

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

**Notice of Proposed Adjustments to Fees, Rates or Charges  
for Special Review of Ambulatory Surgical Centers  
(ASCs)/Hospital Ambulatory Surgical Centers (HASCs)**

**Adjustments are proposed to be effective  
April 1, 2017**

## **SUMMARY OF PROPOSED ADJUSTMENTS**

**To Be Effective April 1, 2017**

Included in this document is information relating to the proposed adjustments to Medicaid payment rates for the Special Review of ASCs/HASCs. The rates are proposed to be effective April 1, 2017.

### **Hearing**

The Health and Human Services Commission (HHSC) will conduct a public hearing to receive comments regarding the proposed adjustments to Medicaid rates detailed in this document on February 16, 2017, at 1:30 p.m. in the Public Hearing Room in the Brown-Heatly Building at 4900 North Lamar Boulevard, Austin, Texas 78751, with entrance through Security at the front of the building facing Lamar Boulevard. HHSC will consider all concerns expressed at the hearing prior to final rate approval. This public hearing will be held in compliance with the provisions of Human Resources Code §32.0282 which requires a public hearing on proposed payment rate adjustments. Should you have any questions regarding the information in this document, please contact:

Leslie Cisneros, Hospital Rate Analysis  
Texas Health and Human Services Commission  
(512) 428-1962 FAX: (512) 730-7475  
E-mail: [Leslie.Cisneros@hhsc.state.tx.us](mailto:Leslie.Cisneros@hhsc.state.tx.us)

HHSC will broadcast the public hearing; the broadcast can be accessed at <http://legacy-hhsc.hhsc.state.tx.us/news/webcasting.asp>. The broadcast will be archived and can be accessed on demand at the same website.

### **Background**

HHSC is responsible for the reimbursement determination functions for the Texas Medicaid Program. Proposed rates are calculated utilizing established methodologies that conform to the Social Security Act and related federal regulations, the federally approved Texas Medicaid State Plan, all applicable state statutes and rules, and other requirements. HHSC reviews the Medicaid reimbursement rates for all acute care services every two years. These biennial reviews result in rates that are increased, decreased, or remain the same. The reviews are conducted to ensure that rates continue to be based on established rate methodologies.

### **Methodology**

The specific administrative rules that govern the establishment of the fees in this proposal include these rules in 1 TAC §355.8121, which addresses the reimbursement

methodology for Ambulatory Surgical Centers.

### **Proposed Rate Adjustments**

The methodologies used to determine the proposed fee-for-service Medicaid rates are summarized below:

- Procedure codes and descriptions used in the Texas Medicaid Program are national standard code sets as required by federal laws; Healthcare Common Procedural Coding System (HCPCS) and Current Procedural Terminology (CPT).
- Rate determination methodologies related to Ambulatory Surgical Centers addressed in §355.8121

Specific proposed payment rate adjustments are listed in the attachments outlined below:

Special Review Att – ASCs/HASCs

### **Written Comments**

Written comments regarding the proposed payment rate adjustments will be accepted in lieu of, or in addition to, oral testimony until 5 p.m. the day of the hearing. Written comments may be sent by U.S. mail to the Texas Health and Human Services Commission, Attention: Rate Analysis, Mail Code H-400, P.O. Box 149030, Austin, Texas 78714-9030; by fax to Rate Analysis at (512) 730-7475; or by e-mail to [RADAcuteCare@hhsc.state.tx.us](mailto:RADAcuteCare@hhsc.state.tx.us). In addition, written comments will be accepted by overnight mail or hand delivery to Texas Health and Human Services Commission, Attention: Rate Analysis, Mail Code H-400, Brown-Heatly Building, 4900 North Lamar, Austin, Texas 78751

Persons with disabilities who wished to attend the hearing and required auxiliary aids or services were advised to contact Rate Analysis at (512) 730-7401 at least 72 hours in advance, so appropriate arrangements could be made.

