

**TEXAS HANSEN'S DISEASE PROGRAM
LIST OF AUTHORIZED SERVICES**

FOR SERVICE DATES BEGINNING January 1, 2018

The following list constitutes reimbursable services under this contract.
Advance authorization is required for any service not listed below.

<u>CPT Codes</u>		<u>Fee Range (depends on age)</u>
1.	<u>Office Visits:</u>	
99204	a. New Patient Physicians typically spend 45 mins. Face-to-face with the patient and/or family for the evaluation of and management of a new patient (office or other outpatient visit), which requires 3 components: 1. A comprehensive history 2. A comprehensive examination 3. Medical decision making moderate complexity	\$79.62 - \$90.07*
99214	b. Established Patient - Revisit For the evaluation and management of an established patient (office or other outpatient visit), which requires at least 2 of these key components: 1. A detailed history 2. A detailed examination 3. Medical decision making moderate complexity	\$46.73 - \$51.80*
2.	<u>Radiology:</u>	
73130	a. Hand (complete)	\$16.57 - \$24.42*
73140	b. Finger	\$18.44 - \$24.98*
73610	c. Ankle (complete, minimum three views)	\$17.11 - \$24.98*
73630	d. Foot (complete, minimum three views)	\$15.50 - \$23.02*
73660	e. Toe or Toes	\$16.04 - \$22.17*
3.	<u>Laboratory:</u>	
80050	a. Complete Blood Count (Hemogram)	\$32.24
85576	b. Platelet	\$29.47
87070	c. Culture, Bacterial - throat/nose	\$11.82
87040	d. Culture, Bacterial - any other source	\$14.16
87181	e. Sensitivity Studies	\$6.51
81001	f. Routine Urinalysis (including microscopic examination)	\$4.35
80047	g. Chemistry Panels (basic metabolic panel)	\$11.60
82955	h. G-6-P-D (includes 6 phosphate dehydrogenase)	\$11.99
86592	i. VDRL	\$5.86
80053	j. Liver Function Studies (complete metabolic panel)	\$14.49
80074	k. Hepatitis Panel (acute hepatitis panel)	\$65.34
84403	l. Testosterone Level (total)	\$35.41
87177	m. Transportation of Specimen	\$11.99
36416	n. Routine venipuncture	Contact DSHS for Authorization

****denotes ranges bases on age; please refer to <http://public.tmhpc.com/FeeSchedules/Default.aspx> for age-specific reimbursement fee***

4. **Specialty/Consultative Services**

Notes: DSHS **MUST** be contacted prior to referring patients.

Fees are in accordance with the current rate for new and established patients.

Other CPT Codes may be used to capture the level of service provided.

		Fee Range (depends on age)	
		<u>Initial</u>	<u>Follow-up</u>
99215 / 99203	a. <i>Dermatology</i>	\$71.93 - \$79.15*	\$54.41 - \$60.33*
99205 / 99211	b. <i>ENT</i>	\$98.98 - \$109.74*	\$13.22 - \$14.66*
99243 / 99213	c. <i>Neurology</i>	\$80.23 - \$88.95*	\$33.27 - \$36.89*
97003 / 97110	d. <i>Occupational Therapy</i>	Contact DSHS for Authorization	\$28.69 - \$33.75*
92012 / 92002	e. <i>Ophthalmology</i>	\$68.70 - \$72.13*	\$65.22 - \$68.48*
99205 / 99215	f. <i>Orthopedics</i>	\$98.98 - \$109.74*	\$71.93 - \$79.75*
97001 / 97002	g. <i>Physical Therapy</i>	Contact DSHS for Authorization	
99203 / 99213	h. <i>Podiatry</i>	\$54.41 - \$60.33*	\$25.52 - \$28.29*

5. **Other Common Procedures**

64795	a. <i>Biopsy, Nerve</i>	\$149.16 - \$156.61*
11100	b. <i>Biopsy, Skin</i>	\$78.05 - \$81.95*
87206	c. <i>Skin Smears</i>	\$7.39
	d. <i>Bone Mineral Density Study:</i>	
77080	1. <i>One or more sites; axial skeleton (hip, pelvis, spine)</i>	\$23.26 - \$32.56*
77079	2. <i>One or more sites; appendicular skeleton (peripheral - eg. Radius, wrist, heel)</i>	Contact DSHS for Authorization

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