TEXAS HEALTH AND HUMAN SERVICES COMMISSION

PROVIDER FINANCE DEPARTMENT

Notice of Proposed Adjustments to Fees, Rates or Charges for the Medical Policy Fee Review of the following:

B(1) Renal Dialysis
B(2) Office Setting Skin Substitute Codes
B(3) Colonoscopy Procedure - 45399
B(5) PAD Non-Oncology (J0131)
B(6) THSteps OrthoDental (D8070, D8080)
B(7) Home Telemonitoring (G0511)

Adjustments are proposed to be effective

September 1, 2024

SUMMARY OF PROPOSED ADJUSTMENTS

To Be Effective September 1, 2024

Included in this document is information relating to the proposed adjustments to Medicaid payment rates for the Policy Fee Review of B(1) Renal Dialysis; B(2) Office Setting Skin Substitute; B(3) Colonoscopy Procedure – 45399; B(5) PAD Non-Oncology (J0131); B(6) THSteps OrthoDental (D8070 & D8080); and B(7) Home Telemonitoring (G0511). The Texas Health and Human Services Commission (HHSC) intends to submit an amendment to the Texas State Plan for Medical Assistance under Title XIX of the Social Security Act to update the fee schedules to reflect these proposed adjustments. The rates are proposed to be effective September 1, 2024.

Hearing

The Texas Health and Human Services Commission (HHSC) will conduct a hearing to receive public comment on proposed Medicaid payment rates detailed in this document on May 21, 2024, at 9:00 a.m. The hearing will be held in compliance with Texas Human Resources Code §32.0282, which requires public notice of and hearings on proposed Medicaid reimbursements. HHSC will broadcast the public hearing; the broadcast can be accessed at https://hhs.texas.gov/about-hhs/communications-events/live-archived-meetings. The broadcast will be archived and can be accessed on demand at the same website.

This hearing will be conducted both in-person and as an online event. Members of the public may attend the rate hearing in person, which will be held in the Public Hearing Rooms 1.401, 1.402, 1.403 and 1.404 in the North Austin Complex, 4601 W Guadalupe St, Austin, Texas.

Please register for HHSC Public Rate Hearing for Medicaid Reimbursement Rates on May 21, 2024 9:00 AM CDT at:

https://attendee.gotowebinar.com/register/8064549891168508245

After registering, you will receive a confirmation email containing information about joining the webinar.

HHSC will consider all concerns expressed at the hearing prior to final rate approval. This public hearing will be held in compliance with the provisions of Human Resources Code §32.0282 which requires a public hearing on proposed

payment rate adjustments. Should you have any questions regarding the information in this document, please contact:

Provider Finance Acute Care Services
Texas Health and Human Services Commission
E-mail: PFDAcuteCare@hhs.texas.gov

HHSC will broadcast the public hearing; the broadcast can be accessed at https://hhs.texas.gov/about-hhs/communications-events/live-archived-meetings. The broadcast will be archived and can be accessed on demand at the same website.

Background

HHSC is responsible for the reimbursement determination functions for the Texas Medicaid Program. Proposed rates are calculated utilizing established methodologies that conform to the Social Security Act and related federal regulations, the federally approved Texas Medicaid State Plan, all applicable state statutes and rules, and other requirements. HHSC reviews the Medicaid reimbursement rates for all acute care services every two years. These biennial reviews result in rates that are increased, decreased, or remain the same. The reviews are conducted to ensure that rates continue to be based on established rate methodologies.

Methodology

The specific administrative rules that govern the establishment of the fees in this proposal were calculated in accordance with Title 1 of the Texas Administrative Code (TAC):

- §355.8085, which addresses the reimbursement methodology for physicians and other practitioners;

- §355.8441, which addresses the reimbursement methodologies for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services (known in Texas as Texas Health Steps);

- §355.7001, Reimbursement Methodology for Telemedicine, Telehealth, and Home Telemonitoring Services; and

- Section 355.8660, Renal Dialysis Reimbursement.

Proposed Rate Adjustments

A summary of the methodologies used to determine the proposed fee-for-service Medicaid rates is listed below:

