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State/Territory Name: Texas

State Plan Amendment (SPA) #: 20-0006

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 Center for Medicaid & CHIP Services 233 North Michigan Ave., Suite 600 Chicago, Illinois 60601



Financial Management Group

June 17, 2020

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

RE: Texas TN 20-0005

Dear Ms. Stephens:

We have reviewed the proposed Texas State Plan Amendment (SPA) to Attachment 4.19-B, TX#20-0005, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 31, 2020. This state plan amendment updates the clinical laboratory services page of the State Plan as a result of the 2020 calendar year fee review of clinical diagnostic laboratory services.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1, 2020. We are enclosing the approved CMS-179 and a copy of the new state plan page.

If you have any additional questions or need further assistance, please contact Tamara Sampson at 214-767-6431 or Tamara.Sampson@cms.hhs.gov.

Sincerely,

Todd McMillion

Director
Division of Reimbursement Review

Enclosures

FORM APPROVED OMB NO. 0938-0193

CENTERS FOR MEDICARE AND MEDICAID SERVICES	1. TRANSMITTAL NUMBER:	2. STATE:
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	20-0005	TEXAS
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX SECURITY ACT (MEDICAID)	OF THE SOCIAL
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE:	
CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	January 1, 2020	
5. TYPE OF PLAN MATERIAL (Circle One):	-	
	E CONOIDENED //O HEIT - E -	ENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)	EE ATTACHMENT **
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT: S a. FFY 2020 S	23,538 ^{\$24,948}
Social Security Act §1902(a)(30); 42 CFR §447.201(b)	b. FFY 2021 \$ c. FFY 2022 \$	36,248 \$34,860 36,648 \$35,042
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	PAGE NUMBER OF THE SUPERSEDED OR ATTACHMENT (If Applicable):	PLAN SECTION
SEE ATTACHMENT TO BLOCKS 8 & 9	SEE ATTACHMENT TO BLOCKS 8 & 9	
10. SUBJECT OF AMENDMENT:		
The proposed amendment updates the clinical diagnostic lab Annual Healthcare Common Procedure Coding System updated in the Control of the Con	tes for clinical diagnostic laboratory service	
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT	○ OTHER, AS SPECIFIED: Sent to Govern Comments, if any, will be forwarded upon recommendation.	or's Office this date. ceipt.
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED		
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
	Stephanie Muth	
13. TYPED NAME:	State Medicaid Director Post Office Box 13247, MC: H-100	
Stephanie Muth	Austin, Texas 78711	
14. TITLE:	7	
State Medicaid Director		
15. DATE SUBMITTED:	7	
March 31, 2020		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED:	18. DATE APPROVED:	
	6/17/2020	
PLAN APPROVED - ONE COPY ATTACHED	20. SIGNATURE OF REGIONAL OFFICIAL	
19. EFFECTIVE DATE OF APPROVED MATERIAL:	ZU. SIGNATURE OF REGIONAL OF TOTAL	
1/1/2020	22. TITLE:	
21. TYPED NAME:		nent Deli
Todd McMillion	Director, Division of Reimburser	ment Keview
23. REMARKS: **State requested pen and ink change vi	a email dated 06-09-2020	

3. Clinical Diagnostic Laboratory Services

Medicaid providers of clinical diagnostic laboratory (CDL) services are reimbursed based on fee schedules as follows:

(a) The Texas Department of State Health Services (DSHS) Laboratory provides Early and Periodic Screening, Diagnostic and Treatment (EPSDT) medical and newborn screening services through a federal freedom-of-choice exemption as well as any other laboratory services provided that are not covered by this exemption.

The DSHS laboratory is reimbursed for all laboratory services provided at 108 percent of the Medicare fees.

(b) Sole community hospitals are reimbursed the lesser of their billed charges or the fee determined by HHSC, which is 100 percent of the Medicare fee. Under Medicare, the fee schedule amount paid to sole community hospitals is three and one third percent higher than the fee schedule amount paid to other types of providers of CDL service.

The Medicaid fee for any new procedure codes added during the year will be based on 96 percent of the Medicare fees in effect as of January 1 of that same year.

(c) The remaining providers of these services are reimbursed the lesser of their billed charges or the fee determined by HHSC, which is 100 percent of the Medicare fee.

The Medicaid fee for any new procedure codes added during the year will be based on 84 percent of the Medicare fees in effect as of January 1 of that same year.

- (d) The reimbursement methodologies in 3(a) (c) ensure that Medicaid payments to these providers for these services meet the upper payment limit requirements in Section 1903(i)(7) of the Social Security Act by requiring that Medicaid payments for clinical laboratory services must not exceed the Medicare fee for the service on a per test basis. This provision does not apply to the DSHS laboratory reimbursement, which will be established at a percentage of the Medicare fee.
- (e) All fee schedules are available through the agency's website as outlined on Attachment 4.19-B, Page 1.
- (f) The agency's fee schedule was revised with new fees for clinical diagnostic laboratory services effective January 1, 2020, and was posted on the agency's website on March 15, 2020.

TN: <u>20-0005</u>	Approval Date: 6/17/20	_
Supersedes TN: 19-0022	Effective Date:	