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State Plan Amendment

SPA 20-0015 (Physicians and Other Practitioners) - Effective 04/01/2020

This file contains the following documents in order listed:

1. CMS Approval Letter
2. CMS Form 179
3. Approved SPA Page
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 20-0015  

Dear Ms. Stephens:  

We have reviewed the proposed Texas State Plan Amendment (SPA) to Attachment 4.19-B, TX#20-0015, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on June 26, 2020. The proposed amendment updates the physicians’ and other practitioners’ fee schedules. 

Based upon the information provided by the State, we have approved the amendment with an effective date of April 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,  

Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures
4/1/2020
Todd McMillion
8/24/2020
Director, Division of Reimbursement Review

1. TRANSMITTAL NUMBER: 20-0015
2. STATE: TEXAS
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)
4. PROPOSED EFFECTIVE DATE: April 1, 2020

5. TYPE OF PLAN MATERIAL (Circle One):
   - ☐ NEW STATE PLAN
   - ☒ AMENDMENT TO BE CONSIDERED AS NEW PLAN
   - ☐ AMENDMENT

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

7. FEDERAL BUDGET IMPACT:
   - a. FFY 2020 $ 261
   - b. FFY 2021 $ 6,723
   - c. FFY 2022 $13,539

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
   - SEE ATTACHMENT TO BLOCKS 8 & 9
   - Attachment 4.19-B page 1a.3

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):
   - SEE ATTACHMENT TO BLOCKS 8 & 9
   - Attachment 4.19-B page 1a.3 (T020-0001)

10. SUBJECT OF AMENDMENT:
    The proposed amendment updates the physicians’ and other practitioners’ fee schedules.

11. GOVERNOR’S REVIEW (Check One):
    - ☐ GOVERNOR’S OFFICE REPORTED NO COMMENT
    - ☒ OTHER, AS SPECIFIED. Sent to Governor’s Office this date.
      Comments, if any, will be forwarded upon receipt

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
    Stephanie Stephens

14. TITLE:
    State Medicaid Director

15. DATE SUBMITTED:
    June 26, 2020

16. RETURN TO:
    Stephanie Stephens
    State Medicaid Director
    Post Office Box 13247, MC: H-100
    Austin, Texas 78711

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
18. DATE APPROVED: 8/24/2020

19. EFFECTIVE DATE OF APPROVED MATERIAL:
    4/1/2020

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
    Todd McMillion

22. TITLE:
    Director, Division of Reimbursement Review

23. REMARKS: ** Pen and Ink change via email dated July 16 and 30, 2020
    Block 7 - Below are the numbers in thousands
    FFY 2020 $0
    FFY 2021 $7
    FFY 2022 $14
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, and Medicaid implements the replacement procedure code, a state plan amendment will not be submitted since the fee for the service has not changed.

(g) To ensure access to care and prompt provider reimbursement, when a new national procedure code is assigned to a physician-administered drug or biological product, a preliminary reimbursement rate will be established by the Texas Health and Human Services Commission (HHSC) based on the published Medicare reimbursement rate; or the average wholesale price (AWP) in the absence of a Medicare reimbursement rate for the procedure code or the comparable code. In accordance with 42 CFR §447.205(b)(1), a public notice and state plan amendment will not be submitted for this preliminary reimbursement rate. This will allow the new procedure code to be payable as the reimbursement process is completed with a public notice published and a state plan amendment submitted.

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

(i) 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, and this fee schedule was posted on the agency’s website on July 6, 2018.

(j) 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.

(k) The agency’s fee schedule was revised with new fees to include peer specialists effective January 1, 2019, and this fee schedule was posted on the agency’s website on January 7, 2019.

(l) The agency’s fee schedule was revised with new fees for physicians and other practitioners effective April 1, 2020, and this fee schedule was posted on the agency’s website on April 15, 2020.