

## **Table of Contents**

**State/Territory Name: TX**

**State Plan Amendment (SPA) #: 24-0027**

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**

January 6, 2024

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: #24-0027, which was submitted to CMS on December 11, 2024. This plan amendment updates the Physician and Other Practitioners fee schedule, effective October 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 October 1, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

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 used to redact the signature of the sender.

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 2 7

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  
**October 1, 2024**

5. FEDERAL STATUTE/REGULATION CITATION  
**Social Security Act §§1905(a)(5)(A) Physician services NIPT;  
1905(a)(6) Other Licensed Practitioner - medical or remedial care  
NIPT; 42 CFR §447.201(b).**

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 2025 \$ 2,197  
b. FFY 2026 \$ 2,216

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 24-0026)**

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



15. RETURN TO

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

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 11, 2024**

**FOR CMS USE ONLY**

16. DATE RECEIVED  
12/11/2024

17. DATE APPROVED  
January 6, 2025

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
10/01/2024

19. SIGNATURE OF APPROVING OFFICIAL



20. TYPED NAME OF APPROVING OFFICIAL  
Todd McMillion

21. TITLE OF APPROVING OFFICIAL  
Director, Division of Reimbursement Review

22. REMARKS

**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 October 1, 2024. The fee schedule will be posted on the agency website by March 15, 2025.