- Procedure codes and descriptions used in the Texas Medicaid Program are national standard code sets as required by federal laws; Healthcare Common Procedural Coding System (HCPCS) and Current Procedural Terminology (CPT).
- Resource-based fee (RBF) methodology uses relative value units (RVUs) established by Medicare times a conversion factor. Current conversion factors include $28.0672 for most services provided to children 20 years of age and younger and $26.7305 for services provided to adults 21 years of age and older. Fees for services provided to children and identified as having access-to-care issues may be assigned a higher conversion factor, currently $30.00.
- Access-based fees (ABFs) allow the state to reimburse for procedure codes not covered by Medicare or for which the Medicare fee is inadequate, or account for particularly difficult procedures, or encourage provider participation to ensure access to care.
- ABFs may also be established based on the Medicare fee for a service that is not priced using RVUs. Physician-administered drug pricing methodologies are outlined in §355.8085.
- For services and items that are not covered by Medicare or for which the Medicare rate is insufficient, different approaches are used to develop fees based on available information. These alternate methods include, as applicable:
    - The median or mean of the Medicaid fees from 14 states (the 10 most populous and the 4 bordering Texas) or the median or mean of the states that cover the service
    - Regional Medicare pricing from Novitas or a percentage of the Medicare fee
    - The current Medicaid fee for a similar service (comparable code)
    - 82 percent of the manufacturer suggested retail price (MSRP) supplied by provider associations or manufacturers
    - 89.5 percent of the average wholesale price for enteral and parenteral products
    - Cost shown on a manufacturer's invoice submitted by the provider to HHSC

Specific proposed payment rate adjustments are listed in the attachments outlined below:

Policy Att B(1) – Renal Dialysis
Policy Att B(2) – Office Setting Skin Substitute Codes
Policy Att B(3) – Colonoscopy Procedure - 45399
Policy Att B(5) – PAD Non-Oncology (J0131)
Policy Att B(6) – THSteps OrthoDental (D8070, D8080)
Policy Att B(7) – Home Telemonitoring (G0511)

Written Comments

Written comments regarding the proposed payment rate adjustments will be accepted in lieu of, or in addition to, oral testimony until 5 p.m. the day of the hearing. Written comments may be sent by U.S. mail to the Texas Health and Human Services Commission, Attention: Provider Finance Department, Mail Code H-400, P.O. Box 149030, Austin, Texas 78714-9030; by fax to Provider Finance Department at (512) 730-7475; or by e-mail to PFDAcuteCare@hhs.texas.gov. In addition, written comments will be accepted by overnight mail or hand delivery to Texas Health and Human Services Commission, Attention: Provider Finance Department, Mail Code H-400, North Austin Complex, 4601 W Guadalupe St, Austin, Texas 78751.

Persons with disabilities who wish to attend the hearing and require auxiliary aids or services should contact Provider Finance Department at (512) 730-7401 at least 72 hours in advance for appropriate arrangements.

This public rate hearing briefing packet presents proposed payment rates and is distributed at HHSC public rate hearings and posted by the proposed effective date on the HHSC website at https://pfd.hhs.texas.gov/rate-packets. Proposed rates may or may not be adopted, depending on HHSC management decisions after review of public comments and additional information. Provider and public notification about adoption decisions are published on the Texas Medicaid and Healthcare Partnership (TMHP) website at http://www.tmhp.com in banner messages, bulletins, notices, and updates to the Texas Medicaid fee schedules. The fee schedules are available in static files or online lookup at http://public.tmhp.com/FeeSchedules.

Preferred Communication. For quickest response please use e-mail or phone, if possible, for communication with HHSC related to this rate hearing.

Persons with disabilities who wish to participate in the hearing and require auxiliary aids or services should contact Provider Finance at (512) 730-7401 at least 72 hours before the hearing so appropriate arrangements can be made.

Policy Att B(2) - Office Setting Skin Substitute Codes (Proposed to be effective September 1, 2024)

