

## Table of Contents

State/Territory Name: Texas

State Plan Amendment (SPA) #: 19-024

This file contains the following documents in the order listed:

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

## **Regional Operations Group**

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October 10, 2019

### **Our Reference: TX SPA 19-0024**

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

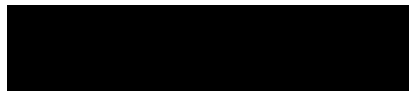
Dear Ms. Muth:

We have reviewed the State's proposed amendment to the Texas State Plan submitted under Transmittal Number 19-0024, dated September 19, 2019. This state plan amendment updates the physicians' and other practitioners' fee schedule.

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, 2019. A copy of the CMS-179 and approved plan pages are enclosed with this letter.

If you have any questions, please contact Ford Blunt of my staff. Mr. Blunt may be reached at (214) 767-6381 or by e-mail at [Ford.Blunt@cms.hhs.gov](mailto:Ford.Blunt@cms.hhs.gov).

Sincerely,



Bill Brooks  
Director  
Regional Operations Group

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER: <div style="text-align: center; font-weight: bold;">19-0024</div>	2. STATE: <div style="text-align: center; font-weight: bold;">TEXAS</div>						
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)							
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		4. PROPOSED EFFECTIVE DATE: <div style="text-align: center; font-weight: bold;">July 1, 2019</div>							
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT <i>(Separate Transmittal for each amendment)</i>									
6. FEDERAL STATUTE/REGULATION CITATION:  <div style="text-align: center;">Social Security Act §1902(a)(30); 42 CFR §447.201(b).</div>	7. FEDERAL BUDGET IMPACT: <table style="width: 100%; border: none;"> <tr> <td style="padding: 2px;">a. FFY 2019</td> <td style="text-align: right; padding: 2px;">\$1,019,482</td> </tr> <tr> <td style="padding: 2px;">b. FFY 2020</td> <td style="text-align: right; padding: 2px;">\$4,275,587</td> </tr> <tr> <td style="padding: 2px;">c. FFY 2021</td> <td style="text-align: right; padding: 2px;">\$4,403,103</td> </tr> </table>			a. FFY 2019	\$1,019,482	b. FFY 2020	\$4,275,587	c. FFY 2021	\$4,403,103
a. FFY 2019	\$1,019,482								
b. FFY 2020	\$4,275,587								
c. FFY 2021	\$4,403,103								
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <div style="text-align: center; font-weight: bold;">SEE ATTACHMENT TO BLOCKS 8 &amp; 9</div>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT <i>(If Applicable)</i> :  <div style="text-align: center; font-weight: bold;">SEE ATTACHMENT TO BLOCKS 8 &amp; 9</div>								
10. SUBJECT OF AMENDMENT:  <div style="text-align: center; font-weight: bold;">The proposed amendment updates the physicians' and other practitioners' fee schedules.</div>									
11. GOVERNOR'S REVIEW <i>(Check One)</i> : <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <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 style="width: 50%;"> <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: <div style="background-color: black; height: 30px; width: 100%;"></div>	16. RETURN TO:  <div style="text-align: center;"> <b>Stephanie Muth</b>  <b>State Medicaid Director</b>  <b>Post Office Box 13247, MC: H-100</b>  <b>Austin, Texas 78711</b> </div>								
13. TYPED NAME: <div style="text-align: center;">Stephanie Muth</div>	16. RETURN TO:  <div style="text-align: center;"> <b>Stephanie Muth</b>  <b>State Medicaid Director</b>  <b>Post Office Box 13247, MC: H-100</b>  <b>Austin, Texas 78711</b> </div>								
14. TITLE: <div style="text-align: center;">State Medicaid Director</div>									
15. DATE SUBMITTED: <div style="text-align: center;">September 19, 2019</div>									
<b>FOR REGIONAL OFFICE USE ONLY</b>									
17. DATE RECEIVED:      September 19, 2019	18. DATE APPROVED:      October 10, 2019								
<b>PLAN APPROVED – ONE COPY ATTACHED</b>									
19. EFFECTIVE DATE OF APPROVED MATERIAL: <div style="text-align: center;">July 1, 2019</div>	20. SIGNATURE OF REGIONAL OFFICIAL: <div style="background-color: black; height: 30px; width: 100%;"></div>								
21. TYPED NAME: <div style="text-align: center;">Bill Brooks</div>	22. TITLE: Director <div style="text-align: center;">Regional Operations Group</div>								
23. REMARKS:									

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

**Transmittal Number 19-0024**

**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 19-0018)

State: Texas  
Date Received: 09-19-19  
Date Approved: 10-10-19  
Date Effective: 07-01-19  
Transmittal Number: 19-0024

**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 December 1, 2017, the reimbursement for therapy assistants will equal 85 percent of the payment to a therapist. Effective September 1, 2018, the reimbursement for therapy assistants will equal 70 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 July 1, 2019, and this fee schedule was posted on the agency's website on July 17, 2019.

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TN: 19-0024 Approval Date: 10-10-19  
Supersedes TN: 19-0018 Effective Date: 07-01-19

State: Texas  
Date Received: 09-19-19  
Date Approved: 10-10-19  
Date Effective: 07-01-19  
Transmittal Number: 19-0024