. Lab & SCH	DSHS Lab			Automated Test Panel	Note Codes			Last Pricing Review Date	Change Ind
			Frm	Thru	Units	Fee	Adjusted Fee for Report Date	Fee	Adjusted Fee for Report Date	Fee Effect Date	Fee	Adjusted Fee for Report Date	Fee Effect Date		1	2	3		
81025			0	999	Years	$8.61	$7.23	$14.04	$11.79	9/1/2021	$8.61	$8.61	7/4/2019		2			3/1/2026	
86701			0	999	Years	$8.89	$7.47	$14.50	$12.18	9/1/2021	$8.89	$8.89	7/4/2019		2			3/1/2026	
86703			0	999	Years	$13.71	$11.52	$22.36	$18.78	9/1/2021	$13.71	$13.71	7/4/2019		2			3/1/2026	

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Note Code(s): 2 - Clinical Lab Fee Schedule procedure.

P2 - Displayed fee reflects reimbursement for the service rendered in the home setting.
P9 - Displayed fee reflects reimbursement for the service rendered in the "other locations" setting.

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