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State Plan Amendment

SPA 20-0005 (Clinical Diagnostic Laboratory Services) - Effective 01/01/2020

This file contains the following documents in order listed:

1. CMS Approval Letter
2. CMS Form 179
3. Superseding Page Listing (Attachment to Blocks 8 & 9 of CMS Form 179)
4. Approved SPA Page
June 17, 2020

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 20-0005

Dear Ms. Stephens:

We have reviewed the proposed Texas State Plan Amendment (SPA) to Attachment 4.19-B, TX#20-0005, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 31, 2020. This state plan amendment updates the clinical laboratory services page of the State Plan as a result of the 2020 calendar year fee review of clinical diagnostic laboratory services.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1, 2020. 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 Tamara Sampson at 214-767-6431 or Tamara.Sampson@cms.hhs.gov.

Sincerely,

[Redacted]

Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures
### TRANSMITTAL NUMBER:
20-0005

### STATE:
TEXAS

### PROGRAM IDENTIFICATION:
TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

### PROPOSED EFFECTIVE DATE:
January 1, 2020

### TYPE OF PLAN MATERIAL (Circle One):
- NEW STATE PLAN
- AMENDMENT TO BE CONSIDERED AS NEW PLAN
- AMENDMENT

### FEDERAL STATUTE/REGULATION CITATION:
- Social Security Act §1902(a)(30); 42 CFR §447.201(b)

### FEDERAL BUDGET IMPACT:
- SEE ATTACHMENT
  - FFY 2020: $23,538
  - FFY 2021: $24,948
  - FFY 2022: $35,042

### PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
SEE ATTACHMENT TO BLOCKS 8 & 9

### PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):
SEE ATTACHMENT TO BLOCKS 8 & 9

### SUBJECT OF AMENDMENT:
The proposed amendment updates the clinical diagnostic laboratory services page of the State Plan as a result of the 2020 Annual Healthcare Common Procedure Coding System updates for clinical diagnostic laboratory services.

### GOVERNOR'S REVIEW (Check One):
- OTHER, AS SPECIFIED: Sent to Governor's Office this date. Comments, if any, will be forwarded upon receipt.

### SIGNATURE OF STATE AGENCY OFFICIAL:
Stephanie Muth
State Medicaid Director
Austin, Texas 78711

### DATE SUBMITTED:
March 31, 2020

### EFFECTIVE DATE OF APPROVED MATERIAL:
1/1/2020

### TYPED NAME:
Todd McMillion

### REMARKS:
**State requested pen and ink change via email dated 06-09-2020**
3. Clinical Diagnostic Laboratory Services

Medicaid providers of clinical diagnostic laboratory (CDL) services are reimbursed based on fee schedules as follows:

(a) The Texas Department of State Health Services (DSHS) Laboratory provides Early and Periodic Screening, Diagnostic and Treatment (EPSDT) medical and newborn screening services through a federal freedom-of-choice exemption as well as any other laboratory services provided that are not covered by this exemption.

The DSHS laboratory is reimbursed for all laboratory services provided at 108 percent of the Medicare fees.

(b) Sole community hospitals are reimbursed the lesser of their billed charges or the fee determined by HHSC, which is 100 percent of the Medicare fee. Under Medicare, the fee schedule amount paid to sole community hospitals is three and one third percent higher than the fee schedule amount paid to other types of providers of CDL service.

The Medicaid fee for any new procedure codes added during the year will be based on 96 percent of the Medicare fees in effect as of January 1 of that same year.

(c) The remaining providers of these services are reimbursed the lesser of their billed charges or the fee determined by HHSC, which is 100 percent of the Medicare fee.

The Medicaid fee for any new procedure codes added during the year will be based on 84 percent of the Medicare fees in effect as of January 1 of that same year.

(d) The reimbursement methodologies in 3(a) – (c) ensure that Medicaid payments to these providers for these services meet the upper payment limit requirements in Section 1903(i)(7) of the Social Security Act by requiring that Medicaid payments for clinical laboratory services must not exceed the Medicare fee for the service on a per test basis. This provision does not apply to the DSHS laboratory reimbursement, which will be established at a percentage of the Medicare fee.

(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 was revised with new fees for clinical diagnostic laboratory services effective January 1, 2020, and was posted on the agency's website on March 15, 2020.