**SPECIAL REVIEW ATTACHMENT - AMBULATORY SURGICAL CENTER AND HOSPITAL AMBULATORY SURGICAL CENTER (Proposed to be effective April 1, 2017)**

TOS	Procedure code	Long Description	CURRENT	PROPOSED		Percent Change from Current Medicaid Fee
			Current Medicaid Fee	Proposed Medicaid Group Number	Proposed Adjusted Medicaid Fee effective 04/01/2017	
F	10021	**	Not a Benefit	N/A	\$54.20	100.00%
F	10060	**	Not a Benefit	N/A	\$52.87	100.00%
F	10080	**	Not a Benefit	N/A	\$98.26	100.00%
F	10160	**	Not a Benefit	N/A	\$60.62	100.00%
F	11000	**	Not a Benefit	N/A	\$23.76	100.00%
F	11057	**	Not a Benefit	N/A	\$30.97	100.00%
F	11760	**	Not a Benefit	N/A	\$182.00	100.00%
F	11762	**	Not a Benefit	N/A	\$125.49	100.00%
F	11950	**	Not a Benefit	N/A	\$32.84	100.00%
F	11951	**	Not a Benefit	N/A	\$38.72	100.00%
F	11952	**	Not a Benefit	N/A	\$42.72	100.00%
F	11954	**	Not a Benefit	N/A	\$62.22	100.00%
F	12015	**	Not a Benefit	N/A	\$61.51	100.00%
F	15271	**	Not a Benefit	4	\$524.68	100.00%
F	15273	**	Not a Benefit	8	\$872.41	100.00%
F	15275	**	Not a Benefit	4	\$524.68	100.00%
F	15277	**	Not a Benefit	4	\$524.68	100.00%
F	16025	**	Not a Benefit	N/A	\$61.51	100.00%
F	20500	**	Not a Benefit	N/A	\$40.85	100.00%
F	20520	**	Not a Benefit	N/A	\$96.92	100.00%
F	20527	**	Not a Benefit	N/A	\$32.57	100.00%
F	20600	**	Not a Benefit	N/A	\$16.82	100.00%
F	20605	**	Not a Benefit	N/A	\$17.89	100.00%
F	20610	**	Not a Benefit	N/A	\$21.63	100.00%
F	20615	**	Not a Benefit	N/A	\$112.95	100.00%
F	20822	**	Not a Benefit	8	\$872.41	100.00%
F	20910	**	Not a Benefit	N/A	\$182.00	100.00%
F	20950	**	Not a Benefit	N/A	\$216.55	100.00%
F	21011	**	Not a Benefit	N/A	\$170.62	100.00%
F	21012	**	Not a Benefit	2	\$371.41	100.00%
F	21013	**	Not a Benefit	N/A	\$225.63	100.00%
F	21014	**	Not a Benefit	6	\$750.18	100.00%
F	21076	**	Not a Benefit	1	\$277.38	100.00%
F	21079	**	Not a Benefit	5	\$598.96	100.00%
F	21080	**	Not a Benefit	5	\$598.96	100.00%
F	21081	**	Not a Benefit	5	\$598.96	100.00%
F	21082	**	Not a Benefit	5	\$598.96	100.00%
F	21085	**	Not a Benefit	N/A	\$177.80	100.00%
F	21086	**	Not a Benefit	5	\$598.96	100.00%
F	21087	**	Not a Benefit	5	\$598.96	100.00%
F	21199	**	Not a Benefit	9	\$1,081.33	100.00%
F	21497	**	Not a Benefit	2	\$371.41	100.00%

**SPECIAL REVIEW ATTACHMENT - AMBULATORY SURGICAL CENTER AND HOSPITAL AMBULATORY SURGICAL CENTER (Proposed to be effective April 1, 2017)**

