

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	1. TRANSMITTAL NUMBER: TX 08-022	2. STATE: TEXAS
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE: September 1, 2008	
5. TYPE OF PLAN MATERIAL (Circle One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)		
6. FEDERAL STATUTE/REGULATION CITATION: Title XIX, Section 1905 (a)(4)(C), Social Security Act; 42 USC §1396d(a)(4)(C), as amended 42 C.F.R. § 441.20	7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT a. FFY 2008 \$ 4,476 b. FFY 2009 \$ 53,708 c. FFY 2010 \$ 58,327	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: SEE ATTACHMENT TO BLOCKS 8 AND 9	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): SEE ATTACHMENT TO BLOCKS 8 AND 9	
10. SUBJECT OF AMENDMENT: The proposed amendment is an update to the fee schedules for family planning services.		
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED Sent to Governor's Office this date. Comments, if any, will be <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL forwarded upon receipt.		
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO: Chris Traylor State Medicaid Director Post Office Box 85200 Austin, Texas 78708	
13. TYPED NAME: Chris Traylor		
14. TITLE: State Medicaid Director		
15. DATE SUBMITTED: September 15, 2008		
FOR REGIONAL OFFICE USE ONLY		
17. DATE RECEIVED: 15 September 2008	18. DATE APPROVED: 17 September, 2009	
PLAN APPROVED - ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 September, 2008	20. SIGNATURE OF REGIONAL OFFICIAL: <i>[Signature]</i>	
21. TYPED NAME: Bill Brooks	22. TITLE: Associate Regional Administrator Dir of Medicaid & Children's Health	
23. REMARKS:		

**Attachment to Blocks 8 & 9 of CMS Form 179
Transmittal No. 08-022, Amendment No. 826**

**Number of the
Plan Section or Attachment**

Attachment 4.19-B
Page 2f

**Number of the Superseded
Plan Section or Attachment**

Attachment 4.19-B
Page 2f (TN 07-037)

7. Reimbursement Methodology for Family Planning Services.

- (a) Payment for Family Planning services are made in accordance with the provisions contained in items 1 (Physicians and certain other practitioners), 3 (Clinical Labs), 35 (Certified Family and Pediatric Nurse Practitioners), and 41 (Certified Registered Nurse Anesthetists and Advanced Nurse Practitioners) depending on the service provided and the provider type. Family Planning Clinics which are physician directed and are approved to provide family planning services under this state plan, the upper payment limits will not be in excess of a fee schedule, as approved by the Single State Agency, for each of the professional services authorized as benefits
- (b) All fee schedules are available through the agency's website as outlined on Attachment 4.19-B, page 1.
- (c) The agency's fee schedule was revised with new fees for family planning services effective for services on or after September 1, 2008. The fee schedule will be posted on October 7, 2008.

Supersedes TN No. 07-37

STATE	Texas	
DATE REVD	9-15-08	
DATE APPL	9-11-09	A
DATE EFF	9-1-08	
HCFA 175	08-22	

TN No. 08-22

Approval Date 9-11-09

Effective Date 9-1-08

Supersedes TN No. 07-37