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State/Territory Name: Texas

State Plan Amendment (SPA) : TX-22-0038

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
Financial Management Group

October 4, 2022

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 22-0038

Dear Ms. Stephens:

We have reviewed the proposed Texas State Plan Amendment (SPA) to Attachment 4.19-B, TX#22-0038, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 27, 2022. The proposed amendment updates the Ambulatory Surgical Centers fee schedule. 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.

Sincerely,

Todd McMillion

Todd McMillion
Director
Division of Reimbursement Review

Enclosures
The proposed amendment updates the Ambulatory Surgical Centers fee schedule.

**10. GOVERNOR’S REVIEW (Check One)**

- [x] OTHER, AS SPECIFIED: Sent to Governor’s Office this date. Comments, if any, will be forwarded upon receipt.
- [ ] GOVERNOR’S OFFICE REPORTED NO COMMENT
- [ ] COMMENTS OF GOVERNOR’S OFFICE ENCLOSED
- [ ] NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

**15. RETURN TO**

Stephanie Stephens  
State Medicaid Director  
Post Office Box 13247, MC: H-100  
Austin, Texas 78711
16. Ambulatory Surgical Centers (ASCs) (Continued)

(f) Example 2:
1. Billed charges = $75.00
2. Medicaid published fee = $80.00
3. Lesser of billed charges or Medicaid published fee = $75.00, which becomes the allowed amount.
4. Since the billed charges are not greater than the Medicaid fee plus the 5.2 percent high-volume provider payment add-on (i.e., $80.00 + $4.16 = $84.16), no high-volume provider payment add-on is applied, resulting in the actual payment to the provider of $75.00.

(g) Example 3:
1. Billed charges = $82.00
2. Medicaid published fee = $80.00
3. Lesser of billed charges or Medicaid published fee = $80.00, which becomes the allowed amount.
4. Since the billed charges are not greater than the Medicaid fee plus the 5.2 percent high-volume provider payment add-on (i.e., $80.00 + $4.16 = $84.16), only part of the high-volume provider payment add-on is applied (i.e., up to the billed charges) resulting in the actual payment to the provider of $82.00.

(h) Medicaid payments for ASC services do not exceed Medicare payments for these same ASC services.

(i) The agency’s fee schedule was revised with new fees effective September 1, 2022, and is effective for services provided on or after that date. The fee schedule will be posted on the agency’s website on September 15, 2022.

(j) All fee schedules are available through the agency’s website as outlined on attachment 4.19-B, page 1.