TOS	Procedure code	Long Description	CURRENT	PROPOSED		Percent Change from Current Medicaid Fee
			Current Medicaid Fee	Proposed Medicaid Group Number	Proposed Adjusted Medicaid Fee effective 04/01/2017	
F	21557	**	Not a Benefit	6	\$750.18	100.00%
F	22551	**	Not a Benefit	9	\$1,081.33	100.00%
F	22554	**	Not a Benefit	9	\$1,081.33	100.00%
F	22612	**	Not a Benefit	9	\$1,081.33	100.00%
F	24200	**	Not a Benefit	N/A	\$101.20	100.00%
F	24300	**	Not a Benefit	3	\$425.95	100.00%
F	24546	**	Not a Benefit	9	\$1,081.33	100.00%
F	26010	**	Not a Benefit	N/A	\$61.51	100.00%
F	26341	**	Not a Benefit	N/A	\$46.19	100.00%
F	26670	**	Not a Benefit	N/A	\$80.27	100.00%
F	26700	**	Not a Benefit	N/A	\$80.27	100.00%
F	26740	**	Not a Benefit	N/A	\$80.27	100.00%
F	26750	**	Not a Benefit	N/A	\$80.27	100.00%
F	26770	**	Not a Benefit	N/A	\$80.27	100.00%
F	27256	**	Not a Benefit	N/A	\$80.27	100.00%
F	27446	**	Not a Benefit	9	\$1,081.33	100.00%
F	27720	**	Not a Benefit	9	\$1,081.33	100.00%
F	28039	**	Not a Benefit	6	\$750.18	100.00%
F	28190	**	Not a Benefit	N/A	\$139.65	100.00%
F	28307	**	Not a Benefit	8	\$872.41	100.00%
F	28341	**	Not a Benefit	8	\$872.41	100.00%
F	28344	**	Not a Benefit	8	\$872.41	100.00%
F	28345	**	Not a Benefit	8	\$872.41	100.00%
F	28510	**	Not a Benefit	N/A	\$59.81	100.00%
F	28540	**	Not a Benefit	N/A	\$80.27	100.00%
F	28570	**	Not a Benefit	N/A	\$80.27	100.00%
F	28600	**	Not a Benefit	N/A	\$80.27	100.00%
F	28630	**	Not a Benefit	N/A	\$68.89	100.00%
F	28660	**	Not a Benefit	N/A	\$50.73	100.00%
F	29105	**	Not a Benefit	N/A	\$40.32	100.00%
F	29200	**	Not a Benefit	N/A	\$11.75	100.00%
F	29505	**	Not a Benefit	N/A	\$42.98	100.00%
F	29515	**	Not a Benefit	N/A	\$33.11	100.00%
F	29540	**	Not a Benefit	N/A	\$8.54	100.00%
F	29580	**	Not a Benefit	N/A	\$23.23	100.00%
F	29582	**	Not a Benefit	N/A	\$43.79	100.00%
F	29583	**	Not a Benefit	N/A	\$26.43	100.00%
F	29584	**	Not a Benefit	N/A	\$43.79	100.00%
F	29700	**	Not a Benefit	N/A	\$30.44	100.00%
F	29705	**	Not a Benefit	N/A	\$27.24	100.00%
F	29710	**	Not a Benefit	N/A	\$49.93	100.00%
F	29720	**	Not a Benefit	N/A	\$42.98	100.00%

**SPECIAL REVIEW ATTACHMENT - AMBULATORY SURGICAL CENTER AND HOSPITAL AMBULATORY SURGICAL CENTER (Proposed to be effective April 1, 2017)**

