



TEXAS
Health and Human
Services

COUNTY INDIGIANT HEALTH CARE PROGRAM

Billing & Claims Payment

Claims Payment



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Claims Payment

1. For claim payments to be considered, a claim should be received by the county within:

- 95 days from the date of service, for services provided after the date of approval,
- Or, 95 days from the date of approval, for services provided before the household was approved.

1. Use the payment standard that is in effect on the day the claim is paid.



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Claim Forms

CMS-1500 FORM

- Physician Services
- Advanced Practice Nurse Services
- Laboratory and X-ray Services
- Freestanding Ambulatory Surgical Centers
- Federally Qualified Health Centers



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1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE: 08/05

ICA

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1. MEDICARE: MEDICAID (Medicare #) MEDICAID # (Medicaid #) TRICARE (Active/Retiree/Spouse's SSN) CHAMPVA (Member ID) GROUP HEALTH PLAN (Group ID) FICA (Social Security Number) OTHER (ID)		14. INSURED'S ID. NUMBER (For Program in Item 1)
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)		4. INSURED'S NAME (Last Name, First Name, Middle Initial)
3. PATIENT'S BIRTH DATE MM DD YY SEX M F		7. INSURED'S ADDRESS (No., Street)
5. PATIENT'S ADDRESS (No., Street)		CITY STATE
6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other		8. INSURED'S DATE OF BIRTH MM DD YY SEX M F
7. PATIENT STATUS Single Married Other		9. EMPLOYER'S NAME OR SCHOOL NAME
8. PATIENT'S EMPLOYMENT Status Employed Full-Time Part-Time Student		10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) b. AUTO ACCIDENT? c. OTHER ACCIDENT? d. RESERVED FOR LOCAL USE
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		11. INSURED'S POLICY GROUP OR FICA NUMBER
10. OTHER INSURED'S POLICY OR GROUP NUMBER		12. INSURED'S POLICY GROUP OR FICA NUMBER
11. OTHER INSURED'S DATE OF BIRTH MM DD YY SEX M F		13. INSURED'S DATE OF BIRTH MM DD YY SEX M F
12. EMPLOYER'S NAME OR SCHOOL NAME		14. EMPLOYER'S NAME OR SCHOOL NAME
13. INSURANCE PLAN NAME OR PROGRAM NAME		15. INSURANCE PLAN NAME OR PROGRAM NAME
14. INSURANCE PLAN NAME OR PROGRAM NAME		16. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO If yes, return to and complete item 2 and d.

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.
 15. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE: I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.
 16. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE: I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

17. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident OR PREGNANCY) (M/F)	18. DATE	19. IS PATIENT HAS HAD SAME OR SIMILAR ILLNESS OR INJURY (Specify DATE)	20. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM TO
21. NAME OF REFERRING PROVIDER OR OTHER SOURCE (7a) (7b) NPI	22. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM TO	23. OUTSIDE LAB? YES NO	24. CHARGES
25. RESERVED FOR LOCAL USE	26. MEDICARD REDEMPTION CODE	27. ORIGINAL REF. NO.	28. PRIOR AUTHORIZATION NUMBER
29. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Please check 1, 2, or 3 to item 29a by line)	30. MEDICARE REDEMPTION CODE ORIGINAL REF. NO.		
1. _____	2. _____		
2. _____	3. _____		

1	2	3	4	5	6	A. DATE(S) OF SERVICE		B. ICD-9-CM	C. PROCEDURE, SERVICE, OR SUPPLY (Specify Unusual Circumstance) CPT/HCPCS MULTIPLE	D. DIAGNOSIS (PRINTED)	E. CHARGES	F. DATE ON FILE	G. ICD-9-CM	H. ICD-9-CM	I. REFERRING PROVIDER ID #
						From MM DD YY	To MM DD YY								

29. FEDERAL TAX ID NUMBER SSN EIN	30. PATIENT'S ACCOUNT NO.	31. ACCEPT ASSIGNMENT? YES NO	32. TOTAL CHARGE \$	33. AMOUNT PAID \$	34. BALANCE DUE \$
35. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREE OR CREDENTIALS (I certify that the statements on this invoice apply to this bill and are made a part thereof.)	36. SERVICE FACILITY LOCATION INFORMATION	37. BILLING PROVIDER INFO & PI # ()			
SIGNED DATE	NPI	NPI			

