

Table of Contents

State/Territory Name: Texas

State Plan Amendment (SPA) #: 13-21

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

September 20, 2013

Our Reference: SPA TX 13-021

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 13-21, dated June 28, 2013. This state plan amendment updates the fee schedule for physicians and other practitioners and adds advanced telecommunication services to the list of services reimbursed under the methodology for physicians and other practitioners.

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, 2013. A copy of the CMS-179 and approved plan pages are enclosed with this letter.

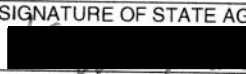
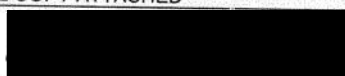
If you have questions, please contact Cheryl Rupley at (214) 767-6278.

Sincerely,

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

Bill Brooks
Associate Regional Administrator

cc: Becky Brownlee, Policy Development Support

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 13-021	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: April 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: 42 CFR 440.50(a); §1905(a)(5)(A) of Social Security Act, relating to Physician Services; 42 CFR 440.60(a); §1905(a)(6)(A) of Social Security Act, relating to Other Licensed Practitioners.		7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT a. FFY 2013 \$ 1,086,455 b. FFY 2014 \$ 2,264,112 c. FFY 2015 \$ 2,374,266	
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 physicians and other practitioners' fee schedule and adds advanced telecommunication services to the list of services reimbursed under the methodology for physicians and other practitioners.			
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: 		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: June 28, 2013		18. DATE APPROVED: September 20, 2013	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: April 1, 2013		 <small>AL 6300.100.1.1-2000039050 -0500</small>	
21. TYPED NAME: Bill Brooks		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health	
3. REMARKS: Pen and ink change per State's email dated 9/11/13 to add Attachment 3.1A/B, page 9.			

Attachment to Blocks 8 & 9 of CMS Form 179

Transmittal Number 13-021

**Number of the
Plan Section or Attachment**

Appendix 1 to Attachment 3.1-A
Page 9

Appendix 1 to Attachment 3.1-B
Page 9

Attachment 4.19-B
Page 1a
Page 1a.3

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

Appendix 1 to Attachment 3.1-A
Page 9 (TN 09-006)

Appendix 1 to Attachment 3.1-B
Page 9 (TN 09-006)

Attachment 4.19-B
Page 1a (TN 13-007)
Page 1a.3 (TN 13-006)

State: Texas
Date Received: 28 June, 2013
Date Approved: 20 September, 2013
Date Effective: 1 April, 2013
Transmittal Number: TX 13-21

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 services. 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>6-28-13</u>	
DATE APPV'D	<u>9-20-13</u>	
DATE EFF	<u>4-1-13</u>	
HOPA 179	<u>13-21</u>	

TN: 13-21

Approval Date: 9-20-13

Effective Date: 4-01-13

Supersedes TN: 09-06

SUPERSEDES. TN: 09-06

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STATE	<u>TEXAS</u>	A
DATE REC'D	<u>6-28-13</u>	
DATE APPV'D	<u>9-20-13</u>	
DATE EFF	<u>4-01-13</u>	
INDEX 170	<u>13-21</u>	

TN: 13-21

Approval Date: 9-20-13

Effective Date: 4-01-13

Supersedes TN: 09-06

SUPERSEDES: TN- 09-06

State: Texas
Date Received: 28 June, 2013
Date Approved: 20 September, 2013
Date Effective: 1 April, 2013
Transmittal Number: 13-21

State of Texas
Attachment 4.19-B
Page 1a

1. Physicians and Other Practitioners

- (a) Subject to the qualifications, limitations, and exclusions in the amount, duration and scope of benefits as provided elsewhere in the State Plan, payment to eligible providers of laboratory services, including x-ray services, radiation therapy services, physical and occupational therapists' services, physician services (including anesthesia and physician-administered drugs), podiatry services, chiropractic services, optometric services, dentists' services, psychologists' services, certified respiratory care practitioners' services, maternity clinics' services, tuberculosis clinic services, certified nurse midwife services, and advanced telecommunication services (including telemedicine and telehealth services) are reimbursed based on a uniform, statewide, prospective payment system.
- (b) The fees for covered services provided by physicians and other practitioners are based upon the determination of adequacy of access to health care services by the Texas Health and Human Services Commission (HHSC), as described in this section.
- (1) There shall be no geographical or specialty reimbursement differential for individual services.
- (2) The fees for individual services will be reviewed at least every two years and include:
- (A) resource-based fees (RBFs) and
(B) access-based fees (ABFs).
- The fee schedule is published quarterly.
- (3) Measures of adequacy of access to health care services include, but are not limited to, the following determinations:
- (A) adequate participation in the Medicaid program by physicians and other practitioners; and/or
(B) the ability of Medicaid recipients to receive adequate health care services in an appropriate setting.
- (c) Resource-based fees (RBFs) are based on actual resources required by an economically efficient provider to deliver each individual service and are calculated by multiplying the applicable relative value unit (RVU) times a conversion factor.

TN: 13-21

Approval Date: 9-20-13

Effective Date: 4-1-13

Supersedes TN: 13-07

1. Physicians and Other Practitioners (continued)

- (g) All fee schedules are available through the agency's website, as outlined on Attachment 4.19-B, page 1.
- (h) The agency's fee schedule was revised with new fees for services provided by physicians and other practitioners affiliated with tuberculosis clinics or employed by tuberculosis clinics effective October 1, 2011, and this fee schedule was posted on the agency's website on October 7, 2011.
- (i) The agency's fee schedule was revised with new fees for physicians effective April 1, 2013, and this fee schedule was posted on the agency's website on April 5, 2013.

STATE	<u>Texas</u>	A
DATE REC'D	<u>6-28-13</u>	
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HOFA 179	<u>13-21</u>	

TN: 13-21

Approval Date: 9-20-13

Effective Date: 4-01-13

Supersedes TN: 13-06

SUPERSEDES: TN- 13-06