TOS	Procedure code	Long Description	CURRENT	PROPOSED		Percent Change from Current Medicaid Fee
			Current Medicaid Fee	Proposed Medicaid Group Number	Proposed Adjusted Medicaid Fee effective 04/01/2017	
F	29730	**	Not a Benefit	N/A	\$25.90	100.00%
F	29740	**	Not a Benefit	N/A	\$40.05	100.00%
F	30000	**	Not a Benefit	N/A	\$71.14	100.00%
F	30020	**	Not a Benefit	N/A	\$130.30	100.00%
F	30100	**	Not a Benefit	N/A	\$77.70	100.00%
F	30110	**	Not a Benefit	N/A	\$122.56	100.00%
F	30200	**	Not a Benefit	N/A	\$61.41	100.00%
F	31002	**	Not a Benefit	2	\$371.41	100.00%
F	31500	**	Not a Benefit	N/A	\$71.14	100.00%
F	31520	**	Not a Benefit	N/A	\$145.38	100.00%
F	31579	**	Not a Benefit	N/A	\$77.43	100.00%
F	31603	**	Not a Benefit	2	\$371.41	100.00%
F	31605	**	Not a Benefit	N/A	\$177.80	100.00%
F	31611	**	Not a Benefit	5	\$598.96	100.00%
F	32552	**	Not a Benefit	N/A	\$274.81	100.00%
F	33224	**	Not a Benefit	9	\$1,081.33	100.00%
F	35761	**	Not a Benefit	8	\$872.41	100.00%
F	36430	**	Not a Benefit	N/A	\$25.90	100.00%
F	36450	**	Not a Benefit	N/A	\$142.42	100.00%
F	36455	**	Not a Benefit	N/A	\$142.42	100.00%
F	36470	**	Not a Benefit	N/A	\$77.17	100.00%
F	36471	**	Not a Benefit	N/A	\$80.63	100.00%
F	36593	**	Not a Benefit	N/A	\$23.23	100.00%
F	37224	**	Not a Benefit	9	\$1,081.33	100.00%
F	37225	**	Not a Benefit	9	\$1,081.33	100.00%
F	37226	**	Not a Benefit	9	\$1,081.33	100.00%
F	37227	**	Not a Benefit	9	\$1,081.33	100.00%
F	37228	**	Not a Benefit	9	\$1,081.33	100.00%
F	37229	**	Not a Benefit	9	\$1,081.33	100.00%
F	37230	**	Not a Benefit	9	\$1,081.33	100.00%
F	37231	**	Not a Benefit	9	\$1,081.33	100.00%
F	37241	**	Not a Benefit	9	\$1,081.33	100.00%
F	37242	**	Not a Benefit	9	\$1,081.33	100.00%
F	37243	**	Not a Benefit	9	\$1,081.33	100.00%
F	40490	**	Not a Benefit	N/A	\$61.41	100.00%
F	40800	**	Not a Benefit	N/A	\$126.29	100.00%
F	40808	**	Not a Benefit	N/A	\$112.68	100.00%
F	40810	**	Not a Benefit	N/A	\$117.49	100.00%
F	40812	**	Not a Benefit	N/A	\$150.06	100.00%
F	40830	**	Not a Benefit	N/A	\$71.14	100.00%
F	41108	**	Not a Benefit	N/A	\$80.37	100.00%
F	41820	**	Not a Benefit	5	\$598.96	100.00%

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TOS	Procedure code	Long Description	CURRENT	PROPOSED		Percent Change from Current Medicaid Fee
			Current Medicaid Fee	Proposed Medicaid Group Number	Proposed Adjusted Medicaid Fee effective 04/01/2017	
F	41825	**	Not a Benefit	N/A	\$120.43	100.00%
F	41826	**	Not a Benefit	N/A	\$170.09	100.00%
F	41828	**	Not a Benefit	N/A	\$140.71	100.00%
F	41830	**	Not a Benefit	N/A	\$198.12	100.00%
F	41850	**	Not a Benefit	2	\$371.41	100.00%
F	42330	**	Not a Benefit	N/A	\$109.20	100.00%
F	42400	**	Not a Benefit	N/A	\$57.41	100.00%
F	42665	**	Not a Benefit	5	\$598.96	100.00%
F	42970	**	Not a Benefit	N/A	\$71.14	100.00%
F	43030	**	Not a Benefit	9	\$1,081.33	100.00%
F	43130	**	Not a Benefit	9	\$1,081.33	100.00%
F	43752	**	Not a Benefit	N/A	\$105.89	100.00%
F	43757	**	Not a Benefit	1	\$277.38	100.00%
F	45541	**	Not a Benefit	6	\$750.18	100.00%
F	46083	**	Not a Benefit	N/A	\$86.78	100.00%
F	46500	**	Not a Benefit	N/A	\$99.06	100.00%
F	46604	**	Not a Benefit	1	\$277.38	100.00%
F	46606	**	Not a Benefit	N/A	\$134.57	100.00%
F	46614	**	Not a Benefit	N/A	\$66.76	100.00%
F	46760	**	Not a Benefit	6	\$750.18	100.00%
F	46900	**	Not a Benefit	N/A	\$117.53	100.00%
F	46910	**	Not a Benefit	N/A	\$135.91	100.00%
F	46916	**	Not a Benefit	N/A	\$61.51	100.00%
F	46940	**	Not a Benefit	N/A	\$101.73	100.00%
F	47382	**	Not a Benefit	9	\$1,081.33	100.00%
F	49082	**	Not a Benefit	1	\$277.38	100.00%
F	49083	**	Not a Benefit	1	\$277.38	100.00%
F	49084	**	Not a Benefit	1	\$277.38	100.00%
F	49406	**	Not a Benefit	2	\$371.41	100.00%
F	49411	**	Not a Benefit	N/A	\$262.20	100.00%
F	49442	**	Not a Benefit	1	\$277.38	100.00%
F	50080	**	Not a Benefit	9	\$1,081.33	100.00%
F	50081	**	Not a Benefit	9	\$1,081.33	100.00%
F	50593	**	Not a Benefit	9	\$1,081.33	100.00%
F	51040	**	Not a Benefit	4	\$524.68	100.00%
F	51700	**	Not a Benefit	N/A	\$37.65	100.00%
F	51703	**	Not a Benefit	N/A	\$51.06	100.00%
F	51705	**	Not a Benefit	N/A	\$42.45	100.00%
F	51720	**	Not a Benefit	N/A	\$41.39	100.00%
F	51727	**	Not a Benefit	N/A	\$153.26	100.00%
F	51728	**	Not a Benefit	N/A	\$157.80	100.00%
F	51729	**	Not a Benefit	N/A	\$160.20	100.00%

