

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 10-037	2. STATE: TEXAS
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE: September 1, 2010	
5. TYPE OF PLAN MATERIAL (<i>Circle One</i>): <input type="checkbox"/> COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>) <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.50(a); §1905(a)(5)(A) of Social Security Act, relating to Physician Services; 42 CFR 440.60(a); §1905(a)(6)(A) of Social Security Act, relating to Other Licensed Practitioners.		7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT a. FFY 2010 \$(1,524,254) b. FFY 2011 \$(16,283,779) c. FFY 2012 \$(16,018,025)	
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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): SEE ATTACHMENT TO BLOCKS 8 AND 9	
10. SUBJECT OF AMENDMENT: The proposed amendment is an update to the physicians and certain other practitioners fee schedule and implements the one percent payment reduction for reimbursements paid to these Medicaid providers.			
11. GOVERNOR'S REVIEW (<i>Check One</i>): <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 forwarded upon receipt. <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL:		16. RETURN TO:	
13. TYPED NAME: Billy R. Millwee		Billy R. Millwee State Medicaid Director Post Office Box 13247, MC: H-100 Austin, Texas 78711	
14. TITLE: State Medicaid Director			
15. DATE SUBMITTED June 7, 2010			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 7 June, 2010		18. DATE APPROVED: 26 August, 2010	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 September, 2010		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: Bill Brooks		22. TITLE: Associate Regional Administrator Div of Medicaid & Children's Health	
23. REMARKS:			

STATE	<u>Texas</u>
DATE RECD.	<u>6-7-10</u>
DATE APPVD.	<u>8-26-10</u>
DATE EFF.	<u>9-1-10</u>
HCFA 179	<u>10-37</u>

43. Licensed Clinical Social Worker Services

Payment to Licensed Clinical Social Workers for mental health counseling for emotional disorders or conditions is limited to the lesser of the actual charge or 70 percent of the existing fee for similar services provided by psychiatrists and psychologists made in accordance with item 1 of this attachment, relating to the reimbursement methodology for physicians and certain other practitioners.

- a) All fee schedules are available through the agency's website as outlined on Attachment 4.19-B, page 1.
- b) The agency's fee schedule was revised with new fees for Licensed Clinical Social Workers effective September 1, 2010, and this fee schedule was posted on the agency's website on September 3, 2010.
- c) The reimbursement for services effective September 1, 2010, will be equal to the reimbursement on August 31, 2010, less one percent.

44. Licensed Professional Counselor Services

Payment to Licensed Professional Counselors for mental health counseling for emotional disorders or conditions is limited to the lesser of the actual charge or 70 percent of the existing fee for similar services provided by psychiatrists and psychologists made in accordance with item 1 of this attachment, relating to the reimbursement methodology for physicians and certain other practitioners.

- a) All fee schedules are available through the agency's website as outlined on Attachment 4.19-B, page 1.
- b) The agency's fee schedule was revised with new fees for Licensed Professional Counselors effective September 1, 2010, and this fee schedule was posted on the agency's website on September 3, 2010.
- c) The reimbursement for services effective September 1, 2010, will be equal to the reimbursement on August 31, 2010, less one percent.

45. Licensed Marriage and Family Therapist Services

Payment to Licensed Marriage and Family Therapists for mental health counseling for emotional disorders or conditions is limited to the lesser of actual charge or 70 percent of the existing fee for similar services provided by psychiatrists and psychologists made in accordance with item 1 of this attachment, relating to the reimbursement methodology for physicians and certain other practitioners.

- a) All fee schedules are available through the agency's website as outlined on Attachment 4.19-B, page 1.
- b) The agency's fee schedule was revised with new fees for Licensed Marriage and Family Therapists effective September 1, 2010, and this fee schedule was posted on the agency's website on September 3, 2010.
- c) The reimbursement for services effective September 1, 2010, will be equal to the reimbursement on August 31, 2010, less one percent.

TN No. 10-37

Approval Date 8-26-10

Effective Date 9-1-10

Supersedes TN No. 07-31

SUPERSEDES: TN- 07-31

49. Physician Assistants

- (a) Payment for covered professional services provided by a physician assistant (PA) and billed under the PA's own provider number is limited to the lesser of the provider's billed charges or 92 percent of the rate reimbursed to a physician for the same professional service made in accordance with item 1 of this attachment, relating to the reimbursement methodology for physicians and certain other practitioners. Payment to PAs is the same level as physicians for laboratory services, x-ray services, injections, family planning services, drugs and supplies.
- (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 physician assistants effective September 1, 2010, and is effective for services provided on or after that date. This fee schedule was posted on the agency's website on September 3, 2010.
- (d) The reimbursement for services effective September 1, 2010, will be equal to the reimbursement on August 31, 2010, less one percent.

