

## **Table of Contents**

**State/Territory Name: Texas**

**State Plan Amendment (SPA) #: 13-38**

This file contains the following documents in the order listed:

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

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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May 2, 2014

Our Reference: SPA TX 13-038

Ms. Kay Ghahremani  
State Medicaid/CHIP 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 13-38, dated September 30, 2013. This state plan amendment updates the fee schedule 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 July 1, 2013. A copy of the CMS-179 and approved plan pages are enclosed with this letter.


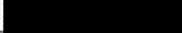
If you have questions, please contact Cheryl Rupley at (214) 767-6278.

Sincerely,

A black rectangular box redacting the signature of Bill Brooks.

Bill Brooks  
Associate Regional Administrator

cc: Ashley Fox, Policy Development Support

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER:  <b>13-038</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>July 1, 2013</b>	
5. TYPE OF PLAN MATERIAL (Circle One):  <input type="checkbox"/> COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment) <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
6. FEDERAL STATUTE/REGULATION CITATION:  <b>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.</b>		7. FEDERAL BUDGET IMPACT: <b>SEE ATTACHMENT</b>  a. FFY 2013 (\$ 564,143) b. FFY 2014 (\$2,756,041) c. FFY 2015 (\$2,853,989)	
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 the physicians and other practitioners fee schedule.</b>			
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 <b>Sent to Governor's Office this date. Comments, if any, will be forwarded upon receipt.</b> <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO:  <b>Kay Ghahremani State Medicaid Director PO 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>September 30, 2013</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: <b>30 September, 2013</b>		18. DATE APPROVED: <b>2 May, 2014</b>	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>1 July, 2013</b>		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: <b>Bill Brooks</b>		22. TITLE: <b>Associate Regional Administrator Division of Medicaid &amp; Children's Health</b>	
3. REMARKS:			

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

**Transmittal Number 13-038**

**Number of the  
Plan Section or Attachment**

Attachment 4.19-B  
Page 1a.3  
Page 36  
Page 37

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

Attachment 4.19-B  
Page 1a.3 (TN 13-021)  
Page 36 (TN 10-082)  
Page 37 (TN 10-082)

State: Texas  
Date Received: 9/30/13  
Date Approved: 5/2/14  
Date Effective: 7/1/13  
Transmittal Number: TX 13-38

**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 July 1, 2013, and this fee schedule will be posted on the agency's website on July 15, 2013.

State: Texas  
Date Received: 9/30/13  
Date Approved: 5/2/14  
Date Effective: 7/1/13  
Transmittal Number: TX 13-38

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TN: 13-38

Approval Date: 5/2/14

Effective Date: 7/1/13

Supersedes TN: 13-21

#### **43. Licensed Clinical Social Worker Services**

Payment to licensed clinical social workers for mental health counseling for emotional disorders or conditions is limited to the lesser of the actual charge or 70 percent of the existing fee for similar services provided by psychiatrists and psychologists made in accordance with Item 1 of this attachment, 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 licensed clinical social workers effective July 1, 2013, and this fee schedule will be posted on the agency's website on July 15, 2013.

#### **44. Licensed Professional Counselor Services**

Payment to licensed professional counselors for mental health counseling for emotional disorders or conditions is limited to the lesser of the actual charge or 70 percent of the existing fee for similar services provided by psychiatrists and psychologists made in accordance with Item 1 of this attachment, 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 licensed professional counselors effective July 1, 2013, and this fee schedule will be posted on the agency's website on July 15, 2013.

State: Texas  
Date Received: 9/30/13  
Date Approved: 5/2/14  
Date Effective: 7/1/13  
Transmittal Number: TX 13-38

**45. Licensed Marriage and Family Therapist Services**

Payment to licensed marriage and family therapists for mental health counseling for emotional disorders or conditions is limited to the lesser of actual charge or 70 percent of the existing fee for similar services provided by psychiatrists and psychologists made in accordance with Item 1 of this attachment, 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 licensed marriage and family therapist services effective July 1, 2013, and this fee schedule will be posted on the agency's website on July 15, 2013.

State: Texas  
Date Received: 9/30/13  
Date Approved: 5/2/14  
Date Effective: 7/1/13  
Transmittal Number: TX 13-38

TN: 13-38

Approval Date: 5/2/14

Effective Date: 7/1/13

Supersedes TN: 10-82