

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
1301 Young Street, Room 833  
Dallas, Texas 75202



**Division of Medicaid & Children's Health, Region VI**

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July 21, 2009

Our Reference: SPA TX 09-006

Mr. Chris Traylor  
Associate Commissioner for Medicaid & CHIP  
Health and Human Services Commission  
Post Office Box 13247  
Mail Code: H100  
Austin, Texas 78711

Dear Mr. Traylor:

We have reviewed the State's proposed amendment to the Texas State Plan submitted under Transmittal Number 09-006. The purpose of this plan amendment is to clarify coverage for telemedicine services in the Texas Medicaid State Plan by expanding care provided via telemedicine for physician services. The existing reimbursement methodology for Physicians and Other Practitioners applies to these services and includes reimbursement of physician services and a facility fee payable to the patient site location.

Based on the information submitted, we have approved the amendment for incorporation into the official Texas State Plan with an effective date change of April 1, 2009. A copy of the CMS-179 and approved plan pages are enclosed with this letter.

If you have any questions, please contact Ford J. Blunt at (214) 767-6381.

Sincerely,

/s/

Bill Brooks  
Associate Regional Administrator

Enclosure

cc: Tamela Griffin, Policy Development Support

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER:  <b>09-006</b>	2. STATE:  <b>TEXAS</b>
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE:  <b>April 1, 2009</b>	
5. TYPE OF PLAN MATERIAL (Circle One):  <input checked="" type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: <b>42 CFR 440.50(a), §1905(a)(5)(A) of the Social Security Act, relating to Physician Services.</b>		7. FEDERAL BUDGET IMPACT: a. FFY 2009 <b>\$155,588</b> b. FFY 2010 <b>\$167,725</b>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b>SEE ATTACHMENT</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  <b>SEE ATTACHMENT</b>	
10. SUBJECT OF AMENDMENT:  <b>The purpose of the proposed amendment is to clarify telemedicine services in the Texas Medicaid State Plan and to expand allowable telemedicine services. The existing reimbursement methodology for Physicians and Other Practitioners applies to these services and includes reimbursement of physician services and a facility fee payable to the patient site location. The requested effective date for the proposed amendment is April 1, 2009.</b>			
11. GOVERNOR'S REVIEW (Check One): <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT  <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL           </div> <div> <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Sent to Governor's Office this date. Comments, if any, will be forwarded upon receipt.           </div> </div>			
12. SIGNATURE OF STATE AGENCY OFFICIAL:  <i>[Signature]</i>		16. RETURN TO:  <b>Chris Traylor</b> <b>State Medicaid Director</b> <b>Post Office Box 85200</b> <b>Austin, Texas 78711-5200</b>	
13. TYPED NAME:  <b>Chris Traylor</b>			
14. TITLE:  <b>State Medicaid Director</b>			
15. DATE SUBMITTED:  <b>April 22, 2009</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: <b>22 April, 2009</b>		18. DATE APPROVED: <b>21 July, 2009</b>	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL:  <b>1 April, 2009</b>		20. SIGNATURE OF REGIONAL OFFICIAL:  <i>[Signature]</i>	
21. TYPED NAME:  <b>Bill Brooks</b>		22. TITLE: <b>Associate Regional Administrator</b> <b>Dir of Medicaid &amp; Children's Health</b>	
23. REMARKS:			

**5. Physicians' and Dentists' Services.**

- a. Physicians' Services. Services by or under the personal supervision of a physician licensed to practice medicine or osteopathy are covered by the Texas Medical Assistance Program as specified in 42 CFR §440.50.

(1) Telemedicine

Services provided via telemedicine are a benefit of the Texas Medicaid Program. Telemedicine is defined as the practice of health care delivery by a provider who is located at a site other than the site where the patient is located for the purposes of evaluation, diagnosis, consultation, or treatment that requires the use of advanced telecommunications technology. Telephone conversations, chart reviews, electronic mail messages, and facsimile transmissions are not considered telemedicine.

The distant site provider uses telemedicine to provide a service to the client at the patient site. Qualifying distant site providers are reimbursed in accordance with the standard Medicaid reimbursement methodology. Qualifying patient sites are reimbursed a facility fee.

- b. Dentists' Services. Subject to the specifications, conditions and limitations established by the single state agency, services by a Doctor of Dental Surgery or Doctor of Dental Medicine (Dentists' services) are covered by the Texas Medical Assistance Program if the services (1) are within the dentist scope of practice, as defined by law; and (2) would be covered by the Texas Medical Assistance Program when they are provided by a licensed physician (M.D. or D.O.).

STATE	<u>Texas</u>	A
DATE REC'D	<u>4-22-09</u>	
DATE APP'D	<u>7-21-09</u>	
DATE EFF	<u>4-1-09</u>	
HCPA 179	<u>09-06</u>	

SUPERSEDES: TN- 92-22

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