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TOS	Procedure code	Long Description	CURRENT	PROPOSED		Percent Change from Current Medicaid Fee
			Current Medicaid Fee	Proposed Medicaid Group Number	Proposed Adjusted Medicaid Fee effective 04/01/2017	
F	52649	**	Not a Benefit	9	\$1,081.33	100.00%
F	53445	**	Not a Benefit	9	\$1,081.33	100.00%
F	53855	**	Not a Benefit	4	\$524.68	100.00%
F	54015	**	Not a Benefit	2	\$371.41	100.00%
F	54055	**	Not a Benefit	N/A	\$52.87	100.00%
F	54200	**	Not a Benefit	N/A	\$48.86	100.00%
F	54235	**	Not a Benefit	N/A	\$33.91	100.00%
F	54560	**	Not a Benefit	4	\$524.68	100.00%
F	55000	**	Not a Benefit	N/A	\$46.73	100.00%
F	56441	**	Not a Benefit	6	\$750.18	100.00%
F	57100	**	Not a Benefit	N/A	\$30.97	100.00%
F	57120	**	Not a Benefit	9	\$1,081.33	100.00%
F	57156	**	Not a Benefit	N/A	\$110.76	100.00%
F	57160	**	Not a Benefit	N/A	\$31.51	100.00%
F	57170	**	Not a Benefit	N/A	\$18.95	100.00%
F	57288	**	Not a Benefit	9	\$1,081.33	100.00%
F	57310	**	Not a Benefit	9	\$1,081.33	100.00%
F	58260	**	Not a Benefit	9	\$1,081.33	100.00%
F	58262	**	Not a Benefit	9	\$1,081.33	100.00%
F	58301	**	Not a Benefit	N/A	\$33.91	100.00%
F	58541	**	Not a Benefit	9	\$1,081.33	100.00%
F	58542	**	Not a Benefit	9	\$1,081.33	100.00%
F	58553	**	Not a Benefit	9	\$1,081.33	100.00%
F	58554	**	Not a Benefit	9	\$1,081.33	100.00%
F	58570	**	Not a Benefit	9	\$1,081.33	100.00%
F	58571	**	Not a Benefit	9	\$1,081.33	100.00%
F	58573	**	Not a Benefit	9	\$1,081.33	100.00%
F	59000	**	Not a Benefit	N/A	\$52.60	100.00%
F	59001	**	Not a Benefit	N/A	\$110.76	100.00%
F	59015	**	Not a Benefit	N/A	\$45.92	100.00%
F	59020	**	Not a Benefit	N/A	\$25.36	100.00%
F	59025	**	Not a Benefit	N/A	\$13.62	100.00%
F	59074	**	Not a Benefit	N/A	\$110.76	100.00%
F	59414	**	Not a Benefit	6	\$750.18	100.00%
F	60100	**	Not a Benefit	N/A	\$40.32	100.00%
F	60240	**	Not a Benefit	9	\$1,081.33	100.00%
F	60500	**	Not a Benefit	9	\$1,081.33	100.00%
F	61000	**	Not a Benefit	N/A	\$203.73	100.00%
F	61001	**	Not a Benefit	N/A	\$203.73	100.00%
F	62252	**	Not a Benefit	N/A	\$28.84	100.00%
F	63001	**	Not a Benefit	9	\$1,081.33	100.00%
F	63003	**	Not a Benefit	9	\$1,081.33	100.00%