CARRIER
PATIENT AND INSURED INFORMATION
PHYSICIAN OR SUPPLIER INFORMATION



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Claim Forms

UB 04 FORM

- Hospital (Inpatient and Outpatient)
- Rural Health Clinics (Freestanding and Hospital-based)
- Hospital-based Ambulatory Surgical Centers
- Federally Qualified Health Centers

Claims Payment

Non-covered CIHCP Benefits

1. A web link is provided in Section 4 of the CIHCP Handbook.
 - a. The link provides a list of services, supplies, and expenses that **MAY NOT** be a CIHCP benefit.
2. **The correct web link is:**
http://www.tmhp.com/Pages/Medicaid/Medicaid_Publications_Provider_manual.aspx
Section 1 Provider Enrollment and Responsibilities in Texas Medicaid Limitations & Exclusions of the Medicaid Provider Manual.



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Claims Payment

Non-covered CIHCP Benefits

*How do you determine if a request is a “covered” benefit of the CIHCP?

Your initial questions should be:

- ✓ Can it be billed as a physician service; hospital service; a medical screening, etc.? If yes, then it is a covered benefit.
- ✓ But if you still have questions, you may refer to the web link listed on the previous slide?



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Where to Find Payment Rates

Payment standards for services are established in accordance with Medicaid programs. Payment standards and rates are located at:

- Texas Medicaid Health Partnership (TMHP) Website
- CIHCP Website
- CIHCP Handbook
 - Section Four, Service Delivery
- Health and Human Service Commission (HHSC) website



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Where to Find Payment Rates

TMHP Fee Schedules & Searches are located on the TMHP Website which is:

1. <http://public.tmhp.com/FeeSchedules/Default.aspx>

You may utilize the Static Fee Search or the Online Fee Lookup.



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TMHP Fee Schedules

The online fee lookup and static fee schedules **displays** rates **after the applicable rate reductions have been applied.**

1. If reductions have been applied they will be located in the **“Adjusted Fee for Report Date Column.”**
2. TMHP has also revised the fee schedules to include **“Non-Facility and Facility”** rates.
3. The CIHCP Handbook has been updated to identify the applicable services.



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Claims Payment

Hospital Rates

Inpatient hospital services

There are lists that you could use when determining the correct inpatient hospital payment rate.

- a. Urban, Rural, & Children's Hospital Prospective SDA
- b. Texas APR-DRG Grouper
- c. ***Inpatient RCC Rates

Each list serves a specific purpose. So, you will not always have to access each list each time you process an inpatient hospital claim.



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Hospital Rates

The screenshot shows a web application interface for "Rate Analysis". At the top, there is a navigation bar with a home icon and the text "Rate Analysis". To the right of the navigation bar is a search box labeled "Search...". Below the navigation bar is a horizontal menu with several categories: "Acute Care", "Hospitals & Clinic", "Long-term Services & Supports", "Managed Care", "Medicaid Administrative Claiming", "Rate Packets", and "Time Study". The "Hospitals & Clinic" category is selected, and the breadcrumb trail below it reads "HOME > HOSPITALS & CLINIC > HOSPITAL SERVICES".

The main content area is divided into two columns. The left column is titled "Hospitals & Clinic Services" and contains a list of links: "Contact List", "Clinic & Facility Services", "Hospital Services" (which is expanded to show a sub-list), "Delivery System Reform Incentive Payments (DSRIP)", "Disproportionate Share Hospitals", "Graduate Medical Education (GME)", "Inpatient Services", "Medicaid 1115 Waiver Payments", "Outpatient Services", "Standard Dollar Amount (SDA) Add-on Status Verification", "Uncompensated Care (UC) Reconciliation", and "Uncompensated Care".

