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State/Territory Name: Texas

State Plan Amendment (SPA) #: 12-43

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Superseding Page Listing
- 4) Approved SPA Page

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



DIVISION OF MEDICAID & CHILDREN'S HEALTH - REGION VI

July 9, 2013

Our Reference: SPA TX 12-043

Ms. Kay Ghahremani
State Medicaid Director
Health and Human Services Commission
Post Office Box 13247
Mail Code H100
Austin, Texas 78711

Dear Ms. Ghahremani:

We have reviewed the State's proposed amendment to the Texas State Plan submitted under Transmittal Number 12-43, dated December 4, 2012. This state plan amendment updates the fee schedule for hearing aids and audiometric evaluations.

Based on the information submitted, we have approved the amendment for incorporation into the official Texas State Plan with an effective date change of October 1, 2012. A copy of the CMS-179 and approved plan pages are enclosed with this letter.


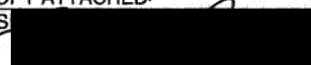
If you have questions, please contact Cheryl Rupley at (214) 767-6278.

Sincerely,

A black rectangular redaction box covering the signature of Bill Brooks.

Bill Brooks
Associate Regional Administrator

cc: Becky Brownlee, Policy Development Support

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 12-043	2. STATE: TEXAS
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE: October 1, 2012	
5. TYPE OF PLAN MATERIAL (Circle One): <input 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: Title XIX, Section 1905 (r)(4) of the Social Security Act; 42 CFR §440.110		7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT a. FFY 2013 \$ (5,353,583) b. FFY 2014 \$ (5,471,957) c. FFY 2015 \$ (5,641,642)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: SEE ATTACHMENT TO BLOCKS 8 & 9		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): SEE ATTACHMENT TO BLOCKS 8 & 9	
10. SUBJECT OF AMENDMENT: The proposed amendment updates the hearing aids and audiometric evaluations fee schedule.			
11. GOVERNOR'S REVIEW (Check One): <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 <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Sent to Governor's Office this date. Comments, if any, will be forwarded upon receipt.			
12. BY OFFICIAL: 		16. RETURN TO: Kay Ghahremani State Medicaid Director Post Office Box 13247, MC: H-100 Austin, Texas 78711	
13. TYPED NAME: Kay Ghahremani			
14. TITLE: State Medicaid Director			
15. DATE SUBMITTED December 4, 2012			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 4 December 2012		18. DATE APPROVED: 9 July 2013	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 October 2012		20. SIGNATURE: 	
21. TYPED NAME: Bill Brooks		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health	
3. REMARKS:			

Attachment to Blocks 8 & 9 of CMS Form 179

Transmittal Number 12-043

**Number of the
Plan Section or Attachment**

Attachment 4.19-B
Page 3b

**Number of the Superseded
Plan Section or Attachment**

Attachment 4.19-B
Page 3b (TN 11-039)

State: Texas
Date Approved: 7/9/13
Date Received: 12/4/12
Date Effective: 10/1/12
Transmittal Number: 12-43

9. Hearing Aids and Audiometric Evaluations

- (a) Providers of professional hearing and audiometric evaluation services are reimbursed based on the lesser of the provider's billed charges or fees determined by HHSC in accordance with Item 1 of this attachment, relating to the reimbursement methodology for physicians and certain other practitioners.
- (b) Providers of hearing aids are reimbursed the lesser of the provider's billed charges or fees determined by HHSC, which are based on a review of data available to HHSC, such as cost information from providers or manufacturers, surveys of the Medicaid fees for other states, survey information from national fee analyzers, or other relevant fee-related information.
- (c) The reimbursement for services effective September 1, 2011 will be equal to the reimbursement on August 31, 2010, less 8.00 percent. If the reimbursement for the service has been re-evaluated subsequent to September 1, 2011, the reimbursement will be based on (a) or (b) above as appropriate.
- (d) All fee schedules are available through the agency's website as outlined on Attachment 4.19-B, page 1.
- (e) The agency's fee schedule was revised with new fees for hearing and audiometric evaluation services effective October 1, 2012, and this fee schedule was posted on the agency's website on October 12, 2012.

STATE	<u>TEXAS</u>
DATE REC'D	<u>12-4-12</u>
DATE APPV'D	<u>7-9-13</u>
DATE EFF	<u>10-1-12</u>
HHSC 179	<u>13-43</u>

A

TN: 12-43

Approval Date: 7-9-13

Effective Date: 10-1-12

Supersedes TN: 11-39

SUPERSEDES: TN- 11-39