								CURRENT		9/1/2024		
TOS*	Procedure Code	Long Description	Modifier 1	Modifier 2	Age Range	Non-Facility (N)/ Facility	Provider Type/ Provider Specialty	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	Percent Change from Current Medicaid
1	Q4103	oasis burn matrix, per sq cm			0-999	N		Not a Benefit	Not a Benefit	$12.99	$12.99	100.00%
1	Q4104	integra bilayer matrix wound dressing (bmwd), per sq cm			0-999	N		Not a Benefit	Not a Benefit	$49.53	$49.53	100.00%
1	Q4105	integra dermal regeneration template (drt) or integra omnigraft dermal regeneration matrix, per sq cm			0-999	N		Not a Benefit	Not a Benefit	$25.34	$25.34	100.00%
1	Q4108	integra matrix, per sq cm			0-999	N		Not a Benefit	Not a Benefit	$44.36	$44.36	100.00%
1	Q4114	integra flowable wound matrix, injectable, 1 cc			0-999	N		Not a Benefit	Not a Benefit	$1,507.00	$1,507.00	100.00%
1	Q4115	alloskin, per sq cm			0-999	N		Benefit	Benefit	$12.13	$12.13	100.00%
1	Q4117	hyalomatrix, per sq cm			0-999	N		Benefit	Benefit	$16.91	$16.91	100.00%
1	Q4118	mg			0-999	N		Benefit	Benefit	$2.55	$2.55	100.00%
1	Q4123	alloskin rt, per sq cm			0-999	N		Benefit	Benefit	$37.60	$37.60	100.00%
1	Q4124	wound matrix, per sq cm			0-999	N		Benefit	Benefit	$9.28	$9.28	100.00%
1	Q4126	memoderm, dermaspan, tranzgraft or integuply, per sq cm			0-999	N		Not a Benefit	Not a Benefit	$78.34	$78.34	100.00%
1	Q4127	talymed, per sq cm			0-999	N		Benefit	Benefit	$68.49	$68.49	100.00%
1	Q4128	flexhd, or allopatchhd, per sq cm			0-999	N		Not a Benefit	Not a Benefit	$30.73	$30.73	100.00%
1	Q4132	grafix core and grafixpl core, per sq cm			0-999	N		Not a Benefit	Not a Benefit	$158.24	$158.24	100.00%
1	Q4150	allowrap ds or dry, per sq cm			0-999	N		Not a Benefit	Not a Benefit	$77.66	$77.66	100.00%
1	Q4152	dermapure, per sq cm			0-999	N		Not a Benefit	Not a Benefit	$50.42	$50.42	100.00%
1	Q4153	dermavest and plurivest, per sq cm			0-999	N		Not a Benefit	Not a Benefit	$116.26	$116.26	100.00%
1	Q4154	biovance, per sq cm			0-999	N		$130.41	$130.41	$148.46	$148.46	13.84%
1	Q4161	bio-connekt wound matrix, per sq cm			0-999	N		Not a Benefit	Not a Benefit	$138.29	$138.29	100.00%
1	Q4169	Artacent wound, per sq cm			0-999	N		Not a Benefit	Not a Benefit	$176.06	$176.06	100.00%
1	Q4170	Cygnus, per sq cm			0-999	N		Not a Benefit	Not a Benefit	$46.16	$46.16	100.00%
1	Q4175	Miroderm, per sq cm			0-999	N		Not a Benefit	Not a Benefit	$63.68	$63.68	100.00%
1	Q4176	Neopatch or therion, 1 sq cm			0-999	N		Not a Benefit	Not a Benefit	$116.53	$116.53	100.00%
1	Q4178	Floweramniopatch, per sq cm			0-999	N		Not a Benefit	Not a Benefit	$86.52	$86.52	100.00%
1	Q4180	Revita, per sq cm			0-999	N		Not a Benefit	Not a Benefit	$614.65	$614.65	100.00%
1	Q4197	Puraply xt 1 sq cm			0-999	N		Not a Benefit	Not a Benefit	$122.98	$122.98	100.00%
1	Q4199	cygnus matrix, per sq cm			0-999	N		Not a Benefit	Not a Benefit	$317.84	$317.84	100.00%
1	Q4201	Matrion 1 sq cm			0-999	N		Not a Benefit	Not a Benefit	$104.22	$104.22	100.00%
1	Q4203	Derma-gide, 1 sq cm			0-999	N		Not a Benefit	Not a Benefit	$206.74	$206.74	100.00%
1	Q4210	axolotl graft or axolotl dualgraft, per sq cm			0-999	N		Not a Benefit	Not a Benefit	$848.00	$848.00	100.00%
1	Q4222	progenamatrix, per sq cm			0-999	N		Not a Benefit	Not a Benefit	$91.08	$91.08	100.00%
1	Q4227	amniocore tm, per sq cm			0-999	N		Not a Benefit	Not a Benefit	$96.19	$96.19	100.00%
1	Q4229	cogenex amniotic membrane, per sq cm			0-999	N		Not a Benefit	Not a Benefit	$106.02	$106.02	100.00%
1	Q4232	corplex, per sq cm			0-999	N		Not a Benefit	Not a Benefit	$69.62	$69.62	100.00%
1	Q4234	xcellerate, per sq cm			0-999	N		Not a Benefit	Not a Benefit	$628.89	$628.89	100.00%
1	Q4235	amniorepair or altiply, per sq cm			0-999	N		Not a Benefit	Not a Benefit	$147.06	$147.06	100.00%
1	Q4246	coretext or protext, per cc			0-999	N		Not a Benefit	Not a Benefit	$2,968.00	$2,968.00	100.00%
1	Q4247	amniotext patch, per sq cm			0-999	N		Not a Benefit	Not a Benefit	$530.00	$530.00	100.00%
1	Q4248	dermacyte amniotic membrane allograft, per sq cm			0-999	N		Not a Benefit	Not a Benefit	$1,079.09	$1,079.09	100.00%
1	Q4252	vendaje, per sq cm			0-999	N		Not a Benefit	Not a Benefit	$295.98	$295.98	100.00%
1	Q4253	zenith amniotic membrane, per sq cm			0-999	N		Not a Benefit	Not a Benefit	$470.75	$470.75	100.00%

Policy Att B(2) - Office Setting Skin Substitute Codes (Proposed to be effective September 1, 2024)