The right column is titled "Inpatient Services" and contains the following sections:

- Overview**: A paragraph stating "Inpatient hospital services include medically necessary items and services ordinarily furnished by a Medicaid hospital provided under the direction of physician for the care and treatment of inpatient clients."
- Inpatient Reimbursement**: A paragraph stating "According to the [Texas Administrative Code, §355.8052](#) related to Inpatient Hospital Reimbursement, hospitals may receive an annual [SDA adjustment](#) based upon their trauma designation."
- Methodology / Rules**: A paragraph stating "The [Hospital Services program rules](#) are located at Title 1 of the Texas Administrative Code, Part 15, Chapter 354, SubChapter A, Division 6, Rules 1071-1073, 1075, and 1077." and another paragraph stating "[Reimbursement rules applicable to Hospitals](#) are located at Title 1 of the Texas Administrative Code, Part 15, Chapter 355, SubChapter J, Division 4, Rules 8052, 8056, 8058, 8060, 8061, 8065, and 8066."

<http://rad.hhs.texas.gov/hospitals-clinic/hospital-services/inpatient-services>

Hospital Rates

TEFRA Payment Methodology

Medicaid providers that are cost-reimbursed according to the TEFRA reimbursement principles on a reasonable cost basis are subject to cost reporting, cost reconciliation, and cost settlement processes. This includes state-owned teaching hospitals.

Additional information is available on the [Texas Medicaid & Health Partnership \(TMHP\)](#) website.

Payment Information

Hospital Inpatient Payments

[FY 2018 Urban Hospital Prospective Standard Dollar Amount \(SDA\) with Add-on \(.pdf\)](#)

[FY 2018 Rural Hospital Prospective Standard Dollar Amount \(SDA\) \(.pdf\)](#)

[FY 2018 Children's Hospital Prospective Standard Dollar Amount and Rate for Labor and Delivery Services provided to Adults \(SDA\) \(.pdf\)](#)

[Texas APR-DRG Grouper current version \(.pdf\)](#)

Current and previous versions of all SDA rates and APR DRG Grouper information are available on the [TMHP website](#).

[Inpatient Ratio of Cost to Charges \(RCC Rates\) - effective 09/01/17](#)

[Previous Inpatient Ratio of Cost to Charges \(RCC Rates\)](#)

[FY 2017 Psychiatric Hospital \(Per Diem Rates\) \(.pdf\)](#)

Cost Report Requirements

Claims Payment

Inpatient RCC Rates

RCC = Ratio Cost to Charges. The hospitals located on this listing will be paid using the percent (%) payment standard.

*It is possible that a hospital may be located on the Hospital SDA list **AND** the Inpatient RCC list. If this happens you may pay the claim using either payment standard.

*Use the percent rate that is available on the day you pay the claim. The rate & effective date are based on when HHSC receives/processes the facility's "cost reports."



