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State/Territory Name: Texas

State Plan Amendment (SPA) #: 21-0020

This file contains the following documents in the order listed:

Approval Letter
CMS Form 179
Approved SPA Pages

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

April 21, 2021

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

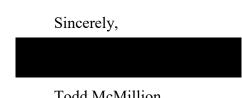
RE: Texas TN 21-0020

Dear Ms. Stephens:

We have reviewed the proposed Texas State Plan Amendment (SPA) to Attachment 4.19-B, TX#21-0020, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 31, 2021. This state plan amendment updates the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services fee schedule.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1, 2021. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

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



Todd McMillion Director Division of Reimbursement Review

Enclosures

	1. TRANSMITTAL NUMBER:	2. STATE:
TRANSMITTAL AND NOTICE OF APPROVAL OF	21-0020	TEXAS
STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE:	
CENTERS FOR MEDICARE AND MEDICAID SERVICES	January 1, 2021	
DEPARTMENT OF HEALTH AND HUMAN SERVICES		
5. TYPE OF PLAN MATERIAL (Circle One):		
NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT		
	HRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)	
6. FEDERAL STATUTE/REGULATION CITATION:		E ATTACHMENT
42 C.F.R. §§ 440.40 and 441.56; §1905(r) of Social Security Act, relating to Early and Periodic Screening, Diagnosis and Treatment.	a. FFY 2021 \$ 0 b. FFY 2022 \$ 0 c. FFY 2023 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR	9. PAGE NUMBER OF THE SUPERSEDE	ED PLAN SECTION
ATTACHMENT: Attachment 4.19-B	OR ATTACHMENT (If Applicable): Attachment 4.19-B	
Page 25i	Page 25i (TN 20-0014)	
Page 25k.1	Page 25k.1 (TN 20-0006)	
10. SUBJECT OF AMENDMENT:		
The proposed amendment updates the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) fee schedule.		
11. GOVERNOR'S REVIEW (Check One):		
GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPECIFIED: Sent to Governor's Office this date. Comments, if any, will be forwarded upon receipt.	
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED		
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		
12. SIGNATURE OF STATE AGENCY OFFICIAL: Digitally signed by Stephanie Stephens Date: 2021.03.29 14:11:07 -05'00'	16. RETURN TO: Stephanie Stephens	
13. TYPED NAME:	State Medicaid Director	
Stephanie Stephens	Post Office Box 13247, MC: H-100 Austin, Texas 78711	
14. TITLE:		
State Medicaid Director		
15. DATE SUBMITTED:		
March 31, 2021		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED:	18. DATE APPROVED:	
March 31, 2021	April 21, 2021	
PLAN APPROVED – ONE COPY ATTACHED 19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIGNATURE OF REGIONAL OFFICIA	AI ·
January 1, 2021 21. TYPED NAME:	22. TITLE:	
Todd McMillion	Director, Division of Reimbursement Rev	iew
23. REMARKS:		

32. Reimbursement Methodologies for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services - continued (10) Physician services

- (a) Services reimbursable only for Medicaid-eligible clients under age 21 include:
 - (1) Vaccines not covered by the Texas Vaccines for Children Program (TVCP) for clients under age 21 which are reimbursed as accessedbased fees in accordance with Item 1 of Attachment 4.19-B, relating to the reimbursement methodology for physicians and certain other practitioners. Payments based on a fee schedule are made for these services.
 - (2) Services delivered by school districts, in accordance with Item 32(17) of Attachment 4.19-B, relating to the reimbursement methodology for School Health and Related Services (SHARS).
- (b) For dates of service on or after September 1, 2019, the reimbursement for services provided by a therapy assistant will be reimbursed at 80 percent of the rate paid to a licensed therapist for the same services.
- (c) All fee schedules are available through the agency's website as outlined on Attachment 4.19-B, page 1.
- (d) The agency's fee schedule was revised with new fees for EPSDT physician services effective January 1, 2021. The fee schedule was posted on the agency website on March 19, 2021.

32. Reimbursement Methodologies for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services - continued

- 13) Dental services reimbursable only for Medicaid-eligible clients under age 21 include those provided by independently enrolled dentists who are reimbursed according to the lesser of the provider's billed charges or fees determined by the Texas Health and Human Services Commission (HHSC). These are access-based fees under Item 1 of Attachment 4.19-B, relating to the reimbursement methodology for physicians and 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 EPSDT dental services effective January 1, 2021. The fee schedule was posted on the agency website on March 19, 2021.