**SPECIAL REVIEW ATTACHMENT - AMBULATORY SURGICAL CENTER AND HOSPITAL AMBULATORY SURGICAL CENTER (Proposed to be effective April 1, 2017)**

TOS	Procedure code	Long Description	CURRENT	PROPOSED		Percent Change from Current Medicaid Fee
			Current Medicaid Fee	Proposed Medicaid Group Number	Proposed Adjusted Medicaid Fee effective 04/01/2017	
F	63005	**	Not a Benefit	9	\$1,081.33	100.00%
F	63020	**	Not a Benefit	9	\$1,081.33	100.00%
F	63030	**	Not a Benefit	9	\$1,081.33	100.00%
F	63042	**	Not a Benefit	9	\$1,081.33	100.00%
F	63045	**	Not a Benefit	9	\$1,081.33	100.00%
F	63046	**	Not a Benefit	9	\$1,081.33	100.00%
F	63047	**	Not a Benefit	9	\$1,081.33	100.00%
F	63055	**	Not a Benefit	9	\$1,081.33	100.00%
F	63056	**	Not a Benefit	9	\$1,081.33	100.00%
F	64400	**	Not a Benefit	N/A	\$61.15	100.00%
F	64405	**	Not a Benefit	N/A	\$46.19	100.00%
F	64413	**	Not a Benefit	N/A	\$53.94	100.00%
F	64418	**	Not a Benefit	N/A	\$71.02	100.00%
F	64425	**	Not a Benefit	N/A	\$48.60	100.00%
F	64435	**	Not a Benefit	N/A	\$59.28	100.00%
F	64445	**	Not a Benefit	N/A	\$59.01	100.00%
F	64447	**	Not a Benefit	N/A	\$46.99	100.00%
F	64450	**	Not a Benefit	N/A	\$38.72	100.00%
F	64505	**	Not a Benefit	N/A	\$39.53	100.00%
F	64611	**	Not a Benefit	N/A	\$51.80	100.00%
F	64763	**	Not a Benefit	4	\$524.68	100.00%
F	65435	**	Not a Benefit	N/A	\$34.18	100.00%
F	65436	**	Not a Benefit	N/A	\$154.86	100.00%
F	65600	**	Not a Benefit	N/A	\$177.83	100.00%
F	67345	**	Not a Benefit	N/A	\$92.65	100.00%
F	67500	**	Not a Benefit	N/A	\$107.85	100.00%
F	67505	**	Not a Benefit	N/A	\$30.71	100.00%
F	67515	**	Not a Benefit	N/A	\$33.38	100.00%
F	67700	**	Not a Benefit	N/A	\$107.85	100.00%
F	67710	**	Not a Benefit	N/A	\$137.25	100.00%
F	67930	**	Not a Benefit	N/A	\$169.82	100.00%
F	68020	**	Not a Benefit	N/A	\$49.66	100.00%
F	68040	**	Not a Benefit	N/A	\$22.70	100.00%
F	68100	**	Not a Benefit	N/A	\$89.19	100.00%
F	68135	**	Not a Benefit	N/A	\$64.08	100.00%
F	68420	**	Not a Benefit	N/A	\$173.83	100.00%
F	68440	**	Not a Benefit	N/A	\$48.60	100.00%
F	68530	**	Not a Benefit	N/A	\$107.85	100.00%
F	69000	**	Not a Benefit	N/A	\$96.92	100.00%
F	69005	**	Not a Benefit	N/A	\$96.92	100.00%
F	69020	**	Not a Benefit	N/A	\$128.96	100.00%
F	69100	**	Not a Benefit	N/A	\$51.80	100.00%

**SPECIAL REVIEW ATTACHMENT - AMBULATORY SURGICAL CENTER AND HOSPITAL AMBULATORY SURGICAL CENTER (Proposed to be effective April 1, 2017)**

TOS	Procedure code	Long Description	CURRENT	PROPOSED		Percent Change from Current Medicaid Fee
			Current Medicaid Fee	Proposed Medicaid Group Number	Proposed Adjusted Medicaid Fee effective 04/01/2017	
F	69540	**	Not a Benefit	N/A	\$119.89	100.00%
F	69610	**	Not a Benefit	N/A	\$155.13	100.00%

**\*Type of Service (TOS)**

F	Ambulatory Surgical Centers/Hospital Ambulatory Surgical Centers		
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