

## **Table of Contents**

**State/Territory Name: TX**

**State Plan Amendment (SPA) #: 24-0035**

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  
230 South Dearborn  
Chicago, Illinois 60604



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**Financial Management Group**

01/06/2025

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

Dear Director Emily Zalkovsky,

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Texas State Plan Amendment (SPA) to Attachment 4.19-B TN: #24-0035, which was submitted to CMS on December 20, 2024. The proposed amendment updates the ambulatory surgical center fee schedule, effective December 1, 2024.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of December 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 Matthew Klein at 214-767-4625 or via email at [matthew.klein@cms.hhs.gov](mailto:matthew.klein@cms.hhs.gov)

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

Todd McMillion  
Director  
Division of Reimbursement Review

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

1. TRANSMITTAL NUMBER

2 4 0 0 3 5

2. STATE

T X

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACTTO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES4. PROPOSED EFFECTIVE DATE  
**December 1, 2024**

5. FEDERAL STATUTE/REGULATION CITATION

**Social Security Act §1902(a)(30); 42 CFR §447.201(b).**

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025 \$ \$0  
b. FFY 2026 \$ \$0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

**Attachment 4.19-B  
Pages 7(g)**8. PAGE NUMBER OF THE SUPERSEDED PLAN  
SECTION OR ATTACHMENT (If Applicable)**Attachment 4.19-B  
Pages 7(g) (TN 23-0022)**

9. SUBJECT OF AMENDMENT

**The proposed amendment updates the ambulatory surgical center 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

12. TYPED NAME

**Ricardo Garcia**

13. TITLE

**Deputy Executive Commissioner of Policy and Quality  
(Signing on behalf of Emily Zalkovsky, State Medicaid Director)**

14. DATE SUBMITTED

**December 20, 2024**

15. RETURN TO

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

16. DATE RECEIVED

12/20/2024

17. DATE APPROVED

January 6, 2025

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

12/01/2024

G OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Todd McMillion

21. TITLE OF APPROVING OFFICIAL

Director, Division of Reimbursement Review

22. REMARKS

**16. Ambulatory Surgical Centers (ASCs) (Continued)**

(f) Example 2:

1. Billed charges = \$75.00
2. Medicaid published fee = \$80.00
3. Lesser of billed charges or Medicaid published fee = \$75.00, which becomes the allowed amount.
4. Since the billed charges are not greater than the Medicaid fee plus the 5.2 percent high-volume provider payment add-on (i.e.,  $\$80.00 + \$4.16 = \$84.16$ ), no high-volume provider payment add-on is applied, resulting in the actual payment to the provider of \$75.00.

(g) Example 3:

1. Billed charges = \$82.00
2. Medicaid published fee = \$80.00
3. Lesser of billed charges or Medicaid published fee = \$80.00, which becomes the allowed amount.
4. Since the billed charges are not greater than the Medicaid fee plus the 5.2 percent high-volume provider payment add-on (i.e.,  $\$80.00 + \$4.16 = \$84.16$ ), only part of the high-volume provider payment add-on is applied (i.e., up to the billed charges) resulting in the actual payment to the provider of \$82.00.

(h) Medicaid payments for ASC services do not exceed Medicare payments for these same ASC services.

(i) The agency's fee schedule was revised with new fees effective December 1, 2024, and is effective for services provided on or after that date. The fee schedule will be posted on the agency's website by March 15, 2025.

(j) All fee schedules are available through the agency's website as outlined on attachment 4.19-B, page 1.

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TN: 24-0035 Approval Date: 01/06/2025

Supersedes TN: 23-0022 Effective Date: December 1, 2024