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State/Territory Name: Texas

State Plan Amendment (SPA #: 19-0037

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved Page

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S3-14-28
Baltimore, Maryland 21244-1850



Financial Management Group/ Division of Reimbursement Review

January 30, 2020

Ms. Stephanie Muth
State Medicaid Director
Texas Health and Human Services Commission
Mail Code: H100
Post Office Box 13247
Austin, TX 78711

RE: TN 19-0037

Dear Ms. Muth:

We have reviewed the proposed amendment to Attachment 4.19-B of your Medicaid State plan submitted under transmittal number (TN) 19-0037. The proposed amendment updates the physicians' and other practitioners' fee schedules.

Based upon the information provided by the State, we have approved the amendment for incorporation into the official Texas State Plan with an effective date of November 1, 2019. A copy of the CMS-179 and the approved plan page is enclosed with this letter.

If you have any questions, please call Tamara Sampson at (214) 767-6431 or by email at Tamara.Sampson@cms.hhs.gov.

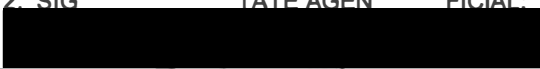
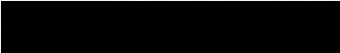
Sincerely,

A handwritten signature in black ink, which appears to read "Todd McMillion".



Todd McMillion
Acting Director

Enclosures

| | | | |
|--|--|--|---------------------------|
| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES | | 1. TRANSMITTAL NUMBER: 19-0037 | 2. STATE: TEXAS |
| | | 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: November 1, 2019 | |
| 5. TYPE OF PLAN MATERIAL (<i>Circle One</i>): <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 (<i>Separate Transmittal for each amendment</i>) | | | |
| 6. FEDERAL STATUTE/REGULATION CITATION: Social Security Act §§1902(a)(30), 1905(a)(5)(A); 42 CFR §§ 440.50(a), 447.201(b). | | 7. FEDERAL BUDGET IMPACT: a. FFY 2020 \$(47,438) b. FFY 2021 \$(52,743) c. FFY 2022 \$(52,956) | |
| 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>): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Sent to Governor's Office this date. Comments, if any, will be forwarded upon receipt. <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL | | | |
| 12. SIGNATURE OF STATE AGENCY OFFICIAL:  | | 16. RETURN TO: Stephanie Muth State Medicaid Director Post Office Box 13247, MC: H-100 Austin, Texas 78711 | |
| 13. TYPED NAME: Stephanie Muth | | | |
| 14. TITLE: State Medicaid Director | | | |
| 15. DATE SUBMITTED: December 20, 2019 | | | |
| FOR REGIONAL OFFICE USE ONLY | | | |
| 17. DATE RECEIVED: December 20, 2019 | | 18. DATE APPROVED: January 30, 2020 | |
| PLAN APPROVED – ONE COPY ATTACHED | | | |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL: November 1, 2019 | | 20. SIGNATURE OF REGIONAL OFFICIAL:  | |
| 21. TYPED NAME: Todd McMillion | | 22. TITLE: Acting Director Division of Reimbursement Review | |
| 23. REMARKS: | | | |

Attachment to Blocks 8 & 9 of CMS Form 179

Transmittal Number 19-0037

**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 19-0030)

State: Texas
Date Received: 12-20-19
Date Approved: 01-30-20
Date Effective: 11-01-19
Transmittal Number: 19-0037

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) To ensure access to care and prompt provider reimbursement, when a new national procedure code is assigned to a physician-administered drug or biological product, a preliminary reimbursement rate will be established by the Texas Health and Human Services Commission (HHSC) based on the published Medicare reimbursement rate; or the average wholesale price (AWP) in the absence of a Medicare reimbursement rate for the procedure code or the comparable code. In accordance with 42 CFR §447.205(b)(1), a public notice and state plan amendment will not be submitted for this preliminary reimbursement rate. This will allow the new procedure code to be payable as the reimbursement process is completed with a public notice published and a state plan amendment submitted.
- (h) All fee schedules are available through the agency's website, as outlined on Attachment 4.19-B, page 1.
- (i) 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 July 1, 2018, and this fee schedule was posted on the agency's website on July 6, 2018.
- (j) The agency's fee schedule was revised with new fees for therapy assistants. Effective September 1, 2019, the reimbursement for therapy assistants will equal 80 percent of the payment to a therapist.
- (k) The agency's fee schedule was revised with new fees to include peer specialists effective January 1, 2019, and this fee schedule was posted on the agency's website on January 7, 2019.
- (l) The agency's fee schedule was revised with new fees for physicians and other practitioners effective November 1, 2019, and this fee schedule was posted on the agency's website on November 15, 2019.

TN: 19-0037 Approval Date: 01-30-20
Supersedes TN: 19-0030 Effective Date: 11-01-19

State: Texas
Date Received: 12-20-19
Date Approved: 01-30-20
Date Effective: 11-01-19
Transmittal Number: 19-0037