November 5, 2021

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 21-0041

Dear Ms. Stephens:

We have reviewed the proposed Texas State Plan Amendment (SPA) to Attachment 4.19-B, TX#21-0041, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 28, 2021. The proposed amendment updates the physicians’ and other practitioners’ fee schedules.

Based upon the information provided by the State, we have approved the amendment with an effective date of September 1, 2021. 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 AND MEDICAID SERVICES**

## Transmittal Number:
- **21-0041**

## State:
- **TEXAS**

## Program Identification:
- **TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)**

## Transmittal and Notice of Approval of State Plan Material

**TO:** REGIONAL ADMINISTRATOR

CENTERS FOR MEDICARE AND MEDICAID SERVICES

DEPARTMENT OF HEALTH AND HUMAN SERVICES

## Proposed Effective Date:
- **September 1, 2021**

## Type of Plan Material (Circle One):
- NEW STATE PLAN
- AMENDMENT TO BE CONSIDERED AS NEW PLAN
- AMENDMENT

## Federal Statute/Regulation Citation:
- Social Security Act §1902(a)(30); 42 CFR §447.201(b).

## Federal Budget Impact:
- **SEE ATTACHMENT**
  - a. FFY 2021: $330*
  - b. FFY 2022: $3,517*
  - c. FFY 2023: $3,362*

  * Figures in the thousands

## Page Number of the Plan Section or Attachment:
- **Attachment 4.19-B**
- Page 1a.3

## Page Number of the Superseded Plan Section or Attachment:
- **Attachment 4.19-B**
- Page 1a.3 (TN 20-0022)

## Subject of Amendment:
- The proposed amendment updates the and physicians’ and other practitioners’ fee schedules.

## 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

## Signature of State Agency Official:
- **Stephanie Stephens**

## Typed Name:
- **Stephanie Stephens**

## Title:
- **State Medicaid Director**

## Date Submitted:
- **September 28, 2021**

## Date Received:
- **September 28, 2021**

## Date Approved:
- **November 5, 2021**

## Remarks:
- Pen & Ink done by the state on 179 section 9. The correct suppseseeding is 21-0022 and not 20-0022.
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 in 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 September 1, 2019, the reimbursement for therapy assistants will equal 80 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 September 1, 2021, and this fee schedule was posted on the agency’s website on September 15, 2021.
1. Physicians and Other Practitioners (continued)

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