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Supersedes TN No. 08-19

SUPERSEDES: TN- 08-19

41. Services Provided by Certified Registered Nurse Anesthetists

- a) Payment for covered anesthesia services provided by a participating certified registered nurse anesthetist (CRNA) is limited to the lesser of the actual charge or 92 percent of the rate reimbursed to a physician anesthesiologist for the same services made in accordance with item 1 of this attachment
- b) This reimbursement methodology applies to the CRNA service only if the CRNA is not medically directed.
- c) All fee schedules are available through the agency's website as outlined on Attachment 4.19-B, page 1.
- d) The agency's fee schedule was revised with new fees for certified registered nurse anesthetists effective September 1, 2010, and this fee schedule was posted on the agency's website on September 3, 2010.
- e) The reimbursement for services effective September 1, 2010, will be equal to the reimbursement on August 31, 2010, less one percent.

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TN No. 10-37 Approval Date 8-26-10 Effective Date 9-1-10

Supersedes TN No. 07-38

SUPERSEDES: TN- 07-38

35. Services by Certified Pediatric Nurse Practitioners and Certified Family Nurse Practitioners

- (a) Certified Pediatric Nurse Practitioners (CPNPs) and Certified Family Nurse Practitioners (CFNPs) are known in Texas as Advance Practice Nurses (APNs). APNs include Nurse Practitioners (NPs) and Clinical Nurse Specialists (CNSs). NPs and CNSs deliver the services that can be provided by CPNPs and CFNPs. Payment for covered professional services provided by NPs and CNSs is limited to the lesser of the provider's billed charges or 92 percent of the rate reimbursed to a physician for the same professional service made in accordance with item 1 of this attachment, relating to the reimbursement methodology for physicians and certain other practitioners. Payment to NPs and CNSs is at the same level as physicians for drugs and supplies.
- (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 certified nurse practitioners and certified family nurse practitioners effective September 1, 2010, and this fee schedule was posted on the agency's website on September 3, 2010.
- (d) The reimbursement for services effective September 1, 2010, will be equal to the reimbursement on August 31, 2010, less one percent.

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SUPERSEDES: TN- 08-18

STATE	<u>TEXAS</u>
DATE REC'D.	<u>6-7-10</u>
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A

1. Physicians and Certain Other Practitioners (continued)

- F. \$18.420 – Effective January 1, 2010, for nonobsterical anesthesia services to clients 21 years of age and older.
 - G. \$23.220 - Effective September 1, 2007 for obstetrical anesthesia services to clients under 21 years of age. Implemented with respect to recipients under age 21 pursuant to the order of the court in Frew v. Hawkins, Civil Action #3:93/CV65 (Eastern District – Paris Division) on April 27, 2007 (Corrective Action Order: Adequate Supply of Healthcare Providers).
 - H. \$19.580 - Effective September 1, 2007 for obstetrical anesthesia services to clients 21 years of age and older.
- (d) Access-based fees (ABFs) are developed to account for deficiencies in RBFs relating to adequacy of access to health care services for Medicaid clients and are based upon: (1) historical charges; (2) current total Medicare fee (i.e., RVU times the conversion factor) for the individual service; (3) review of Medicaid fees paid by other states; (4) survey of providers' costs to provide the individual service; (5) Medicaid fees for similar services; and/or (6) some combination or percentage thereof.
 - (e) General guidelines used when updating Medicaid fees for services provided by physicians and certain other practitioners, include, but are not limited to the following: updating the Medicaid relative value units (RVUs) to those currently in effect for Medicare and multiplying the updated RVUs by the current Medicaid conversion factor to result in an updated resource-based fee (RBF); increasing the Medicaid conversion factor to increase RBFs for which no RVU update is required in order to increase access to services; changing an existing RBF to an access-based fee (ABF) when the RBF methodology does not provide sufficient access to care; and changing an existing ABF to a RBF as appropriate.
 - (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) All fee schedules are available through the agency's website, as outlined on Attachment 4.19-B, page 1.
 - (h) The agency's fee schedule was revised with new fees for physicians effective September 1, 2010, and this fee schedule was posted on the agency's website on September 3, 2010.
 - (i) The reimbursement for services effective September 1, 2010, will be equal to the reimbursement on August 31, 2010, less one percent.

TN No. 10-37 Approval Date 8-26-10 Effective Date 9-1-10

Supersedes TN No. 10-24

SUPERSEDES: TN- 10-24