

**TEXAS HEALTH AND HUMAN SERVICES
COMMISSION
PROVIDER FINANCE DEPARTMENT**

**Notice of Proposed Adjustments to Fees, Rates, or
Charges for Biomarker Testing (SB989)**

**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 this legislatively directed Fee Review of biomarker testing (SB989). 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 Health and Human Services Commission (HHSC) will conduct a public hearing to receive comments regarding the proposed adjustments to Medicaid 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.

Please register for the HHSC Public Rate Hearing for Biomarker Testing (SB989) to be held on May 21, 2024, at 9:00 AM CST 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

A recording of the webinar will be archived and can be accessed on demand at <https://hhs.texas.gov/about-hhs/communications-events/live-archived-meetings>.

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 include these rules in the TAC:

- Section 355.8085, Reimbursement methodology for physicians and other practitioners; and
- Section 355.8610, Reimbursement for Clinical Laboratory Services.

Proposed Rate Adjustments

The 2024-25 General Appropriations Act, SB 989, 88th Legislature, Regular Session, 2023, directed that a health benefit plan must provide coverage for certain biomarker testing.

Specific proposed payment rates are listed in the attachments outlined below:

Att B(4) – SB 989 Biomarker

Potential Testimony Limitations

Due to the number of people anticipated to provide oral testimony at the hearing, HHSC may have to time-limit public testimony to three minutes for each individual depending on the number of participants signed-up to testify

prior to the hearing and the time allotted for the rate hearing. HHSC will announce at the beginning of the hearing, the final allotted amount of time for oral testimony.

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.

Legislative Attachment B(4) - SB 989 Biomarker (proposed to be effective September 1, 2024)

TOS*	Procedure Code	Long Description	Modifier	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)**	CURRENT				9/1/2024							
							Current Non-State Clinical Lab Fee	Current Sole Community Lab Fee	Current DSHS Clinical Lab Fee	Current Rural Hospital Rural Sole Community Fee	Proposed Non-State Clinical Lab Fee	Proposed Sole Community Lab Fee	Proposed DSHS Clinical Lab Fee	Proposed Rural Hospital and Sole Community Fee	Percent Change from Current - Adjusted Non-State Clinical Lab Fee	Percent Change from Current - Adjusted Sole Community Lab Fee	Percent Change from Current - DSHS Clinical Lab Fee	Percent Change from Current - Rural Hospital and Sole Community Fee
5	81279	**		0-999	F	23,24	Not a Benefit	Not a Benefit	Not a Benefit	Not a Benefit	\$155.57	\$253.72	\$200.01	\$253.72	100.00%	100.00%	100.00%	100.00%
5	81305	**		0-999	F	23,24	Not a Benefit	Not a Benefit	Not a Benefit	Not a Benefit	\$147.34	\$240.29	\$189.43	\$240.29	100.00%	100.00%	100.00%	100.00%
5	81307	**		0-999	F	23,24	Not a Benefit	Not a Benefit	Not a Benefit	Not a Benefit	\$568.26	\$926.80	\$730.62	\$926.80	100.00%	100.00%	100.00%	100.00%
5	81320	**		0-999	F	23,24	Not a Benefit	Not a Benefit	Not a Benefit	Not a Benefit	\$244.74	\$399.16	\$314.66	\$399.16	100.00%	100.00%	100.00%	100.00%
5	81345	**		0-999	F	23,24	Not a Benefit	Not a Benefit	Not a Benefit	Not a Benefit	\$155.57	\$253.72	\$200.01	\$253.72	100.00%	100.00%	100.00%	100.00%
5	81425	**		0-20	F	23,24	Not a Benefit	Not a Benefit	Not a Benefit	Not a Benefit	\$4,226.21	\$6,892.74	\$5,433.69	\$6,892.74	100.00%	100.00%	100.00%	100.00%
5	81426	**		0-20	F	23,24	Not a Benefit	Not a Benefit	Not a Benefit	Not a Benefit	\$2,276.36	\$3,712.63	\$2,926.74	\$3,712.63	100.00%	100.00%	100.00%	100.00%
5	81427	**		0-20	F	23,24	Not a Benefit	Not a Benefit	Not a Benefit	Not a Benefit	\$1,963.63	\$3,202.58	\$2,524.66	\$3,202.58	100.00%	100.00%	100.00%	100.00%
5	81443	**		10-55	F	23,24	Not a Benefit	Not a Benefit	Not a Benefit	Not a Benefit	\$2,056.79	\$3,354.52	\$2,644.44	\$3,354.52	100.00%	100.00%	100.00%	100.00%

*Type of Service (TOS)	
5	Laboratory
Provider Type	
23	Independent Lab/Privatey Owned Lab (No Physician Involvement)
24	Independent Lab/Privatey Owned Lab (Physician Involvement)

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