Texas Medicaid Fee Schedule Information
NATIONAL DRUG CODES

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

Provider Type Classification assigned during provider enrollment and used to determine payable services.

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.

National Drug Code (NDC): A unique 11-digit number used as a universal product identifier for drugs.

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).

NDC Fee: The National Drug Code fee 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.

Provider Type	TOS	TOS Desc	Proc Code	National Drug Code (NDC)	Mod 1	Mod 2	Client Age			Non-Facility							Facility							Last Pricing Review Date	Change Ind
							Frm	Thru	Units	NDC Fee	Fee Effect Date	Adjust %	Adjusted Fee for Report Date	Note Codes 1	2	3	NDC Fee	Fee Effect Date	Adjust %	Adjusted Fee for Report Date	Note Codes 1	2	3		
HOSPITAL - PRIVATE FULL CARE	9	OTHER MEDICAL ITEMS OR SERVICES	J3590	73554211101			0	999	Y								$3,222,000.00	6/1/2025	0.00	$3,222,000.00	ND			6/1/2025	
HOSPITAL - LONG TERM, LIMITED, OR SPECIALIZED CA	9	OTHER MEDICAL ITEMS OR SERVICES	J3590	73554211101			0	999	Y								$3,222,000.00	6/1/2025	0.00	$3,222,000.00	ND			6/1/2025	
HOSPITAL - PRIVATE, O/P SERVICE/EMERGENCY CARE O	9	OTHER MEDICAL ITEMS OR SERVICES	J3590	73554211101			0	999	Y								$3,222,000.00	6/1/2025	0.00	$3,222,000.00	ND			6/1/2025	

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Note Code(s): ND - HC CADs are priced based on their NDC. The most current published fee is on the static fee schedule.

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