

## **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



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**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](mailto:Monica.Neiman@cms.hhs.gov).

Sincerely,

A solid black rectangular box used to redact the signature of 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 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 PAGE NUMBER OF THE SUPERSEDED PLAN  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.

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

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