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Inpatient RCC Rates

Inpatient Ratio of Cost to Charges Effective 9/1/2017

TPI	NPI	Provider Combined Name	Provider Street Address	City, State and Zip	County	Rate Effective Date	Inpatient Rate (September)
017624011	1396748430	EAST TEXAS MEDICAL CENTER QUITMAN-	117 N WINNSBORO ST	QUITMAN, TX 75783	WOOD	05/01/2017	27%
020811801	1447228747	CHRISTUS SPOHN HEALTH SYSTEM CORPORATION-CHRISTUS SPOHN HOSPITAL BEEVILLE	1500 E HOUSTON ST	BEEVILLE, TX 78102	BEE	07/01/2017	38%
020812601	1235256884	EAST TEXAS MEDICAL CENTER	1000 S BECKHAM AVE	TYLER, TX 75701	SMITH	11/01/2016	11%
020812603	1619092780	EAST TEXAS MEDICAL CENTER	1000 S BECKHAM 5TH FLOOR	TYLER, TX 75701	SMITH	09/01/2006	31%
020817501	1174576698	CHCA BAYSHORE LP-BAYSHORE MEDICAL CENTER	4000 SPENCER HWY	PASADENA, TX 77504	HARRIS	01/01/2017	17%
020834001	1730132234	MEMORIAL HERMANN HEALTH SYSTEM-MHHS THE WOODLANDS HOSPITAL	1635 NORTH LOOP W	HOUSTON, TX 77008	HARRIS	07/01/2017	33%
020841501	1962455816	CHCA CONROE LP-CONROE REGIONAL MEDICAL CENTER	504 MEDICAL CENTER BLVD	CONROE, TX 77305	MONTGOMERY	01/01/2017	18%
020844901	1194787218	CHRISTUS SANTA ROSA HEALTH CARE CORPORATION-CHRISTUS SANTA ROSA HOSPITAL	2827 BABCOCK RD	SAN ANTONIO, TX 78229	BEXAR	07/01/2017	38%
020844903	1821004151	CHRISTUS SANTA ROSA HEALTH CARE CORPORATION-CHILDRENS HOSPITAL OF SAN ANTON	333 N SANTA ROSA ST	SAN ANTONIO, TX 78207	BEXAR	06/01/2017	34%
020860501	1467403477	COLLEGE STATION MEDICAL CENTER	1604 ROCK PRAIRIE RD	COLLEGE STATION, TX 77845	BRAZOS	09/01/2017	21%
020908201	1396779948	TEXAS PRESBYTERIAN HOSPITAL OF DALLAS	8200 WALNUT HILL LN	DALLAS, TX 75231	DALLAS	02/01/2017	31%
020930601	1679526982	BROWNWOOD REGIONAL MEDICAL CENTER	1501 BURNET RD	BROWNWOOD, TX 76801	BROWN	09/01/2017	24%
020934801	1740233782	MEMORIAL HERMANN HOSPITAL SYSTEM-MHHS MEMORIAL CITY HOSPITAL	921 GESSNER RD	HOUSTON, TX 77024	HARRIS	07/01/2017	37%
020943901	1689628984	COLUMBIA HOSPITAL MEDICAL CITY DALLAS, SUBSIDIARY-MEDICAL CITY DALLAS HOSPITAL	7777 FOREST LN	DALLAS, TX 75230	DALLAS	07/01/2016	12%
020947001	1043267701	COLUMBIA VALLEY HEALTHCARE SYSTEMS LP-VALLEY REGIONAL MEDICAL CENTER	100A E ALTON GLOOR BLVD	BROWNSVILLE, TX 78526	CAMERON	04/01/2017	11%
020950401	1134172406	COLUMBIA MEDICAL CENTER OF ARLINGTON SUBSIDIARY LP-MEDICAL CENTER OF ARLINGTO	3301 MATLOCK RD	ARLINGTON, TX 76015	TARRANT	05/01/2017	15%
020957901	1649223645	ROUND ROCK HOSPITAL-ROUND ROCK MEDICAL CENTER	2400 ROUND ROCK AVE	ROUND ROCK, TX 78681	WILLIAMSON	08/01/2017	23%
020966001	1205018439	LAKE POINTE MEDICAL CENTER	6800 SCENIC DR	ROWLETT, TX 75088	DALLAS	05/01/2017	18%
020967802	1003883158	TEXAS HEALTH PRESBYTERIAN HOSPITAL DENTON-	3000 I 35 NORTH	DENTON, TX 76201	DENTON	05/01/2017	29%
020973601	1508810573	BAY AREA HEALTHCARE GROUP, LTD-CORPUS CHRISTI MEDICAL CENTER	7101 S PADRE ISLAND DR	CORPUS CHRISTI, TX 78412	NUECES	08/01/2017	15%
020976902	1295736734	CHRISTUS HEALTH ARK LATEX-	2600 SAINT MICHAEL DR	TEXARKANA, TX 75503	BOWIE	06/01/2017	29%
020977701	1134166192	ORTHOPEDIC HOSPITAL LTD-TEXAS ORTHOPEDIC HOSPITAL	7401 MAIN ST	HOUSTON, TX 77030	HARRIS	01/01/2017	14%
020979302	1902857766	COLUMBIA MEDICAL CENTER OF LAS COLINAS, INC-LAS COLINAS MEDICAL CENTER	6800 N MACARTHUR BLVD	IRVING, TX 75039	DALLAS	07/01/2017	18%
020981901	1891718789	VISTA COMMUNITY MEDICAL CENTER HOSPITAL LLP-SURGERY SPECIALTY HOSPITAL OF AME	4301 VISTA RD	PASADENA, TX 77504	HARRIS	05/01/2011	41%
020982701	1548291883	TEXAS HEALTH PRESBYTERIAN HOSPITAL ALLEN-	1105 CENTRAL EXPY N	ALLEN, TX 75013	COLLIN	02/01/2017	52%
020988401	1023011657	SWEENEY COMMUNITY HOSPITAL	305 N MCKINNEY	SWEENEY, TX 77480	BRAZORIA	08/01/2017	100%
020989201	1205837770	NORTH RUNNELS COUNTY HOSPITAL-	7821 STATE HIGHWAY 153	WINTERS, TX 79567	RUNNELS	06/01/2017	100%
020990001	1780731737	MADISON ST JOSEPH HEALTH CENTER	1101 WEST CROSS ST	MADISONVILLE, TX 77864	MADISON	07/01/2017	33%
020991801	1942240189	REFUGIO COUNTY MEMORIAL HOSPITAL DISTRICT	107 SWIFT ST	REFUGIO, TX 78377	REFUGIO	01/01/2017	100%
020992601	1083612121	STONEWALL MEMORIAL HOSPITAL DISTRICT-STONEWALL MEMORIAL HOSPITAL	821 N BROADWAY	ASPERMONT, TX 79502	STONEWALL	10/01/2016	100%
020993401	1174522494	BAYSIDE COMMUNITY HOSPITAL-	200 HOSPITAL DRIVE	ANAHUAC, TX 77514	CHAMBERS	11/01/2015	100%