								CURRENT		9/1/2024		
TOS*	Procedure Code	Long Description	Modifier 1	Modifier 2	Age Range	Non-Facility (N)/ Facility	Provider Type/ Provider Specialty	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	Percent Change from Current Medicaid
1	Q4258	enverse, per sq cm			0-999	N		Not a Benefit	Not a Benefit	$73.65	$73.65	100.00%
1	Q4259	celera dual layer or celera dual membrane, per sq cm			0-999	N		Not a Benefit	Not a Benefit	$1,007.00	$1,007.00	100.00%

*Type of Service (TOS)	
1	Medical Care
Modifier	
Provider Type	

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Policy Att B(3) - Colonoscopy Procedures (45399) (Proposed to be effective September 1, 2024)

								CURRENT		9/1/2024		
TOS*	Procedure Code	Long Description	Modifier 1	Modifier 2	Age Range	Non-Facility (N)/ Facility (F)	Provider Type/ Provider Specialty	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	Percent Change from Current Medicaid Fee
2	45399	**			0-20	F		Not a Benefit	Not a Benefit	Manually Priced	Manually Priced	100.00%
2	45399	**			21-999	F		Not a Benefit	Not a Benefit	Manually Priced	Manually Priced	100.00%
F	45399	**			0-20	F		Not a Benefit	Not a Benefit	Manually Priced	Manually Priced	100.00%
F	45399	**			21-999	F		Not a Benefit	Not a Benefit	Manually Priced	Manually Priced	100.00%

*Type of Service (TOS)	
2	Surgery
F	Ambulatory Surgical Center

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Policy Attachment B(5) - Physician Administered Drugs Non-Oncology (J0131) (Proposed to be effective September 1, 2024)

							CURRENT		9/1/2024		
TOS*	**Procedure Code**	**Long Description**	**Modifier 1**	**Age Range**	**Facility (N)/ Facility (F)**	**Provider Type/ Provider Specialty**	**Current Medicaid Fee**	**Current Adjusted Medicaid Fee**	**Proposed Medicaid Fee**	**Proposed Adjusted Medicaid Fee**	**Change from Current Medicaid Fee**
1	J0131	Injection, acetaminophen, 10 mg		0-999	N/F		Not a Benefit	Not a Benefit	$0.05	$0.05	100.00%

***Type of Service (TOS)**	
1	Medical Services
Modifier	
Provider Type	

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Policy Attachment B(6) - THSTEPS OrthoDental (D8070) (Proposed to be effective September 1, 2024)

								CURRENT		9/1/2024		Percent
TOS*	Procedure Code	Long Description	Modifier 1	Modifier 2	Age Range	Non-Facility (N)/ Facility	Provider Type/ Provider Specialty	Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	Change from Current Medicaid
W	D8070	Comprehensive orthodontic treatment of the transitional dentition			0-20	N		Not a Benefit	Not a Benefit	$544.05	$544.05	100.00%
W	D8080	Compre Dental TX Adolescent			0-20	N/F		Manually Priced	Manually Priced	$544.05	$544.05	0.00%

*Type of Service (TOS)	
W	THSTEPS Dental/Orthodontia

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Policy Att B(7) - Home Telemonitoring (G0511) (Proposed to be effective September 1, 2024)

								CURRENT		9/1/2024		
TOS*	**Procedure Code**	**Long Description**	**Modifier 1**	**Modifier 2**	**Age Range**	**Non-Facility (N)/ Facility (F)**	**Provider Type/ Provider Specialty**	**Current Medicaid Fee**	**Current Adjusted Medicaid Fee**	**Proposed Medicaid Fee**	**Proposed Adjusted Medicaid Fee**	**Percent Change from Current Medicaid Fee**
1	G0511	general care management, 20 minutes or more of clinical staff time for chronic care management services or behavioral health integration services directed by an RHC or FQHC practitioner			0-20	N		Not a Benefit	Not a Benefit	$61.47	$61.47	Not a Benefit
1	G0511	general care management, 20 minutes or more of clinical staff time for chronic care management services or behavioral health integration services directed by an RHC or FQHC practitioner			0-20	F		Not a Benefit	Not a Benefit	$35.36	$35.36	Not a Benefit
1	G0511	general care management, 20 minutes or more of clinical staff time for chronic care management services or behavioral health integration services directed by an RHC or FQHC practitioner			21-999	N		Not a Benefit	Not a Benefit	$58.54	$58.54	Not a Benefit
1	G0511	general care management, 20 minutes or more of clinical staff time for chronic care management services or behavioral health integration services directed by an RHC or FQHC practitioner			21-999	F		Not a Benefit	Not a Benefit	$33.68	$33.68	Not a Benefit

***Type of Service (TOS)**	
1	Medical Services

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