

Table of Contents

State/Territory Name: Texas

State Plan Amendment (SPA) : 24-0011

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) 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 5, 2024

Director: Emily Zalkovsky
State Medicaid/CHIP Director
Health and Human Services Commission
Mail Code: H100
Post Office Box 13247
Austin, Texas 78711

RE: Texas TN 24-0011

Dear Director: Emily Zalkovsky,

We have reviewed the proposed Texas State Plan Amendment (SPA) to Attachment 4.19-B, TX#24-0011, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 15, 2024. The proposed amendment updates the physicians' and other practitioners' program fee schedule.

Based upon the information provided by the State, we have approved the amendment with an effective date of March 1, 2024. 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 Monica Neiman at: Monica.Neiman@cms.hhs.gov.

Sincerely,



Todd McMillion
Director
Division of Reimbursement Review

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER
2 4 0 0 1 1

2. STATE
T X

3. PROGRAM IDENTIFICATION: TITLE **XIX** OF THE
SOCIAL SECURITY ACT

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
March 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION
1905(a)(5) (A) , 1905(a)(6)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY **2024** \$ **(71,396)**
b. FFY **2025** \$ **(120,746)**

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

**Attachment 4.19-B
Page 1a.3**

8. PAGE NUMBER OF THE SUPERSEDED PLAN
SECTION OR ATTACHMENT (If Applicable)

**Attachment 4.19-B
Page 1a.3 (TN 23-0043)**

9. SUBJECT OF AMENDMENT

The proposed amendment updates the physicians' and other practitioners' program fee schedule.

10. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED: Sent to Governor's Office this date. Comments, if any, will be forwarded upon receipt.

11. SIGNATURE OF STATE AGENCY OFFICIAL

[Redacted Signature]

15. RETURN TO

**Emily Zalkovsky
State Medicaid Director
Post Office Box 13247, MC: H-100
Austin, Texas 78711**

12. TYPED NAME

Emily Zalkovsky

13. TITLE

State Medicaid Director

14. DATE SUBMITTED

March 15, 2024

FOR CMS USE ONLY

16. DATE RECEIVED

March 15, 2024

17. DATE APPROVED

April 5, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

March 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL

[Redacted Signature]

20. TYPED NAME OF APPROVING OFFICIAL

Todd McMillion

21. TITLE OF APPROVING OFFICIAL

Director, Division of Reimbursement Review

22. REMARKS

Pen and Ink change approved by the state and processed by CMS on 179 form box 5 to replace descriptive citation and leave only numerical citations: 1905(a)(5)(A) and 1905(a)(6)

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, Medicaid implements the replacement procedure code, and 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 in 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 July 1, 2018. This fee schedule was posted on the agency's website on July 6, 2018.
- (i) 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.
- (j) The agency's fee schedule was revised with new fees to include peer specialists, effective March 1, 2024. This fee schedule will be posted on the agency's website on or prior to March 15, 2024.
- (k) For dates of service on or after February 1, 2021, the reimbursement for services provided by a licensed assistant behavioral analyst will be reimbursed at 80 percent of the rate paid to a licensed behavior analyst.
- (l) The agency's fee schedule was revised with new fees for physicians and other practitioners effective March 1, 2024. The fee schedule will be posted on the agency website by March 15, 2024.

TN: 24-0011 Approval Date: April 5, 2024

Supersedes TN: 23-0043 Effective Date: March 1, 2024