

9. TEXT

SUBCHAPTER KK. HEALTH CARE REIMBURSEMENT RATE INFORMATION

§21.4501. Purpose

The purpose of this subchapter is to:

(1) prescribe the data collection and submission requirements [~~and form~~] for the submission of data related to health care reimbursement rates by health benefit plan issuers;

(2) specify the definitions necessary to implement [~~the~~] Insurance Code Chapter 38, Subchapter H; and

(3) facilitate TDI's publication [~~the department's provision~~] of aggregate health care reimbursement rate information derived from the data collected under this subchapter [~~to the Department of State Health Services for publication~~].

§21.4502. Applicability

(a) This subchapter applies to the issuer of an applicable [~~a group~~] health benefit plan as defined in §21.4503 of this subchapter and [~~(relating to Definitions)~~, ~~including,~~] as provided by [~~the~~] Insurance Code §38.353(a):

- (1) an insurance company;
- (2) a group hospital service corporation;
- (3) a fraternal benefit society;
- (4) a stipulated premium company;
- (5) a reciprocal or interinsurance exchange; and
- (6) a health maintenance organization (HMO).

(b) As provided in [~~In accordance with the~~] Insurance Code §38.353(b), and notwithstanding any provision in [~~the~~] Insurance Code Chapters 1551, 1575, 1579, or 1601 or any other law, this subchapter applies to:

(1) a basic coverage plan under ~~[the]~~ Insurance Code Chapter 1551;
(2) a basic plan under ~~[the]~~ Insurance Code Chapter 1575;
(3) a primary care coverage plan under ~~[the]~~ Insurance Code Chapter 1579; and

(4) basic coverage under ~~[the]~~ Insurance Code Chapter 1601.

(c) Under~~Pursuant to the~~ Insurance Code §38.353(d), this subchapter does not apply to:

(1) standard health benefit plans provided under ~~[the]~~ Insurance Code Chapter 1507;

(2) children's health benefit plans provided under ~~[the]~~ Insurance Code Chapter 1502;

(3) health care benefits provided under a workers' compensation insurance policy;

(4) Medicaid managed care programs operated under ~~[the]~~ Government Code Chapter 533;

(5) Medicaid programs operated under ~~[the]~~ Human Resources Code Chapter 32; or

(6) the state child health plan operated under ~~[the]~~ Health and Safety Code Chapters 62 or 63.

(d) Notwithstanding subsection (c)(1) of this section, an applicable~~a group~~ health benefit plan issuer is not prohibited from electively including data concerning reimbursement rates for standard health benefit plans provided under ~~[the]~~ Insurance Code Chapter 1507 in its submission of the report required in §21.4506 of this subchapter ~~[(relating to Submission of Report)]~~ for purposes of administrative convenience. Data from all other plans identified in subsection (c) of this section

must ~~[shall]~~ be excluded from the report.

(e) An applicable health benefit plan issuer is not prohibited from electively including data concerning reimbursement rates for self-insured health benefit plans administered by the issuer.

(f) An applicable health benefit plan issuer with fewer than 20,000 covered lives in comprehensive health coverage as reported on Part 1 of the National Association of Insurance Commissioners Supplemental Health Care Exhibit as of the end of the applicable reporting period is not required to submit a report under section §21.4506.

(g) Under §38.353(e), this subchapter does not apply to:

(1) a Medicare supplemental policy as defined by §1882(g)(1), Social Security Act (42 U.S.C. §1395ss); or

(2) a Medicare Advantage plan offered under a contract with the federal Centers for Medicare and Medicaid Services.

§21.4503. Definitions.

The following words and terms when used in this subchapter ~~[shall]~~ have the following meanings unless the context clearly indicates otherwise.

(1) Allowed Amount--The amount that the applicable health benefit plan issuer allows as reimbursement for a health care service or group of services, including reimbursement amounts for which a patient is responsible due to deductibles, copayments, or coinsurance.

(2) Ambulatory Surgical Center--A facility licensed under Health and Safety Code Chapter 243.

(3)~~[(1) Group health benefit plan]~~ Applicable Health Benefit Plan--As

specified in ~~[the]~~ Insurance Code §38.352, a preferred provider benefit plan as defined by ~~[the]~~ Insurance Code §1301.001, including an exclusive provider benefit plan consistent with Insurance Code §1301.0042, or an evidence of coverage for a health care plan that provides basic health care services as defined by ~~[the]~~ Insurance Code §843.002. The term does not include a health maintenance organization plan providing routine dental or vision services as a single health care service plan or a preferred provider benefit plan providing routine vision services as a single health care service plan.

(4)~~(2)~~ Billed Amount--The amount charged for medical care or health care services on a claim submitted by a provider.

(5) Facility Claims--Any claim for health care services provided by a facility as defined in §3.3702 of this title.

(6) Geographic Regions--A three-digit ZIP code, representing the collection of ZIP codes that share the same first three digits. For purposes of data submitted under this subchapter, a geographic region must be located in Texas, in full or in part.

(7) Imaging Claims--Claims for radiological services furnished in a provider office, outpatient hospital, or other outpatient environment.

(8) Inpatient Procedure Claims--Claims for health care services furnished in a hospital, as defined by Insurance Code §1301.001, to a patient who is formally admitted.

(9) In-Network Claims--Claims filed with an applicable health benefit plan for medical or health care treatment, services, or supplies furnished by a provider that is contracted as an in-network or preferred provider.

(10) Medical Billing Codes--Standard code sets used to bill for specific

medical services, including the Healthcare Common Procedure Coding System (HCPCS) and Diagnosis-Related Group (DRG) system established by the Centers for Medicare and Medicaid Services (CMS), the Current Procedural Terminology (CPT) code set maintained by the American Medical Association, and the International Classification of Diseases (ICD) code sets developed by the World Health Organization.

(11) Out-of-Network Claims--Claims filed with an applicable health benefit plan for medical or health care treatment, services, or supplies furnished by a provider that is not contracted as an in-network provider or preferred provider.

(12) Outpatient Facility Procedure Claims--Claims for health care services furnished in an ambulatory surgical center or a hospital as defined by Insurance Code §1301.001 to a patient who is not formally admitted.

