						CUR	RENT	PROPOSED	
TOS*	Procedure Code	Long Description	Age Range	Non -Facility (N)/Facility (F)	Modifier	Current Medicaid Fee	Current Adjusted Fee	Proposed Medicaid Fee	Proposed Adjusted Fee
								Info	Information of
						Not a	Not a	Informational Only - Available	Informational Only - Available
1	90688	**	3-18	N/F		Benefit	Benefit	through TVFC	through TVFC
1	90000		3-10	1\/1'		Not a	Not a	unough 1 vi C	unough 1 vi C
1	90688	**	3-18	N/F	U1	Benefit	Benefit	\$15.84	\$15.84
	70000		3 10	17/1	01	Not a	Not a	Ψ13.01	Ψ15.01
1	90688	**	19-999	N/F		Benefit	Benefit	\$15.84	\$15.84
								Informational	Informational
						Not a	Not a	Only - Available	Only - Available
S	90688	**	3-18	N/F		Benefit	Benefit	through TVFC	through TVFC
						Not a	Not a		
S	90688	**	3-18	N/F	U1	Benefit	Benefit	\$15.84	\$15.84
						Not a	Not a		
S	90688	**	19-20	N/F		Benefit	Benefit	\$15.84	\$15.84

*Type of Service (TOS)						
1	Medical					
S	TH Steps Medical					
Modifier						
	State-defined modifier. Vaccine privately purchased by provider when vaccine is					
U1	unavailable through the Texas Vaccines For Children Program (TVFC).					

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