TMHP Texas Medicaid & Healthcare Partnership
A State Medicaid Contractor

Coming October 2026: Third Quarter HCPCS Updates to Texas Medicaid Procedure Codes

Last updated on 8/5/2026

On October 1, 2026, the Texas Medicaid & Healthcare Partnership (TMHP) will implement procedure code additions, revisions, and discontinuations based on updates that were made to the Healthcare Common Procedure Coding System (HCPCS) by the Centers for Medicare & Medicaid Services (CMS) for the third quarter of 2026. The updates will be effective for dates of service on or after October 1, 2026.

Discontinued procedure codes will no longer be benefits of Texas Medicaid.

Added procedure codes will not be reimbursed until the Texas Health and Human Services Commission (HHSC) reviews the codes and holds a rate hearing. Providers will be notified of any benefit changes in a future article. Providers can refer to the *Texas Medicaid Provider Procedures Manual* for current benefit information.

Reminder: For clinician-administered drug procedure codes that are included in a quarterly HCPCS update and approved to be added as Medicaid benefits by HHSC, the rate may be effective as of the CMS effective date. Texas Medicaid will deny claims until the rate has been implemented, but TMHP will reprocess affected claims back to the CMS effective date. The procedure codes will be reimbursable at the published rate until HHSC holds a rate hearing, as required by Texas Administrative Code § 355.201.

For more information, call the TMHP Contact Center at 800-925-9126.

Note: Texas Medicaid managed care organizations (MCOs) must provide all medically necessary, Medicaid-covered services to Medicaid members who are enrolled in their MCO. Administrative procedures, such as prior authorization, precertification, referrals, and claims and encounter data filing, may differ from traditional Medicaid (fee-for-service) and from MCO to MCO. Providers should contact the member's specific MCO for details.