(13) Place of Service Code--For purposes of data submitted under this subchapter, place of service refers to the type of entity where services were rendered, as specified by a two-digit place of service code on a professional health care claim, consistent with the ASC X12N standard for electronic transactions.
Place of service codes are maintained by CMS.

~~[(2) Institutional provider--An institution providing health care services, including but not limited to hospitals, other licensed inpatient centers, ambulatory surgical centers, skilled nursing centers, and residential treatment centers.]~~

~~(3) Physician--Any individual licensed to practice medicine in this state and, with regard to a health maintenance organization, as defined in the Insurance Code §843.002(22).]~~

(14) Primary Plan--As defined in §3.3503(18) of this title.

(15) Professional Claims--Any claim for health care services provided

by a physician or health care provider that is not an institutional provider, as defined in Insurance Code §1301.001.

(16)~~(4)~~ Provider--Any physician, practitioner, institutional provider, or other person or organization that furnishes health care services and that is licensed or otherwise authorized to practice in this state~~[-, other than a physician]~~.

(17)~~(5)~~ Reporting period--The 12~~six~~-month interval of time for which a plan or health benefit plan issuer must submit data each year, beginning each January 1 and ending the following December 31~~[June 30]~~.

(18) TDI--Texas Department of Insurance.

§21.4504. Geographic Regions

Issuers must report data collected under this subchapter by 3-digit ZIP code.

Publication of health care reimbursement rate information derived from the data collected under this subchapter may be aggregated across broader geographic regions if necessary to ensure, consistent with Insurance Code §38.357, that the published information does not reveal the name of any health care provider or health benefit plan issuer. ~~[For purposes of data submission pursuant to this subchapter, geographic regions for the reporting of claims are designated as follows:~~

~~(1) Region 1--Panhandle, including Amarillo and Lubbock, comprised of the following ZIP Coded areas: 79001, 79002, 79003, 79005, 79007, 79008, 79009, 79010, 79011, 79012, 79013, 79014, 79015, 79016, 79018, 79019, 79021, 79022, 79024, 79025, 79027, 79029, 79031, 79032, 79033, 79034, 79035, 79036, 79039, 79040, 79041, 79042, 79043, 79044, 79045, 79046, 79051, 79052, 79053, 79054, 79056, 79057, 79058, 79059, 79061, 79062, 79063, 79064, 79065, 79066, 79068, 79070, 79072, 79073, 79077, 79078, 79079, 79080, 79081, 79082, 79083, 79084, 79085,~~

~~79086, 79087, 79088, 79091, 79092, 79093, 79094, 79095, 79096, 79097, 79098,
79101, 79102, 79103, 79104, 79105, 79106, 79107, 79108, 79109, 79110, 79111,
79114, 79116, 79117, 79118, 79119, 79120, 79121, 79124, 79159, 79166, 79168,
79172, 79174, 79178, 79185, 79187, 79189, 79201, 79220, 79221, 79226, 79229,
79230, 79231, 79233, 79234, 79235, 79236, 79237, 79239, 79240, 79241, 79243,
79244, 79245, 79250, 79251, 79255, 79256, 79257, 79258, 79259, 79261, 79311,
79312, 79313, 79314, 79316, 79320, 79322, 79323, 79324, 79325, 79326, 79329,
79330, 79336, 79338, 79339, 79343, 79344, 79345, 79346, 79347, 79350, 79351,
79353, 79355, 79356, 79357, 79358, 79363, 79364, 79366, 79367, 79369, 79370,
79371, 79372, 79373, 79376, 79378, 79379, 79380, 79381, 79382, 79383, 79401,
79402, 79403, 79404, 79405, 79406, 79407, 79408, 79409, 79410, 79411, 79412,
79413, 79414, 79415, 79416, 79423, 79424, 79430, 79452, 79453, 79457, 79464,
79490, 79491, 79493, and 79499;~~

~~(2) Region 2—Northwest Texas, including Wichita Falls and Abilene, comprised of
the following ZIP Coded areas: 76228, 76230, 76239, 76251, 76255, 76261, 76265,
76270, 76301, 76302, 76305, 76306, 76307, 76308, 76309, 76310, 76311, 76351,
76352, 76354, 76357, 76360, 76363, 76364, 76365, 76366, 76367, 76369, 76370,
76371, 76372, 76373, 76374, 76377, 76379, 76380, 76384, 76385, 76388, 76389,
76424, 76427, 76429, 76430, 76432, 76435, 76437, 76442, 76443, 76444, 76445,
76448, 76450, 76452, 76454, 76455, 76458, 76459, 76460, 76464, 76466, 76468,
76469, 76470, 76471, 76474, 76481, 76483, 76486, 76491, 76801, 76802, 76803,
76804, 76821, 76823, 76827, 76828, 76834, 76845, 76857, 76861, 76865, 76873,
76875, 76878, 76882, 76884, 76888, 76890, 79223, 79225, 79227, 79247, 79248,
79252, 79501, 79502, 79503, 79504, 79505, 79506, 79508, 79510, 79512, 79516,
79517, 79518, 79519, 79520, 79521, 79525, 79526, 79527, 79528, 79529, 79530,~~

~~79532, 79533, 79534, 79535, 79536, 79537, 79538, 79539, 79540, 79541, 79543,
79544, 79545, 79546, 79547, 79548, 79549, 79550, 79553, 79556, 79560, 79561,
79562, 79563, 79565, 79566, 79567, 79601, 79602, 79603, 79604, 79605, 79606,
79607, 79608, 79697, 79698, and 79699;~~

~~(3) Region 3—Metroplex, including Fort Worth and Dallas, comprised of the following~~

