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State/Territory Name: Texas

State Plan Amendment (SPA) #: 13-18

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

August 19, 2013

Our Reference: SPA TX 13-018

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 13-18, dated June 28, 2013. This state plan amendment revises the reimbursement methodology for certified registered nurse anesthetists and adds anesthesiologist assistants to the fee schedule as a provider.

Based on the information submitted, we have approved the amendment for incorporation into the official Texas State Plan with an effective date change of June 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 box redacting 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: 13-018	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: June 1, 2013	
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: Social Security Act § 1905(a)(5), 42 U.S.C. § 1396d(a)(5); 42 CFR § 440.50; Social Security Act § 1905(a)(6), 42 U.S.C. § 1396d(a)(6); 42 CFR § 440.60.		7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT a. FFY 2013 \$ 58,326 b. FFY 2014 \$ 182,218 c. FFY 2015 \$ 189,150	
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 clarifies the existing reimbursement methodology for certified registered nurse anesthetists. Additionally, the proposed amendment adds anesthesiologist assistants to the fee schedule as providers for existing services.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Sent to Governor's Office this date. Comments, if any, will be forwarded upon receipt. <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: [Redacted]		16. RETURN TO: Kay Ghahremani State Medicaid Director PO Box 13247 MC H-100 Austin, Texas 78711	
13. TYPED NAME: Kay Ghahremani			
14. TITLE: State Medicaid Director			
15. DATE SUBMITTED June 28, 2013			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 28 June 2013		18. DATE APPROVED: 19 August 2013	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 June 2013		20. SIGNATURE OF REGIONAL OFFICIAL: [Redacted]	
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 13-018

**Number of the
Plan Section or Attachment**

Appendix 1 to Attachment 3.1-A
Page 9a

Appendix 1 to Attachment 3.1-B
Page 9a

Attachment 4.19-B
Page 34

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

Appendix 1 to Attachment 3.1-A
N/A – new page

Appendix 1 to Attachment 3.1-B
N/A – new page

Attachment 4.19-B
Page 34 (TN 10-082)

State: Texas
Date Received: 6/28/13
Date Approved: 8/19/13
Date Effective: 6/1/13
Transmittal Number: 13-18

5. Physicians' and Dentists' Services.

c. Services provided by Anesthesiologist Assistants

1. Subject to the specifications, conditions, requirements, and limitations established by the single state agency, medically directed anesthesia services provided by an anesthesiologist assistant (AA), as permitted by Texas Occupations Code § 157.001, are covered by the Texas Medical Assistance Program.
2. An AA is a health care professional who works under the direction of an anesthesiologist; is in compliance with all applicable requirements of state law; and is a graduate of a medical school-based anesthesiologist's assistant educational program that is accredited by the Commission on Accreditation of Allied Health Education Programs and includes approximately two years of specialized basic science and clinical education in anesthesia at a level that builds on a premedical undergraduate science background. For services to be payable to these professionals, the professional must comply with all applicable federal and state laws governing the service provided; be enrolled in, and approved for participation in, the Texas Medical Assistance Program; must sign a written agreement with the single state agency or its designee; must comply with the terms of the provider agreement and all requirements of the Texas Medical Assistance Program, including federal and state regulations, rules, handbooks, standards, and guidelines published by the single state agency or its designee; and bill for services covered by the Texas Medical Assistance Program in the manner and format prescribed by the single state agency or its designee.
3. The Texas Medical Assistance Program will not reimburse the AA for equipment or supplies. Equipment and supplies are the responsibility of the facility in which the AA services are provided. If the equipment and supplies are covered and reimbursable by the Texas Medical Assistance Program, payment may be made to the facility if the facility is approved for participation in the Texas Medical Assistance Program. The basis and amount of reimbursement depends on the reimbursement methodology utilized by the Texas Medical Assistance Program for the services and providers involved.

STATE <u>Texas</u>	
DATE REC'D	<u>6-28-13</u>
DATE APP'D	<u>8-19-13</u>
DATE EFF	<u>6-01-13</u>
NO. 179	<u>13-18</u>

TN: 13-18

Approval Date: 8-19-13

Effective Date: 6-01-13

Supersedes TN: None - new page

SUPERSEDES: NONE - NEW PAGE

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STATE <u>Texas</u>	
DATE REC'D	<u>6-28-13</u>
DATE APP'D	<u>8-19-13</u>
DATE EFF	<u>6-01-13</u>
INDEX	<u>179</u>
A	

TN: 13-18

Approval Date: 8-19-13

Effective Date: 6-01-13

Supersedes TN: None - new page

SUPERSEDES: NONE - NEW PAGE

41. Services Provided by Certified Registered Nurse Anesthetists and Anesthesiologist Assistants

- (a) Payment for covered anesthesia services provided by a certified registered nurse anesthetist (CRNA) or Anesthesiologist Assistant (AA) is limited to the lesser of the provider's billed charges or 92 percent of the rate reimbursed to a physician anesthesiologist for the same services made in accordance with item 1 of this attachment.
- (b) All fee schedules are available through the agency's website as outlined on Attachment 4.19-B, Page 1.
- (c) The agency's fee schedule was revised with the new fees for CRNAs and AAs effective June 1, 2013, and this fee schedule will be posted on the agency's website on June 4, 2013.

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