Claims Payment

Outpatient Hospital Services

Outpatient hospital services

There is only 1 location that you go to for determining the correct outpatient hospital percent rate.

a. Outpatient RCC Rates



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Outpatient Hospital Services



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Rate Analysis

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Hospitals & Clinic Services

- [Contact List](#)
- [Clinic & Facility Services](#)
- ▾ [Hospital Services](#)
 - [Delivery System Reform Incentive Payments \(DSRIP\)](#)
 - [Disproportionate Share Hospitals](#)
 - [Graduate Medical Education \(GME\)](#)
 - [Inpatient Services](#)
 - [Medicaid 1115 Waiver Payments](#)

Outpatient Services

Overview

Hospital outpatient services include those services performed in the emergency room or clinic setting of a hospital. This includes services provided to clients in a hospital setting, who are not confined for inpatient care.

2015 Outpatient Reimbursement Notice

The 2016-2017 General Appropriations Act (Article II, Health and Human Services Commission, House Bill 1, 84th Legislature, Regular Session, 2015, Special Provisions Relating to all Health and Human Services Agencies, Section 58) directed HHSC to expend certain funds to provide increases in, or add-ons to, Medicaid outpatient provider reimbursement for rural hospitals to ensure access to critical services.



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<http://rad.hhs.texas.gov/hospitals-clinic/hospital-services/outpatient-services>

Outpatient Hospital Services

Methodology / Rules

The [Hospital Services program rules](#) are located at Title 1 of the Texas Administrative Code, Part 15, Chapter 354, SubChapter A, Division 6, Rules 1071-1073, 1075, and 1077.

[Reimbursement rules applicable to Hospitals](#) are located at Title 1 of the Texas Administrative Code, Part 15, Chapter 355, SubChapter J, Division 4, Rules 8052, 8056, 8058, 8061, 8065, and 8066.

Payment Information

Hospital Outpatient Payments

[Outpatient Ratio of Cost to Charges \(RCC Rates\) - effective 09/01/17](#)

[Previous Outpatient Ratio of Cost to Charges \(RCC Rates\)](#)

Cost Report Requirements



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Claims Payment

Outpatient Hospital Services

The payment standard for processing outpatient hospital claims remains the same. Either pay using the percent (%) payment standard or pay using ASC rates.

*Use the percent rate that is available on the day you pay the claim. The rate & effective date are based on when HHSC receives/processes that facility's "cost reports."