~~ZIP Coded areas: 75001, 75002, 75006, 75007, 75009, 75010, 75011, 75013,
75014, 75015, 75016, 75017, 75019, 75020, 75021, 75022, 75023, 75024, 75025,
75026, 75027, 75028, 75029, 75030, 75032, 75034, 75035, 75037, 75038, 75039,
75040, 75041, 75042, 75043, 75044, 75045, 75046, 75047, 75048, 75049, 75050,
75051, 75052, 75053, 75054, 75056, 75057, 75058, 75060, 75061, 75062, 75063,
75065, 75067, 75068, 75069, 75070, 75071, 75074, 75075, 75076, 75077, 75078,
75080, 75081, 75082, 75083, 75085, 75086, 75087, 75088, 75089, 75090, 75091,
75092, 75093, 75094, 75097, 75098, 75099, 75101, 75102, 75104, 75105, 75106,
75109, 75110, 75114, 75115, 75116, 75118, 75119, 75120, 75121, 75123, 75125,
75126, 75132, 75134, 75135, 75137, 75138, 75141, 75142, 75143, 75144, 75146,
75147, 75149, 75150, 75151, 75152, 75153, 75154, 75155, 75157, 75158, 75159,
75160, 75161, 75164, 75165, 75166, 75167, 75168, 75172, 75173, 75180, 75181,
75182, 75185, 75187, 75189, 75201, 75202, 75203, 75204, 75205, 75206, 75207,
75208, 75209, 75210, 75211, 75212, 75214, 75215, 75216, 75217, 75218, 75219,
75220, 75221, 75222, 75223, 75224, 75225, 75226, 75227, 75228, 75229, 75230,
75231, 75232, 75233, 75234, 75235, 75236, 75237, 75238, 75240, 75241, 75242,
75243, 75244, 75245, 75246, 75247, 75248, 75249, 75250, 75251, 75252, 75253,
75254, 75258, 75260, 75261, 75262, 75263, 75264, 75265, 75266, 75267, 75270,
75275, 75277, 75283, 75284, 75285, 75286, 75287, 75301, 75303, 75310, 75312,
75313, 75315, 75320, 75323, 75326, 75334, 75336, 75339, 75340, 75342, 75343,~~

~~75344, 75353, 75354, 75355, 75356, 75357, 75358, 75359, 75360, 75363, 75364,
75367, 75368, 75370, 75371, 75372, 75373, 75374, 75376, 75378, 75379, 75380,
75381, 75382, 75386, 75387, 75388, 75389, 75390, 75391, 75392, 75393, 75394,
75395, 75396, 75397, 75398, 75401, 75402, 75403, 75404, 75407, 75409, 75413,
75414, 75418, 75422, 75423, 75424, 75428, 75429, 75438, 75439, 75442, 75443,
75446, 75447, 75449, 75452, 75453, 75454, 75458, 75459, 75474, 75475, 75476,
75479, 75485, 75488, 75489, 75490, 75491, 75492, 75495, 75496, 76001, 76002,
76003, 76004, 76005, 76006, 76007, 76008, 76009, 76010, 76011, 76012, 76013,
76014, 76015, 76016, 76017, 76018, 76019, 76020, 76021, 76022, 76023, 76028,
76031, 76033, 76034, 76035, 76036, 76039, 76040, 76041, 76043, 76044, 76048,
76049, 76050, 76051, 76052, 76053, 76054, 76058, 76059, 76060, 76061, 76063,
76064, 76065, 76066, 76067, 76068, 76070, 76071, 76073, 76077, 76078, 76082,
76084, 76085, 76086, 76087, 76088, 76092, 76093, 76094, 76095, 76096, 76097,
76098, 76099, 76101, 76102, 76103, 76104, 76105, 76106, 76107, 76108, 76109,
76110, 76111, 76112, 76113, 76114, 76115, 76116, 76117, 76118, 76119, 76120,
76121, 76122, 76123, 76124, 76126, 76127, 76129, 76130, 76131, 76132, 76133,
76134, 76135, 76136, 76137, 76140, 76147, 76148, 76150, 76155, 76161, 76162,
76163, 76164, 76166, 76177, 76179, 76180, 76181, 76182, 76185, 76191, 76192,
76193, 76195, 76196, 76197, 76198, 76199, 76201, 76202, 76203, 76204, 76205,
76206, 76207, 76208, 76209, 76210, 76225, 76226, 76227, 76233, 76234, 76238,
76240, 76241, 76244, 76245, 76246, 76247, 76248, 76249, 76250, 76252, 76253,
76258, 76259, 76262, 76263, 76264, 76266, 76267, 76268, 76271, 76272, 76273,
76299, 76401, 76402, 76426, 76431, 76433, 76439, 76446, 76449, 76453, 76461,
76462, 76463, 76465, 76467, 76472, 76475, 76476, 76484, 76485, 76487, 76490,
76623, 76626, 76639, 76641, 76651, 76670, 76679, and 76681;~~

~~(4) Region 4--Northeast Texas, including Tyler, comprised of the following ZIP~~

~~Coded areas: 75103, 75117, 75124, 75127, 75140, 75148, 75156, 75163, 75169,
75410, 75411, 75412, 75415, 75416, 75417, 75420, 75421, 75425, 75426, 75431,
75432, 75433, 75434, 75435, 75436, 75437, 75440, 75441, 75444, 75448, 75450,
75451, 75455, 75456, 75457, 75460, 75461, 75462, 75468, 75469, 75470, 75471,
75472, 75473, 75477, 75478, 75480, 75481, 75482, 75483, 75486, 75487, 75493,
75494, 75497, 75501, 75503, 75504, 75505, 75507, 75550, 75551, 75554, 75555,
75556, 75558, 75559, 75560, 75561, 75562, 75563, 75564, 75565, 75566, 75567,
75568, 75569, 75570, 75571, 75572, 75573, 75574, 75599, 75601, 75602, 75603,
75604, 75605, 75606, 75607, 75608, 75615, 75630, 75631, 75633, 75636, 75637,
75638, 75639, 75640, 75641, 75642, 75643, 75644, 75645, 75647, 75650, 75651,
75652, 75653, 75654, 75656, 75657, 75658, 75659, 75660, 75661, 75662, 75663,
75666, 75667, 75668, 75669, 75670, 75671, 75672, 75680, 75681, 75682, 75683,
75684, 75685, 75686, 75687, 75688, 75689, 75691, 75692, 75693, 75694, 75701,
75702, 75703, 75704, 75705, 75706, 75707, 75708, 75709, 75710, 75711, 75712,
75713, 75750, 75751, 75752, 75754, 75755, 75756, 75757, 75758, 75759, 75762,
75763, 75764, 75765, 75766, 75770, 75771, 75772, 75773, 75778, 75779, 75780,
75782, 75783, 75784, 75785, 75789, 75790, 75791, 75792, 75797, 75798, 75799,
75801, 75802, 75803, 75832, 75839, 75853, 75861, 75880, 75882, 75884, 75886,
75925, and 75976;~~

~~(5) Region 5--Southeast Texas, including Beaumont, comprised of the following ZIP~~

~~Coded areas: 75760, 75788, 75834, 75835, 75844, 75845, 75847, 75849, 75851,
75856, 75858, 75862, 75865, 75901, 75902, 75903, 75904, 75915, 75926, 75928,
75929, 75930, 75931, 75932, 75933, 75934, 75935, 75936, 75937, 75938, 75939,
75941, 75942, 75943, 75944, 75946, 75948, 75949, 75951, 75954, 75956, 75958,~~

~~75959, 75960, 75961, 75962, 75963, 75964, 75965, 75966, 75968, 75969, 75972,
75973, 75974, 75975, 75977, 75978, 75979, 75980, 75990, 77326, 77331, 77332,
77335, 77350, 77351, 77359, 77360, 77364, 77371, 77374, 77376, 77399, 77519,
77585, 77611, 77612, 77613, 77614, 77615, 77616, 77619, 77622, 77624, 77625,
77626, 77627, 77629, 77630, 77631, 77632, 77639, 77640, 77641, 77642, 77643,
77651, 77655, 77656, 77657, 77659, 77660, 77662, 77663, 77664, 77670, 77701,
77702, 77703, 77704, 77705, 77706, 77707, 77708, 77709, 77710, 77713, 77720,
77725, and 77726;~~

~~(6) Region 6--Gulf Coast, including Houston and Huntsville, comprised of the
following ZIP Coded areas: 77001, 77002, 77003, 77004, 77005, 77006, 77007,
77008, 77009, 77010, 77011, 77012, 77013, 77014, 77015, 77016, 77017, 77018,
77019, 77020, 77021, 77022, 77023, 77024, 77025, 77026, 77027, 77028, 77029,
77030, 77031, 77032, 77033, 77034, 77035, 77036, 77037, 77038, 77039, 77040,
77041, 77042, 77043, 77044, 77045, 77046, 77047, 77048, 77049, 77050, 77051,
77052, 77053, 77054, 77055, 77056, 77057, 77058, 77059, 77060, 77061, 77062,
77063, 77064, 77065, 77066, 77067, 77068, 77069, 77070, 77071, 77072, 77073,
77074, 77075, 77076, 77077, 77078, 77079, 77080, 77081, 77082, 77083, 77084,
77085, 77086, 77087, 77088, 77089, 77090, 77091, 77092, 77093, 77094, 77095,
77096, 77097, 77098, 77099, 77201, 77202, 77203, 77204, 77205, 77206, 77207,
77208, 77209, 77210, 77212, 77213, 77215, 77216, 77217, 77218, 77219, 77220,
77221, 77222, 77223, 77224, 77225, 77226, 77227, 77228, 77229, 77230, 77231,
77233, 77234, 77235, 77236, 77237, 77238, 77240, 77241, 77242, 77243, 77244,
77245, 77246, 77247, 77248, 77249, 77250, 77251, 77252, 77253, 77254, 77255,
77256, 77257, 77258, 77259, 77260, 77261, 77262, 77263, 77265, 77266, 77267,
77268, 77269, 77270, 77271, 77272, 77273, 77274, 77275, 77276, 77277, 77278,~~

~~77279, 77280, 77282, 77284, 77285, 77286, 77287, 77288, 77289, 77290, 77291,
77292, 77293, 77294, 77296, 77297, 77298, 77299, 77301, 77302, 77303, 77304,
77305, 77306, 77315, 77316, 77318, 77320, 77325, 77327, 77328, 77333, 77334,
77336, 77337, 77338, 77339, 77340, 77341, 77342, 77343, 77344, 77345, 77346,
77347, 77348, 77349, 77353, 77354, 77355, 77356, 77357, 77358, 77362, 77365,
77367, 77368, 77369, 77372, 77373, 77375, 77377, 77378, 77379, 77380, 77381,
77382, 77383, 77384, 77385, 77386, 77387, 77388, 77389, 77391, 77393, 77396,
77401, 77402, 77404, 77406, 77410, 77411, 77412, 77413, 77414, 77415, 77417,
77418, 77419, 77420, 77422, 77423, 77428, 77429, 77430, 77431, 77432, 77433,
77434, 77435, 77436, 77437, 77440, 77441, 77442, 77443, 77444, 77445, 77446,
77447, 77448, 77449, 77450, 77451, 77452, 77453, 77454, 77455, 77456, 77457,
77458, 77459, 77460, 77461, 77463, 77464, 77465, 77466, 77467, 77468, 77469,
77470, 77471, 77473, 77474, 77475, 77476, 77477, 77478, 77479, 77480, 77481,
77482, 77483, 77484, 77485, 77486, 77487, 77488, 77489, 77491, 77492, 77493,
77494, 77496, 77497, 77501, 77502, 77503, 77504, 77505, 77506, 77507, 77508,
77510, 77511, 77512, 77514, 77515, 77516, 77517, 77518, 77520, 77521, 77522,
77530, 77531, 77532, 77533, 77534, 77535, 77536, 77538, 77539, 77541, 77542,
77545, 77546, 77547, 77549, 77550, 77551, 77552, 77553, 77554, 77555, 77560,
77561, 77562, 77563, 77564, 77565, 77566, 77568, 77571, 77572, 77573, 77574,
77575, 77577, 77578, 77580, 77581, 77582, 77583, 77584, 77586, 77587, 77588,
77590, 77591, 77592, 77597, 77598, 77617, 77623, 77650, 77661, 77665, 78931,
78933, 78934, 78935, 78943, 78944, 78950, 78951, and 78962;~~

~~(7) Region 7--Central Texas, including Austin and Waco, comprised of the following
ZIP Coded areas: 73301, 73344, 75831, 75833, 75838, 75840, 75846, 75848,
75850, 75852, 75855, 75859, 75860, 76055, 76436, 76457, 76501, 76502, 76503,~~

~~76504, 76505, 76508, 76511, 76513, 76518, 76519, 76520, 76522, 76523, 76524,
76525, 76526, 76527, 76528, 76530, 76531, 76533, 76534, 76537, 76538, 76539,
76540, 76541, 76542, 76543, 76544, 76545, 76546, 76547, 76548, 76549, 76550,
76554, 76556, 76557, 76558, 76559, 76561, 76564, 76565, 76566, 76567, 76569,
76570, 76571, 76573, 76574, 76577, 76578, 76579, 76596, 76597, 76598, 76599,
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76650, 76652, 76653, 76654, 76655, 76656, 76657, 76660, 76661, 76664, 76665,
76666, 76667, 76671, 76673, 76676, 76678, 76680, 76682, 76684, 76685, 76686,
76687, 76689, 76690, 76691, 76692, 76693, 76701, 76702, 76703, 76704, 76705,
76706, 76707, 76708, 76710, 76711, 76712, 76714, 76715, 76716, 76795, 76797,
76798, 76799, 76824, 76831, 76832, 76844, 76853, 76864, 76870, 76871, 76877,
76880, 76885, 77363, 77426, 77801, 77802, 77803, 77805, 77806, 77807, 77808,
77830, 77831, 77833, 77834, 77835, 77836, 77837, 77838, 77840, 77841, 77842,
77843, 77844, 77845, 77850, 77852, 77853, 77855, 77856, 77857, 77859, 77861,
77862, 77863, 77864, 77865, 77866, 77867, 77868, 77869, 77870, 77871, 77872,
77873, 77875, 77876, 77878, 77879, 77880, 77881, 77882, 78602, 78605, 78606,
78607, 78608, 78609, 78610, 78611, 78612, 78613, 78615, 78616, 78617, 78619,
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78664, 78665, 78666, 78667, 78669, 78672, 78673, 78674, 78676, 78680, 78681,
78682, 78683, 78691, 78701, 78702, 78703, 78704, 78705, 78708, 78709, 78710,
78711, 78712, 78713, 78714, 78715, 78716, 78717, 78718, 78719, 78720, 78721,
78722, 78723, 78724, 78725, 78726, 78727, 78728, 78729, 78730, 78731, 78732,~~

~~78733, 78734, 78735, 78736, 78737, 78738, 78739, 78741, 78742, 78744, 78745,
78746, 78747, 78748, 78749, 78750, 78751, 78752, 78753, 78754, 78755, 78756,
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78768, 78769, 78772, 78773, 78774, 78778, 78779, 78780, 78781, 78783, 78785,
78786, 78788, 78789, 78798, 78799, 78932, 78938, 78940, 78941, 78942, 78945,
78946, 78947, 78948, 78949, 78952, 78953, 78954, 78956, 78957, 78960, 78961,
and 78963;~~

~~(8) Region 8--South Central Texas, including San Antonio, comprised of the
following ZIP Coded areas: 76883, 77901, 77902, 77903, 77904, 77905, 77951,
77954, 77957, 77960, 77961, 77962, 77963, 77964, 77967, 77968, 77969, 77970,
77971, 77973, 77974, 77975, 77976, 77977, 77978, 77979, 77982, 77983, 77984,
77986, 77987, 77988, 77989, 77991, 77993, 77994, 77995, 78001, 78002, 78003,
78004, 78005, 78006, 78008, 78009, 78010, 78011, 78012, 78013, 78014, 78015,
78016, 78017, 78019, 78021, 78023, 78024, 78025, 78026, 78027, 78028, 78029,
78039, 78050, 78052, 78054, 78055, 78056, 78057, 78058, 78059, 78061, 78062,
78063, 78064, 78065, 78066, 78069, 78070, 78073, 78074, 78101, 78107, 78108,
78109, 78111, 78112, 78113, 78114, 78115, 78116, 78117, 78118, 78119, 78121,
78122, 78123, 78124, 78130, 78131, 78132, 78133, 78135, 78140, 78141, 78143,
78144, 78147, 78148, 78150, 78151, 78152, 78154, 78155, 78156, 78159, 78160,
78161, 78163, 78164, 78201, 78202, 78203, 78204, 78205, 78206, 78207, 78208,
78209, 78210, 78211, 78212, 78213, 78214, 78215, 78216, 78217, 78218, 78219,
78220, 78221, 78222, 78223, 78224, 78225, 78226, 78227, 78228, 78229, 78230,
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78242, 78243, 78244, 78245, 78246, 78247, 78248, 78249, 78250, 78251, 78252,
78253, 78254, 78255, 78256, 78257, 78258, 78259, 78260, 78261, 78262, 78263,~~

~~78264, 78265, 78266, 78268, 78269, 78270, 78275, 78278, 78279, 78280, 78283,
78284, 78285, 78286, 78287, 78288, 78289, 78291, 78292, 78293, 78294, 78295,
78296, 78297, 78298, 78299, 78604, 78614, 78618, 78623, 78624, 78629, 78631,
78632, 78638, 78658, 78670, 78671, 78675, 78677, 78801, 78802, 78827, 78828,
78829, 78830, 78832, 78833, 78834, 78836, 78837, 78838, 78839, 78840, 78841,
78842, 78843, 78847, 78850, 78852, 78853, 78860, 78861, 78870, 78871, 78872,
78873, 78877, 78879, 78880, 78881, 78883, 78884, 78885, 78886, and 78959;~~

