

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

**Proposed Medicaid Payment Rates for “E Codes”  
(Pressure Support Ventilators)**

**Payment rates are proposed to be effective July 1, 2012**

## **SUMMARY OF PROPOSED MEDICAID PAYMENT RATES**

**Effective July 1, 2012**

Included in this document is information relating to the proposed Medicaid payment rates for "E Codes" (Pressure Support Ventilators). The rates are proposed to be effective July 1, 2012.

### **Hearing**

HHSC will conduct a public hearing to receive comments regarding the proposed Medicaid rates detailed in this document on May 15, 2012, 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. 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. Should you have any questions regarding the information in this document, please contact:

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### **Background**

The Health and Human Services Commission (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 and clinical laboratory services are reviewed annually. These biennial reviews result in rates that are increased, decreased, or remain the same. The reviews are unrelated to any rate reduction imposed by the legislature but rather 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 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;

- §355.8441, which addresses the reimbursement methodology for durable medical equipment and expendable supplies in Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program (known in Texas as Texas Health Steps);

The reimbursement rates proposed reflect applicable reductions directed by the 2012-2013 General Appropriations Act, H.B. 1, 82nd Legislature, Regular Session. Detailed information related to specifics of the reductions can be found on the Medicaid fee schedules.

### **Proposed Rates**

The proposed rates are based on a percentage of the Medicare rate for a pressure support ventilator. This review was initiated by provider comments related to existing reimbursement rates.

Proposed payment rates are listed below.

TOS*	Procedure Code	Long Description	Age Range	Current		Proposed	
				Current Medicaid Fee	Current Adjusted Fee	Proposed Medicaid Fee 7/1/2012	Proposed Adjusted Fee 7/1/2012
L	E0463	pressure support ventilator with volume control mode, may include pressure control mode, used with invasive interface (e.g. tracheostomy tube)	0-999	\$949.79	\$873.81	\$1,359.57	\$1,250.80
L	E0464	pressure support ventilator with volume control mode, may include pressure control mode, used with non-invasive interface (e.g. mask)	0-999	\$1,476.70	\$1,358.56	\$1,359.57	\$1,250.80

TOS = Type of Service. TOS L = DME Rental - Monthly