TEXAS HEALTH AND HUMAN SERVICES COMMISSION
RATE ANALYSIS DEPARTMENT

Notice of Proposed Adjustments to Fees, Rates or Charges for the Medical Policy Review of Texas Health Steps Therapeutic Dental Anesthesia Services (00170-U3)

Adjustments are proposed to be effective February 1, 2018

SUMMARY OF PROPOSED ADJUSTMENTS

To Be Effective February 1, 2018

Included in this document is information relating to the proposed adjustments to Medicaid payment rates for the Medical Policy Review of Texas Health Steps Therapeutic Dental Anesthesia Services. 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 February 1, 2018.

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 November 16, 2017, at 1:30 p.m. in the Public Hearing Room in the Brown-Heatly Building at 4900 North Lamar Boulevard, Austin, Texas 78751, with entrance through Security at the front of the building facing Lamar Boulevard. 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:

Rate Analysis for Acute Care Services
Texas Health and Human Services Commission
E-mail: RADAcuteCare@hhsc.state.tx.us

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 include these rules in 1 TAC:

- §355.8085, which addresses the reimbursement methodology for physicians and other practitioners;
- §355.8221, which addresses the reimbursement methodology for a certified registered nurse anesthetist (CRNA)
- §355.8441, which addresses the reimbursement methodology for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Services (known in Texas as Texas Health Steps).

Proposed Rate Adjustments

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

- Rate determination methodologies related to the reimbursement methodology for physicians and other practitioners are addressed in 1 TAC §355.8085; and
- 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.

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

Att 1 – Texas Health Steps Therapeutic Dental Anesthesia Services (00170-U3)

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: Rate Analysis, Mail Code H-400, P.O. Box 149030, Austin, Texas 78714-9030; by fax to Rate Analysis at (512) 730-7475; or by e-mail to RADAcuteCare@hhsc.state.tx.us. In addition, written comments will be accepted by overnight mail or hand delivery to Texas Health and Human Services Commission, Attention: Rate Analysis, Mail Code H-400, Brown-Heatly Building, 4900 North Lamar, Austin, Texas 78751

Persons with disabilities who wished to attend the hearing and required auxiliary aids or services were advised to contact Rate Analysis at (512) 730-7401 at least 72 hours in advance, so appropriate arrangements could be made.

ATTACHMENT - TEXAS HEALTH STEPS THERAPEUTIC DENTAL ANESTHESIA SERVICES (00170-U3) (Proposed to be effective February 1, 2018)

This policy replaces the current EP modifier with a U3 modifier for use with procedure code 00170 to ensure consistency with correct coding guidelines. Provider reimbursement will not be affected by this change.

TOS*	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Current Base Unit	Current Conversion Factor	Proposed Base Unit	Proposed Conversion Factor	Percent Change from Current Medicaid Fee
7	00170	EP	**	0-999	N/F	5.00	$27.2760	Not A Benefit	Not A Benefit	-100.00%
7	00170	U3	**	0-999	N/F	Not A Benefit	Not A Benefit	5.00	$27.2760	100.00%

*Type of Service (TOS)	
7	Anesthesia

**Modifier	
EP	Anesthesia services provided by an anesthesiologist (MD/DO) or certified registered nurse anesthetist (CRNA) in conjunction with dental services (Service provided as part of Medicaid early periodic screening diagnosis and treatment (EPSDT) program)
U3	Anesthesia services provided by an anesthesiologist (MD/DO) or certified registered nurse anesthetist (CRNA) in conjunction with dental services

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