~~(9) Region 9--West Texas, including Midland, Odessa, and San Angelo comprised of
the following ZIP Coded areas: 76820, 76825, 76836, 76837, 76841, 76842, 76848,
76849, 76852, 76854, 76855, 76856, 76858, 76859, 76862, 76866, 76869, 76872,
76874, 76886, 76887, 76901, 76902, 76903, 76904, 76905, 76906, 76908, 76909,
76930, 76932, 76933, 76934, 76935, 76936, 76937, 76939, 76940, 76941, 76943,
76945, 76949, 76950, 76951, 76953, 76955, 76957, 76958, 78851, 79331, 79342,
79359, 79360, 79377, 79511, 79701, 79702, 79703, 79704, 79705, 79706, 79707,
79708, 79710, 79711, 79712, 79713, 79714, 79718, 79719, 79720, 79721, 79730,
79731, 79733, 79735, 79738, 79739, 79740, 79741, 79742, 79743, 79744, 79745,
79748, 79749, 79752, 79754, 79755, 79756, 79758, 79759, 79760, 79761, 79762,
79763, 79764, 79765, 79766, 79768, 79769, 79770, 79772, 79776, 79777, 79778,
79780, 79781, 79782, 79783, 79785, 79786, 79788, 79789, and 79848;~~

~~(10) Region 10--Far West Texas, including El Paso, comprised of the following ZIP
Coded areas: 79734, 79821, 79830, 79831, 79832, 79834, 79835, 79836, 79837,
79838, 79839, 79842, 79843, 79845, 79846, 79847, 79849, 79851, 79852, 79853,
79854, 79855, 79901, 79902, 79903, 79904, 79905, 79906, 79907, 79908, 79910,
79911, 79912, 79913, 79914, 79915, 79916, 79917, 79918, 79920, 79922, 79923,
79924, 79925, 79926, 79927, 79928, 79929, 79930, 79931, 79932, 79934, 79935,~~

~~79936, 79937, 79938, 79940, 79941, 79942, 79943, 79944, 79945, 79946, 79947,
79948, 79949, 79950, 79951, 79952, 79953, 79954, 79955, 79958, 79960, 79961,
79968, 79976, 79978, 79980, 79990, 79995, 79996, 79997, 79998, 79999, 88510,
88511, 88512, 88513, 88514, 88515, 88516, 88517, 88518, 88519, 88520, 88521,
88523, 88524, 88525, 88526, 88527, 88528, 88529, 88530, 88531, 88532, 88533,
88534, 88535, 88536, 88538, 88539, 88540, 88541, 88542, 88543, 88544, 88545,
88546, 88547, 88548, 88549, 88550, 88553, 88554, 88555, 88556, 88557, 88558,
88559, 88560, 88561, 88562, 88563, 88565, 88566, 88567, 88568, 88569, 88570,
88571, 88572, 88573, 88574, 88575, 88576, 88577, 88578, 88579, 88580, 88581,
88582, 88583, 88584, 88585, 88586, 88587, 88588, 88589, 88590, and 88595; and
(11) Region 11—Rio Grande Valley, including Brownsville, Corpus Christi, and
Laredo, comprised of the following ZIP Coded areas: 77950, 77990, 78007, 78022,
78040, 78041, 78042, 78043, 78044, 78045, 78046, 78049, 78060, 78067, 78071,
78072, 78075, 78076, 78102, 78104, 78125, 78142, 78145, 78146, 78162, 78330,
78332, 78333, 78335, 78336, 78338, 78339, 78340, 78341, 78342, 78343, 78344,
78347, 78349, 78350, 78351, 78352, 78353, 78355, 78357, 78358, 78359, 78360,
78361, 78362, 78363, 78364, 78368, 78369, 78370, 78371, 78372, 78373, 78374,
78375, 78376, 78377, 78379, 78380, 78381, 78382, 78383, 78384, 78385, 78387,
78389, 78390, 78391, 78393, 78401, 78402, 78403, 78404, 78405, 78406, 78407,
78408, 78409, 78410, 78411, 78412, 78413, 78414, 78415, 78416, 78417, 78418,
78419, 78426, 78427, 78460, 78461, 78463, 78465, 78466, 78467, 78468, 78469,
78470, 78471, 78472, 78473, 78474, 78475, 78476, 78477, 78478, 78480, 78501,
78502, 78503, 78504, 78505, 78516, 78520, 78521, 78522, 78523, 78526, 78535,
78536, 78537, 78538, 78539, 78540, 78541, 78543, 78545, 78547, 78548, 78549,
78550, 78551, 78552, 78553, 78557, 78558, 78559, 78560, 78561, 78562, 78563,~~

~~78564, 78565, 78566, 78567, 78568, 78569, 78570, 78572, 78573, 78574, 78575,
78576, 78577, 78578, 78579, 78580, 78582, 78583, 78584, 78585, 78586, 78588,
78589, 78590, 78591, 78592, 78593, 78594, 78595, 78596, 78597, 78598, and
78599.]~~

§21.4505. Requirement to Collect Data

(a) Each applicable ~~[group]~~ health benefit plan issuer and plan specified in §21.4502(a) and (b) of this subchapter ~~[(relating to Applicability) is required to]~~ must annually collect the data specified under ~~[in Form No. LHL616 (Health Care Claims Reimbursement Rate Report) that is adopted by reference in]~~ §21.4507 of this subchapter ~~[(relating to Report Form)]~~ and ~~[is required to]~~ prepare and file data as provided ~~[in accordance with the requirements]~~ in §21.4506 of this subchapter ~~[(relating to Submission of Report)]~~.

