

ATTACHMENT - EARLY AND PERIODIC SCREENING, DIAGNOSIS AND TREATMENT (EPSDT) TEXAS HEALTH STEPS

TOS *	Procedure Code	Modifier**	Long Description **	Age Range	Non-Facility (N)/ Facility (F)	CURRENT		PROPOSED	
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
1	T1019	U3	Personal Care Services, per 15 minutes (Consumer Directed Services (CDS) option - CFC Only)	0-999	N	Not A Benefit	Not A Benefit	\$2.75	\$2.72
1	T1019	U4	Personal Care Services, per 15 minutes (Behavioral Health Condition - CDS option - CFC Only)	0-999	N	Not A Benefit	Not A Benefit	\$3.26	\$3.23
1	T1019	U5	Personal Care Services, per 15 minutes (Administration Fee for CDS option- once per month - CFC Only)	0-999	N	\$110.00	\$108.90	\$110.00	\$108.90
1	T1019	U6	Personal Care Services, per 15 minutes	0-999	N	\$2.92	\$2.89	\$2.95	\$2.92
1	T1019	U7	Personal Care Services, per 15 minutes (Consumer Directed Services (CDS) option)	0-999	N	\$2.72	\$2.69	\$2.75	\$2.72
1	T1019	U9	Personal Care Services, per 15 minutes (Behavioral Health Condition - CFC Only)	0-999	N	\$3.46	\$3.43	\$3.46	\$3.43
1	T1019	UD	Personal Care Services, per 15 minutes (CFC only)	0-999	N	\$2.92	\$2.89	\$2.95	\$2.92
1	T1019	U2	Personal Care Services, per 15 minutes (Support Consultation)	0-999	N	Not A Benefit	Not A Benefit	\$3.84	\$3.84
1	G0162		Skilled services by a registered nurse (RN) for management and evaluation of the plan of care; each 15 minutes (the patient's underlying condition or complication requires an RN to ensure that essential nonskilled care achieves its purpose in the home health or hospice setting). <i>(Use for RN assessment)</i>	0-999	N	Not A Benefit	Not A Benefit	\$9.89	\$9.89
1	G0162	U1	Skilled services by a registered nurse (RN) for management and evaluation of the plan of care; each 15 minutes (the patient's underlying condition or complication requires an RN to ensure that essential nonskilled care achieves its purpose in the home health or hospice setting). <i>(Use for RN training and supervision of attendant performing delegated service(s)).</i>	0-999	N	Not A Benefit	Not A Benefit	\$9.89	\$9.89

*Type of Service (TOS)	
1	Medical Services

Modifier	
U1	Training/Supervising of Attendant
U2	Support Consultation
U3	Attendant fee each 15 minutes
U4	Behavior health condition, each 15 minutes
U5	Administration fee once a month
U6	PCS each 15 minutes; All PCS Providers* (except CDSA)
U7	Attendant fee each 15 minutes; CDSA Under CDS Option*
U9	Behavioral health condition, each 15 minutes

TOS *	Procedure Code	Modif ier**	Long Description **	Age Range	Non- Facility (N)/ Facility (F)	CURRENT		PROPOSED	
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
UD	PCS each 15 minutes								

** Required Notice: The five-character code included in this notice is obtained from the Current Procedural Terminology (CPT®), copyright 2015 by the American Medical Association (AMA). CPT is developed by the AMA as a listing of descriptive terms and five character identifying codes and modifiers for reporting medical services and procedures performed by physicians. The responsibility for the content of this notice is with HHSC and no endorsement by the AMA is intended or should be implied. The AMA disclaims responsibility for any consequences or liability attributable or related to any use, nonuse or interpretation of information contained in this notice. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained.