

## Table of Contents

State/Territory Name: Texas

State Plan Amendment (SPA) #: 13-10

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**

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June 24, 2013

Our Reference: SPA TX 13-010

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 13-10, dated March 29, 2013. This state plan amendment updates the fee schedule for dental services under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program. The amendment also deletes obsolete language regarding past rate reductions for this service.

Based on the information submitted, we have approved the amendment for incorporation into the official Texas State Plan with an effective date change of January 1, 2013. 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

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER:  <b>13-010</b>	2. STATE:  <b>TEXAS</b>
		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:  <b>January 1, 2013</b>	
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: <b>42 CFR 440.40; and 441.56; §1905(r) of Social Security Act, relating to Early and Periodic Screening, Diagnosis and Treatment.</b>		7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT  a. FFY 2013 (\$1,901) b. FFY 2014 (\$2,458) c. FFY 2015 (\$2,946)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b>SEE ATTACHMENT TO BLOCKS 8 &amp; 9</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  <b>SEE ATTACHMENT TO BLOCKS 8 &amp; 9</b>	
10. SUBJECT OF AMENDMENT:  <b>The proposed amendment updates fee schedule for dental services under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program.</b>			
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: <b>Sent to Governor's Office this date. Comments, if any, will be forwarded upon receipt.</b>			
12. SIGNATURE OF STATE AGENCY OFFICIAL:  		16. RETURN TO:  <b>Kay Ghahremani State Medicaid Director Post Office Box 13247, MC: H-100 Austin, Texas 78711</b>	
13. TYPED NAME: <b>Kay Ghahremani</b>			
14. TITLE: <b>State Medicaid Director</b>			
15. DATE SUBMITTED <b>March 29, 2013</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: <b>29 MARCH 2013</b>		18. DATE APPROVED: <b>24 June 2013</b>	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL:  <b>1 JANUARY 2013</b>		20. SIGNATURE OF REGIONAL ADMINISTRATOR:  	
21. TYPED NAME:  <b>B:11 Brooks</b>		22. TITLE: <b>Associate Regional Administrator Division of Medicaid &amp; Children's Health</b>	
23. REMARKS:			

**Attachment to Blocks 8 & 9 of CMS Form 179**

**Transmittal Number 13-010**

**Number of the  
Plan Section or Attachment**

Appendix 1 to Attachment 3.1-A  
Page 6

Appendix 1 to Attachment 3.1-B  
Page 6

Attachment 4.19-B  
Page 25k.1

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

Appendix 1 to Attachment 3.1-A  
Page 6 (TN 96-002)

Appendix 1 to Attachment 3.1-B  
Page 6 (TN 96-002)

Attachment 4.19-B  
Page 25k.1 (TN 12-016)

State: Texas  
Date Received: 3/29/13  
Date Approved: 6/24/13  
Date Effective: 1/1/13  
Transmittal Number: 13-10

STATE	<u>TEXAS</u>	A
DATE REC'D	<u>3-29-13</u>	
DATE APPV'D	<u>6-24-13</u>	
DATE EFF	<u>1-1-13</u>	
MDFA 179	<u>13-10</u>	

4.b. EPSDT Services.

EPSDT prior authorization requirement: Prior authorization is required for payment of dental services in excess of the ceiling amount established for initial services or if subsequent appointments and services are required. Also, prior authorization is required for hospitalization expenses in connection with dental services. An orthodontic plan of treatment must be received, authorized, and prepaid while the client is Medicaid eligible and under 21 years of age.

Eligible medical assistance recipients covered under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program are entitled to optometric and eyeglass services as described below and elsewhere in this State Plan, when provided by a physician, optometrist, or optician enrolled in the Texas Medical Assistance Program at the time the service(s) is provided.

Each EPSDT recipient is entitled to one eye exam by refraction each state fiscal year (September 1<sup>st</sup> through August 31<sup>st</sup>), whether performed by a Doctor of Optometry or a physician (M.D. or D.O.), unless the need for additional medically necessary refractions is discovered during the screening process. This limit of one eye refraction per recipient, per state fiscal year, applies to both prosthetic (aphakic) eyewear and non-prosthetic eyewear. This limit does not apply to other diagnostic and/or treatment of the eye for medical conditions, other than determination of visual acuity. Diagnostic and treatment services provided by an optometrist are covered by the Texas Medical Assistance Program if the services are (1) within the optometrist's scope of practice, as defined by state law and (2) reasonable and medically necessary as determined by the single state agency or its designee. Other diagnostic and treatment services provided by a physician are described elsewhere in this State Plan.

Prosthetic eyewear, including contact lenses and glass or plastic lenses in frames, is a program benefit provided to an eligible recipient if the eyewear is prescribed for post cataract surgery, congenital absence of the eye lens, or loss of an eye lens because of trauma. Reimbursement is made for as many temporary lenses as are medically necessary during post-surgical cataract convalescence (the four-month period following the date of cataract surgery). One pair of permanent prosthetic lenses can be dispensed as a program benefit. However, reimbursement is made by the program for the repair or replacement of lost or destroyed prosthetic eyewear and the replacement of prosthetic eyewear when it is required because of a change in visual acuity of .5 diopter or more.

Payment is not authorized for eyewear with little or no chance for correction of refraction errors. In addition, payment is limited to zylonite eyeglass frames and the basic serviceable types of lenses and style of frames which meet specifications established by the single state agency.

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TN: 13-10      Approval Date: 6-24-13      Effective Date: 1-1-13  
Supersedes TN: 96-02

SUPERSEDES: TN- 96-02

STATE <u>TEXAS</u>	A
DATE REC'D <u>3-29-13</u>	
DATE APPV'D <u>6-24-13</u>	
DATE EFF <u>1-1-13</u>	
MSFA 179 <u>13-10</u>	

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TN: 1370 Approval Date: 6-24-13 Effective Date: 1-1-13

Supersedes TN: 96-02

SUPERSEDES: TN- 96-02

**32. Reimbursement Methodologies for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services - continued**

- 13) Dental services reimbursable only for Medicaid-eligible clients under age 21 include those provided by independently enrolled dentists who are reimbursed according to the lesser of the provider's billed charges or fees determined by the Texas Health and Human Services Commission (HHSC). These are access-based fees under Item 1 of Attachment 4.19-B, relating to the reimbursement methodology for physicians and certain other practitioners.
- (a) All fee schedules are available through the agency's website as outlined on Attachment 4.19-B, page 1.
- (b) The agency's fee schedule was revised with new fees for EPSDT dental services effective January 1, 2013. The fee schedule was posted on the agency website on January 11, 2013.

STATE <u>TEXAS</u>	A
DATE REC'D <u>3-29-13</u>	
DATE APPV'D <u>6-24-13</u>	
DATE EFF <u>1-1-13</u>	
HOFA 179 <u>13-10</u>	

TN: 13-10

Approval Date: 6-24-13

Effective Date: 1-1-13

Supersedes TN: 12-16

SUPERSEDES: TN- 12-16