(b) Data elements and medical services specified under §21.4507(b) and (c) of this subchapter must be collected with respect to medical billing codes specified by TDI. The current set of medical billing codes will be available to issuers in a Microsoft Excel template on TDI's website at www.tdi.texas.gov/health/reimbursement.html. Medical billing codes will be updated not more than annually to account for any changes in standard medical practice and medical billing codes related to the services specified in §21.4507(c) of this subchapter. The six-month reporting period for the data requested in Form No. LHL616 (Health Care Claims Reimbursement Rate Report), including the claims and reimbursement rate data, is January 1 to June 30 of the applicable reporting year. The enrollment data required in Form No. LHL616 (Health Care Claims Reimbursement Rate Report) for private market plans and governmental employee-

~~plans is for the total number of lives covered under the plans as of both December 31 of the year prior to the applicable reporting period and June 30 of the applicable reporting year.~~

~~(c) Notwithstanding subsection (a) of this section, a health benefit plan issuer that is exempt from filing a full reimbursement report pursuant to §21.4506(e) of this subchapter is not required to collect the full data indicated in Form No. LHL616 (Health Care Claims Reimbursement Rate Report) and is required to instead collect enrollment data as necessary to comply with the applicable instructions specified in Form No. LHL616 (Health Care Claims Reimbursement Rate Report) to support an exemption.]~~

§21.4506. Submission of Report

(a) Not later than May ~~[September]~~ 1 of each year, each plan and health benefit plan issuer identified in §21.4502(a) and (b) of this subchapter ~~[(relating to Applicability) is required to]~~ must submit to TDI~~[the department]~~ the data required under ~~[in Form No. LHL616 (Health Care Claims Reimbursement Rate Report) that is adopted by reference in]~~ §21.4507 of this subchapter ~~[(relating to Report Form)].~~

~~[(b) Notwithstanding the requirements of subsection (a) of this section, the first reporting date for the submission of data required by this subchapter is 60 days from effective date of rule for data regarding claims payments from January 1, 2010, to June 30, 2010.]~~

~~(b)[(c)]~~ The data filed under~~[pursuant to]~~ this section is required to be filed electronically as a Microsoft Excel form and emailed to TDI at ReimbursementRates@tdi.texas.gov, or uploaded by secure File Transfer Protocol (FTP). ~~[in Excel format by:~~

~~—————(1) accessing a link designated on the department's website,~~

~~[<http://www.tdi.state.tx.us/forms/form10accident.html>], to obtain Form No. LHL616
(Health Care Claims Reimbursement Rate Report);~~

~~_____ (2) completing the report in accordance with the form's instructions;
and~~

~~_____ (3) emailing the completed report to the department at
ReimbursementRates@tdi.state.tx.us.]~~

(c) Issuers may meet the requirements of this subchapter by submitting data
using the Microsoft Excel template available on TDI's website at
www.tdi.texas.gov/health/reimbursement.html.

~~[(d) To access the report form, the user must indicate acceptance of the End
User Agreement concerning use of Current Procedural Terminology. Acceptance is
indicated by clicking the button labeled "Accept." The content of the End User
Agreement is provided in Figure: 28 TAG §21.4506(f) of this subchapter.~~

~~(e) Notwithstanding subsections (a) – (d) of this section, a group health benefit
plan issuer as specified in §21.4502(a) of this subchapter may submit to the
department an exemption statement and the data required in Section B of Form No.
LHL616 (Health Care Claims Reimbursement Rate Report) to support an exemption
in place of the full report described in subsections (a) – (d) of this section. The group
health benefit plan issuer asserting an exemption shall certify that the group health
benefit plan issuer is exempt from the reporting requirement applicable to its health
benefit plans for one of the following reasons:~~

~~(1) the total number of all covered lives in private market preferred-
provider benefit plans operating under the Insurance Code Chapter 1301 and offered
by the health benefit plan issuer in Texas does not exceed 10,000 persons as of
December 31 of the year preceding the report; or~~

~~(2) the total number of all covered lives in the private market health-maintenance organization plans operating under the Insurance Code Chapter 843 and offered by the health benefit plan issuer does not exceed 10,000 persons as of December 31 of the year preceding the report.~~

~~(f) The content of the End User Agreement is as follows:~~

~~— [Attached Graphic](#)~~

§21.4507. [Report Form]Data Required

(a) Applicable health benefit plans must include the following information as a cover page to each report:

(1) reporting period;

(2) company/plan name;

(3) NAIC number, issued to the company by the National Association of Insurance Commissioners;

(4) company number;

(5) contact information for the person designated to discuss the report with department staff, including name, telephone number, and email address;

(6) an indication of whether the report is for insurance business or health maintenance organization business, consistent with paragraph (d) of this section, or “NA” for reports limited to self-insured business;

(7) an indication of whether the report includes data on self-insured business, including data for certain governmental plans required to report under Insurance Code Chapter 38, Subchapter H; and

(8) a certification that the information provided is a full and true statement of the data required under this subchapter.

~~(b)[Form No. LHL616 (Health Care Claims Reimbursement Rate Report)]~~

Applicable health benefit plans must submit the following data, for each geographic region, as defined by §21.4503, for each service identified in subsection (c)[is-adopted by reference. The form]:

(1) total number of unique claim identifiers (IDs) for all claim types and for hospital inpatient claims, both the total number of unique claim IDs and the total number of discharges;

(2) data on billed amounts:

(A) total amount billed;

(B) mean amount billed;

(C) median amount billed;

(D) maximum amount billed;

(E) minimum amount billed;

(F) lower quartile amount billed, representing the 25th percentile of all amounts billed; and

(G) upper quartile amount billed, representing the 75th percentile of all amounts billed;

(3) data on allowed amounts:

(A) total amount allowed;

(B) mean amount allowed;

(C) median amount allowed;

(D) maximum amount allowed;

(E) minimum amount allowed;

(F) lower quartile amount allowed, representing the 25th percentile of all amounts allowed; and

(G) upper quartile amount allowed, representing the 75

percentile of all amounts allowed.

~~[(1) contains instructions for completion of the report and requires submission of information and data concerning group health benefit plan issuer identification and enrollment information;~~

~~(2) requires the submission of both contracted and out-of-network claim information for general professional services; pathology services; anesthesiology services; radiology services; neonatology services; outpatient professional and institutional provider services; and inpatient institutional provider services; and~~

~~(3) is available at <http://www.tdi.state.tx.us/forms/form10accident.html>.]~~

(c) Data elements identified in subsection (b) must be reported in the specified manner for each category of services in this subsection.

(1) Inpatient procedures. Data on inpatient procedure claims must be reported separately for facility claims and professional claims.

(A) Facility claims data must be grouped by discharge and only include claims that occurred in an inpatient hospital.

(B) Professional claims data must be reported separately for surgical claims, radiology claims, and anesthesia claims, and only include claims for which the place of service code indicates inpatient hospital.

