

## **Table of Contents**

**State/Territory Name: Texas**

**State Plan Amendment (SPA) : 23-0039**

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



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**Financial Management Group**

December 12, 2023

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 23-0039

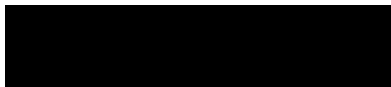
Dear Director Emily Zalkovsky,

We have reviewed the proposed Texas State Plan Amendment (SPA) to Attachment 4.19-B, TX#23-0039, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 25, 2023. The purpose of the amendment is to clarify the reimbursement methodology for renal dialysis services as payable outside of the current composite rate due to new and/or expensive technology and high cost drugs.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 1, 2023. 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](mailto:Monica.Neiman@cms.hhs.gov).

Sincerely,



Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

<p><b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b></p>	<p>1. TRANSMITTAL NUMBER 2 3 0 0 3 9</p>	<p>2. STATE T X</p>
<p>TO: CENTER DIRECTOR CENTERS FOR MEDICAID &amp; CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES</p>	<p>3. PROGRAM IDENTIFICATION: TITLE <u>XIX</u> OF THE SOCIAL SECURITY ACT</p>	
<p>5. FEDERAL STATUTE/REGULATION CITATION 42 CFR §440.90, 42 CFR§447.201(b)</p>	<p>4. PROPOSED EFFECTIVE DATE <b>July 1, 2023</b></p>	
<p>7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <b>Attachment 4.19-B page 38a</b></p>	<p>6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2023</u> \$ <u>27,718</u> b. FFY <u>2024</u> \$ <u>99,152</u></p>	
<p>9. SUBJECT OF AMENDMENT</p>	<p>8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <b>Attachment 4.19-B page 38a (TN 11-030)</b></p>	

The purpose of the amendment is to clarify the reimbursement methodology for renal dialysis services as payable outside of the current composite rate due to new and/or expensive technology and high cost drugs.

10. GOVERNOR'S REVIEW (Check One)

<p><input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT</p> <p><input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED</p> <p><input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL</p>	<p><input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Sent to Governor's Office this date. Comments, if any, will be forwarded upon receipt.</p>
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<p>11. SIGNATURE OF STATE AGENCY OFFICIAL [Redacted]</p>	<p>15. RETURN TO  <b>Emily Zalkovsky State Medicaid Director Post Office Box 13247, MC: H-100 Austin, Texas 78711</b></p>
<p>12. TYPED NAME <b>Emily Zalkovsky</b></p>	
<p>13. TITLE <b>State Medicaid Director</b></p>	
<p>14. DATE SUBMITTED <b>September 25, 2023</b></p>	

<b>FOR CMS USE ONLY</b>	
<p>16. DATE RECEIVED <b>September 25, 2023</b></p>	<p>17. DATE APPROVED <b>December 12, 2023</b></p>
<b>PLAN APPROVED - ONE COPY ATTACHED</b>	
<p>18. EFFECTIVE DATE OF APPROVED MATERIAL <b>July 1, 2023</b></p>	<p>19. SIGNATURE OF APPROVING OFFICIAL [Redacted]</p>
<p>20. TYPED NAME OF APPROVING OFFICIAL <b>Todd McMillion</b></p>	<p>21. TITLE OF APPROVING OFFICIAL <b>Director, Division of Reimbursement Review</b></p>

22. REMARKS

**46. Renal Dialysis Facility Services (continued)**

- (6) oxygen and administration of oxygen;
  - (7) staff time used to administer blood, inject separately billable drugs, blood collection, and non-routine peritoneal items;
  - (8) suture removal and dressing changes; and
  - (9) other items and services related to dialysis treatment, as determined by HHSC.
- (d) Payment methods and amounts for certain pharmaceuticals and other items excluded from the composite rate are listed in the policy. Reference fee schedule available in Attachment 4.19-B, page 1.
- (e) The composite reimbursement rate for services effective September 1, 2011, will be equal to the reimbursement rate August 31, 2010, less seven percent.

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TN: 23-0039 Approval Date: December 12, 2023

Supersedes TN: 11-030 Effective Date: 07/01/2023