

**TEXAS HEALTH AND HUMAN SERVICES  
COMMISSION  
RATE ANALYSIS DEPARTMENT**

**Proposed Medicaid Payment Rates for Implantable  
Infusion Pump**

**Payment rates are proposed to be effective April 1, 2011.**

## SUMMARY OF PROPOSED MEDICAID FEES

**Effective April 1, 2011**

Included in this document is information relating to the proposed Medicaid Payment Rate for Implantable Infusion Pump.

The Health and Human Services Commission (HHSC) is responsible for the reimbursement determination functions for the Texas Medicaid Program. The proposed rates were calculated in accordance with the reimbursement methodology rules in Title 1 of the Texas Administrative Code (1 TAC):

- §355.8021, which addresses the reimbursement methodology for home health services and durable medical equipment, prosthetics, orthotics and supplies; and
- §355.8441, which address the reimbursement methodology for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services.

Reimbursements paid to providers for the procedure codes included in these rate actions are to be reduced by two percent. A one percent reimbursement reduction was implemented for services provided on and after September 1, 2010, in compliance with a plan approved in response to the January 15, 2010, letter from the Governor, Lieutenant Governor, and Speaker regarding the revision to the Spending Reduction Plan for the 2010-2011 Biennium submitted by HHSC. An additional one percent reimbursement reduction, for a total of a two percent reduction, began February 1, 2011, in response to the December 6, 2010, letter from the Governor, Lieutenant Governor, and Speaker.

HHSC will conduct a public hearing to receive comments regarding the Medicaid proposed rates on February 15, 2011, at 1:30 p.m. in the Lone Star Conference Room in Building H of the Braker Center, at 11209 Metric Boulevard, Austin, TX 78758-4021, with entrance through Security at the front of the building facing Metric Boulevard. The Health and Human Services Commission (HHSC) will consider concerns expressed at the hearing prior to final rate approval. This public hearing is held in compliance with the provisions of Human Resources Code §32.0282 and 1 TAC §355.105(g), which require a public hearing on proposed payment rates.

### **PROPOSED RATES**

TOS*	Procedure Code	Long Description	Age Range	Current Medicaid Fee	Proposed Medicaid Fee
J	E0786	implantable programmable infusion pump, replacement (excludes implantable intraspinal catheter)	0-999	Not a Benefit	\$6,055.80

*Type of Service (TOS)	
J	Durable Medical Equipment - New

Should you have any questions regarding the information in this document, please contact:

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