(C) Inpatient procedure claims data must be reported for the full cost of any claim for the following services, using the medical billing codes specified by TDI, consistent with §21.4705(b) of this subchapter:

(i) cesarean section delivery;

(ii) vaginal delivery;

(iii) hysterectomy;

(iv) hip replacement;

(v) knee replacement;

(vi) back surgery - laminectomy;

(vii) coronary angioplasty with drug-eluting stent;

(viii) coronary bypass (CABG) without cardiac

catheterization;

(ix) inguinal hernia repair, unilateral;

(x) inguinal hernia repair, bilateral;

(xi) laparoscopic cholecystectomy;

(xii) appendectomy;

(xiii) tonsillectomy;

(xiv) adenoidectomy; and

(xv) tonsillectomy and adenoidectomy.

(2) Outpatient Procedures. Data on outpatient facility procedure claims must be reported separately for facility claims and professional claims.

(A) Facility claims data must be reported separately for outpatient procedures that occurred in an outpatient hospital and those that occurred in an ambulatory surgical center.

(B) Professional claims data must only include claims for which the place of service code indicates outpatient hospital or ambulatory surgical center and be reported separately for surgical claims, radiology claims, and anesthesia claims.

(C) Data on outpatient procedure facility claims must be reported for all costs associated with claims for the following services, using the medical billing codes specified by TDI, consistent with §21.4705(b) of this

subchapter:

- (i) myringotomy;
- (ii) tonsillectomy;
- (iii) adenoidectomy;
- (iv) tonsillectomy and adenoidectomy;
- (iv) colonoscopy;
- (v) upper GI endoscopy;
- (vi) upper and lower GI endoscopy;
- (vii) rotator cuff repair;
- (viii) ACL repair;
- (ix) bunion repair;
- (x) cardiac catheterization (left);
- (xi) cardiac catheterization (right); and
- (xii) cardiac catheterization (left and right).

(3) Imaging Services. Data on imaging services must be reported separately for facility claims and professional claims.

(A) Facility claims must include only claims that occurred in an outpatient hospital, and for which units of service equal one.

(B) Professional claims must be reported only for claims billed with CPT code modifiers for the professional component (26) and technical component (TC), and units of service equal to one. Data must be reported separately by place of service code:

- (i) outpatient hospital;
- (ii) office; and
- (iii) all other place of service codes, excluding office.

inpatient hospital, and outpatient hospital.

(C) Data must be reported at the claim line level for the following imaging services, using the medical billing codes specified by TDI, consistent with §21.4705(b) of this subchapter:

- (i) CT scan abdomen and pelvis;
- (ii) CT scan abdomen;
- (iii) CT scan pelvis;
- (iv) CT scan head/brain;
- (v) CT scan mouth, jaw, and neck;
- (vi) CT scan soft tissue neck;
- (vii) CT scan chest;
- (viii) CT scan lumbar lower spine;
- (ix) CT scan lower extremity;
- (x) mammogram, analog;
- (xi) mammogram, digital;
- (xii) MRI brain;
- (xiii) MRI head (orbit/face/neck);
- (xiv) MRI angiography head;
- (xv) MRI neck spine;
- (xvi) MRI spine;
- (xvii) MRI lumbar spine;
- (xviii) MRI lower limb;
- (xix) MRI upper limb (other than joint);
- (xx) MRI lower limb with joint;
- (xxi) MRI upper limb joint;

(xxii) MRI abdomen;

(xxiii) MRI breast; and

(xxiv) MRI pelvis.

(4) Pathology Services. Data on pathology services must be reported only for professional claims for which the place of service is an independent lab.

(A) Data must be reported at the claim line level and averaged to reflect the cost per unit of service.

(B) Data must be reported for the following pathology services, using the medical billing codes specified by TDI, consistent with §21.4705(b) of this subchapter:

(i) organ or disease panels;

(ii) evocative suppression testing;

(iii) urinalysis;

(iv) chemistry;

(v) hematology-coagulation;

(vi) immunology;

(vii) microbiology;

(viii) anatomic pathology;

(ix) screening cytopathology; and

(x) complete blood count.

(5) Office Visits. Data on office visits must be reported only for professional claims for which the place of service is an office or rural health clinic lab.

(A) For data elements listed in subparagraph (B) of this paragraph, data must be reported at the claim line level and averaged to reflect the cost per unit of service.

(B) Data must be reported for the following types of office visits, using the medical billing codes specified by TDI, consistent with §21.4705(b) of this subchapter:

- (i) office or other outpatient visit with a new patient;
- (ii) office or other outpatient visit with an established patient;
- (iii) office consultation;
- (iv) preventive medicine evaluation and management (new patient), by age group;
- (v) preventive medicine evaluation and management (established patient), by age group;
- (vi) annual gynecological exam, new patient;
- (vii) annual gynecological exam, established patient;
- (viii) screening pelvic and breast exam;
- (ix) screening pap smear; and
- (x) cytopathology for pap smear.

(C) Data must be reported for well-woman exams so that all costs associated with a claim are reported with respect to the medical billing codes specified by TDI, consistent with §21.4705(b) of this subchapter.

(d) Data submission requirements. In reporting data required under this section, issuers must:

- (1) report data elements according to medical billing codes specified by TDI under §21.4705(b) of this subchapter;
- (2) separately report data for insurance and HMO and exclude any HMO claims paid in through a capitation agreement;

(3) separately report data for in-network and out-of-network claims;

and

(4) filter claims data to include only:

(A) Claims incurred and adjudicated during the 12-month reporting period. For the 2015 reporting period, limit data for inpatient procedure claims and outpatient procedure claims to claims incurred and adjudicated prior to October 1, 2015, or the date on which the issuer transitioned billing systems to use ICD-10 procedure codes.

(B) claims for which adjudication is final; exclude pending or denied claims;

(C) claims for insureds in commercial fully insured plans or self-funded employer group plans;

(D) claims for which the issuer is the primary plan responsible for payment; exclude claims for which issuer is the secondary plan; and

(E) claims with an allowed amount greater than zero.