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State/Territory Name: Texas

State Plan Amendment (SPA) : 22-0035

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
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

March 22, 2023

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 22-0035

Dear Ms. Stephens:

We have reviewed the proposed Texas State Plan Amendment (SPA) to Attachment 4.19-B, TX#22-0035, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 26, 2022. The proposed amendment updates the Medication Assisted Treatment (MAT) fee schedules and provides a new direct reference to the Physicians and Other Practitioners page. The requested effective date for the proposed amendment is September 1, 2022.

Based upon the information provided by the State, we have approved the amendment with an effective date of September 1, 2022. 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 or via phone at: 945-1231.

Sincerely,

Todd McMillion

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 2 0 0 3 5

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
September 1, 2022

5. FEDERAL STATUTE/REGULATION CITATION
**Social Security Act §1902(a)(30); 42 CFR §447.201(b).
42 CFR §447.201(b), 1902(a)(10)(A) and 1905(a)(29)**

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY **2022** \$ **(\$ 337)**
b. FFY **2023** \$ **(\$3,485)**

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
**Supplement 5 Attachment 4.19-B
Page 1**

8. PAGE NUMBER OF THE SUPERSEDED PLAN
SECTION OR ATTACHMENT (If Applicable)
**Supplement 5 Attachment 4.19-B
Page 1 (TN 21-0004)**

9. SUBJECT OF AMENDMENT
**The proposed amendment updates Medication Assisted Treatment fee schedule and provides a direct reference to the plan page for ~~Physicians~~ and Other Practitioners.
Physicians**

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
Stephanie Stephens
Digitally signed by Stephanie Stephens
Date: 2022.09.26
16:38:39 -05'00'

12. TYPED NAME
Stephanie Stephens

13. TITLE
State Medicaid Director

14. DATE SUBMITTED
September 26, 2022

15. RETURN TO
**Stephanie Stephens
State Medicaid Director
Post Office Box 13247, MC: H-100
Austin, Texas 78711**

FOR CMS USE ONLY

16. DATE RECEIVED
September 26, 2022

17. DATE APPROVED
March 22, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
September 1, 2022

19. SIGNATURE OF APPROVING OFFICIAL
Todd McMillion

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 of Texas and processed by CMS on the following fields:
179 Form:
Box 5: The following CFR Citations were added: 42 CFR §447.201(b), 1902(a)(10)(A) and 1905(a)(29)
Box 9: Replaced the word: "Physicans" with "Physicians"**

1905(a)(29) Medication-Assisted Treatment (MAT)

Medicaid providers of MAT are reimbursed based on fee schedules as follows:

- a) Payment for covered Medication Assisted Treatment Services provided by eligible providers is limited to the lesser of the customary charge or the allowable rates per established fee schedule by the single state agency.
- b) The reimbursement for unbundled prescribed drugs and biologicals used to treat opioid use disorder will be reimbursed using the same methodology as described for prescribed drugs located in Attachment 4.19-B, pages 2b, 2c, 2c.1, 2c.2, 2c.3, and 2c for drugs that are dispensed or administered.
- c) The fee schedule established by HHSC is based on (1) the published Medicare reimbursement rate; (2) the average wholesale price (AWP) or provider invoice cost; (3) a medically comparable code; and/or some combination or percentage thereof.
- d) Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Medication-Assisted Treatment Services
- 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 for MAT services is revised with updates in alignment with Attachment 4.19-B Page 1a.3 of the Texas Medicaid State Plan.