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State/Territory Name: Texas

State Plan Amendment (SPA) #: 15-0018

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 20, 2015

Our Reference: SPA TX 15-018

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 15-018, dated June 24, 2015. 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 May 1, 2015. A copy of the CMS-179 and approved plan pages are enclosed with this letter.

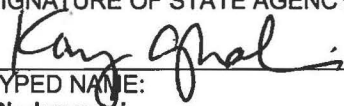

If you have questions, please contact Cheryl Rupley at (214) 767-6278.

Sincerely,



Bill Brooks
Associate Regional Administrator

cc: Becky Brownlee, Policy Development Support

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		1. TRANSMITTAL NUMBER: <div style="text-align: center;">15-018</div>	2. STATE: <div style="text-align: center;">TEXAS</div>
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE: <div style="text-align: center;">May 1, 2015</div>	
5. TYPE OF PLAN MATERIAL (<i>Circle One</i>): <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT </div>			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)			
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; 42 CFR §§ 441.210(a)(1), .220(a)(4)(i), .225; §1902 of Social Security Act, relating to Required Services for Categorically Needy and Medically Needy, and Optional Services.		7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT a. FFY 2015 \$ 11,524 b. FFY 2016 \$ 27,722 c. FFY 2017 \$ 28,686	
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 (<i>If Applicable</i>): SEE ATTACHMENT TO BLOCKS 8 & 9	
10. SUBJECT OF AMENDMENT: The proposed amendment updates the physicians' and other practitioners' fee schedules.			
11. GOVERNOR'S REVIEW (<i>Check One</i>): <div style="display: flex; justify-content: space-between;"> <div> <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 </div> <div> <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Sent to Governor's Office this date. Comments, if any, will be forwarded upon receipt. </div> </div>			
12. SIGNATURE OF STATE AGENCY 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: June 25, 2015			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: <div style="text-align: center;">24 June, 2015</div>		18. DATE APPROVED: <div style="text-align: center;">20 July, 2015</div>	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <div style="text-align: center;">1 May, 2015</div>		20. SIGNATURE:  ICIAL:	
21. TYPED NAME: <div style="text-align: center;">BILL BROOKS</div>		22. TITLE: Associate Regional Administrator <div style="text-align: center;">Division of Medicaid & Children's Health</div>	
23. REMARKS:			

Attachment to Blocks 8 & 9 of CMS Form 179

Transmittal Number 15-018

**Number of the
Plan Section or Attachment**

Attachment 4.19-B
Page 1a.3

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

Attachment 4.19-B
Page 1a.3 (TN 15-014)

State: Texas
Date Approved: 20 July, 2015
Date Effective: 1 May, 2015
Date Received: 24 June, 2015
Transmittal Number: 15-0018

1. Physicians and Other Practitioners (continued)

- (f) When a procedure code is nationally discontinued, a replacement procedure code is nationally assigned for the discontinued procedure code, and Medicaid implements the replacement procedure code, a state plan amendment will not be submitted since the fee for the service has not changed.
- (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 May 1, 2015, and this fee schedule was posted on the agency's website on July 15, 2015.

State: Texas
Date Approved: 20 July, 2015
Date Effective: 1 May, 2015
Date Received: 24 June, 2015
Transmittal Number: 15-0018