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Outpatient RCC Rates

Outpatient Ratio of Cost to Charges Effective 9/1/2017

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020812601	1235256884	EAST TEXAS MEDICAL CENTER	1000 S BECKHAM AVE	TYLER, TX 75701	SMITH	11/01/2016	11%
020812603	1619092780	EAST TEXAS MEDICAL CENTER	1000 S BECKHAM 5TH FLOOR	TYLER, TX 75701	SMITH	07/01/2016	34%
020817501	1174576698	CHCA BAYSHORE LP-BAYSHORE MEDICAL CENTER	4000 SPENCER HWY	PASADENA, TX 77504	HARRIS	01/01/2017	8%
020834001	1730132234	MEMORIAL HERMANN HEALTH SYSTEM-MHHS THE WOODLANDS HOSPITAL	1635 NORTH LOOP W	HOUSTON, TX 77008	HARRIS	07/01/2017	17%
020841501	1962455816	CHCA CONROE LP-CONROE REGIONAL MEDICAL CENTER	504 MEDICAL CENTER BLVD	CONROE, TX 77305	MONTGOMERY	01/01/2017	9%
020844901	1194787218	CHRISTUS SANTA ROSA HEALTH CARE CORPORATION-CHRISTUS SANTA ROSA HOSPITAL	2827 BABCOCK RD	SAN ANTONIO, TX 78229	BEXAR	07/01/2017	21%
020844903	1821004151	CHRISTUS SANTA ROSA HEALTH CARE CORPORATION-CHILDRENS HOSPITAL OF SAN ANTONIO	333 N SANTA ROSA ST	SAN ANTONIO, TX 78207	BEXAR	06/01/2017	25%
020860501	1467403477	COLLEGE STATION MEDICAL CENTER	1604 ROCK PRAIRIE RD	COLLEGE STATION, TX 77845	BRAZOS	09/01/2017	9%
020908201	1396779948	TEXAS PRESBYTERIAN HOSPITAL OF DALLAS	8200 WALNUT HILL LN	DALLAS, TX 75231	DALLAS	02/01/2017	18%
020930601	1679526982	BROWNWOOD REGIONAL MEDICAL CENTER	1501 BURNET RD	BROWNWOOD, TX 76801	BROWN	09/01/2017	13%
020934801	1740233782	MEMORIAL HERMANN HOSPITAL SYSTEM-MHHS MEMORIAL CITY HOSPITAL	921 GESSNER RD	HOUSTON, TX 77024	HARRIS	07/01/2017	20%
020943901	1689628984	COLUMBIA HOSPITAL MEDICAL CITY DALLAS, SUBSIDIARY-MEDICAL CITY DALLAS HOSPITAL	7777 FOREST LN	DALLAS, TX 75230	DALLAS	07/01/2016	11%
020947001	1043267701	COLUMBIA VALLEY HEALTHCARE SYSTEMS LP-VALLEY REGIONAL MEDICAL CENTER	100A E ALTON GLOOR BLVD	BROWNSVILLE, TX 78526	CAMERON	04/01/2017	8%
020950401	1134172406	COLUMBIA MEDICAL CENTER OF ARLINGTON SUBSIDIARY LP-MEDICAL CENTER OF ARLINGTON	3301 MATLOCK RD	ARLINGTON, TX 76015	TARRANT	05/01/2017	8%
020957901	1649223645	ROUND ROCK HOSPITAL-ROUND ROCK MEDICAL CENTER	2400 ROUND ROCK AVE	ROUND ROCK, TX 78681	WILLIAMSON	08/01/2017	10%
020966001	1205018439	LAKE POINTE MEDICAL CENTER	6800 SCENIC DR	ROWLETT, TX 75088	DALLAS	05/01/2017	11%
020967802	1003883158	TEXAS HEALTH PRESBYTERIAN HOSPITAL DENTON-	3000 I 35 NORTH	DENTON, TX 76201	DENTON	05/01/2017	13%
020973601	1508810573	BAY AREA HEALTHCARE GROUP, LTD-CORPUS CHRISTI MEDICAL CENTER	7101 S PADRE ISLAND DR	CORPUS CHRISTI, TX 78412	NUECES	08/01/2017	8%
020976902	1295736734	CHRISTUS HEALTH ARK LATEX-	2600 SAINT MICHAEL DR	TEXARKANA, TX 75503	BOWIE	06/01/2017	11%
020977701	1134166192	ORTHOPEDIC HOSPITAL LTD-TEXAS ORTHOPEDIC HOSPITAL	7401 MAIN ST	HOUSTON, TX 77030	HARRIS	01/01/2017	8%
020979302	1902857766	COLUMBIA MEDICAL CENTER OF LAS COLINAS, INC-LAS COLINAS MEDICAL CENTER	6800 N MACARTHUR BLVD	IRVING, TX 75039	DALLAS	07/01/2017	9%

Claims Payment



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Payment rates

1. Skilled nursing facility services payment rate is \$118.00 per day.



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Ambulatory Surgical Centers

- ASC covered services are billed as *one inclusive charge*. All facility services provided in conjunction with the surgery (for example, lab, radiology, anesthesia supplies, and medical and other necessary supplies) are considered part of the inclusive charge and must not be itemized or billed separately.

ASC Hints

- Was there an emergency room visit billed.
- What was the service? Check to see if the service performed is included in the ASC list of services.



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Ambulatory Surgical Centers

FeeSchedules - Windows Internet Explorer

http://public.tmhpc.com/FeeSchedules/StaticFeeSchedule/FeeSchedules.aspx

File Edit View Favorites Tools Help

Convert Select

FeeSchedules

Description	Excel File	PDF File	File Name	Modifie Date
AMBULANCE			PRCR416C	10/3/2
AMBULATORY SURGICAL CENTER (ASC) / HOSPITAL - BASED AMBULATORY SURGICAL CENTER (HASC)			PRCR405C	10/3/2
AMBULATORY SURGICAL CENTER (ASC) / HOSPITAL - BASED AMBULATORY SURGICAL CENTER (HASC) - Insert			PRCR405C_I	10/6/2
AUDIOLOGIST			PRCR437C	10/3/2
BIRTHING CENTER			PRCR447C	10/3/2
CASE MANAGEMENT AND REHABILITATIVE SERVICES - BLIND CHILDREN'S VOCATIONAL DISCOVERY AND DEVELOPMENT PROGRAM			PRCR425C	10/3/2
CASE MANAGEMENT AND REHABILITATIVE SERVICES - CHILDREN AND PREGNANT WOMEN			PRCR424C	10/3/2
CASE MANAGEMENT AND REHABILITATIVE SERVICES - EARLY CHILD INTERVENTION			PRCR427C	10/3/2
CASE MANAGEMENT AND REHABILITATIVE SERVICES - MENTAL HEALTH			PRCR423C	10/3/2
CASE MANAGEMENT AND REHABILITATIVE SERVICES - MENTAL RETARDATION			PRCR422C	10/3/2
CHIROPRACTOR			PRCR420C	10/3/2
CLINICAL LABORATORY			PRCR494C	10/4/2
CLINICAL LABORATORY, AUTOMATED TEST PANELS - Insert			PRCR494C_I	10/6/2
COMPREHENSIVE OUTPATIENT REHABILITATION FACILITY (CORF) / OUTPATIENT REHABILITATION FACILITY (ORF)			PRCR411C	10/3/2
COORDINATED CARE			PRCR446C	10/3/2
DENTAL			PRCR496C	10/4/2
DENTAL (THSTEPS AND ICF/MR)			PRCR407C	10/3/2
FAMILY PLANNING CLINIC			PRCR454C	10/3/2
HEARING AID AND AUDIOMETRIC SERVICES			PRCR414C	10/3/2

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Claims Payment

Ambulatory Surgical Centers

Free Standing vs. Hospital Base

- a. This designation is not based on the “physical location of the ASC.” ...I know, right...
- b. It is based on the ASC’s affiliation or non-affiliation to a hospital.
- c. Hospital based ASC services are a CHICP Basic Service.
- d. Free standing ASC services are a CIHCP Optional Service.

THE AFFILIATION DETERMINES IF YOU ARE REQUIRED TO COVER AN ASC SERVICE.



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Claims Payment

Ambulatory Surgical Centers

1. **Hospital-based** ambulatory surgical centers submits bills using the **UB-04**. This is a Basic CIHCP Health Care Service.
1. **Freestanding** ambulatory surgical centers submits bills using the **CMS-1500**. This is an Optional Health Care Service.

Both are paid according to the TMHP ASC / HASC Fee Schedule and Insert.

The physicians involved in the surgery will bill separately on a CMS-1500 using their own National Provider Identifier (NPI).



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Thank you

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Reimbursements, Claims**

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