

**TEXAS HEALTH AND HUMAN SERVICES
COMMISSION
RATE ANALYSIS DEPARTMENT**

**Proposed Medicaid Payment Rate for HCPCS 3rd
Quarter 2012 Update for Physician Administered
Drugs**

Payment rates are proposed to be effective April 1, 2013.

SUMMARY OF PROPOSED MEDICAID PAYMENT RATES

Effective April 1, 2013

Included in this document is information relating to the proposed Medicaid payment rates for HCPCS 3rd Quarter 2012 Update for Physician Administered Drugs. The rate is proposed to be effective April 1, 2013.

Hearing

HHSC will conduct a public hearing to receive comments regarding the proposed Medicaid rates detailed in this document on February 13, 2013, at 1:30 p.m. in the Lone Star Conference Room in Building H of the Braker Center, at 11209 Metric Boulevard, Austin, TX 78758-4021, with entrance through Security at the front of the building facing Metric Boulevard. HHSC will consider concerns expressed at the hearing prior to final rate approval. This public hearing is held in compliance with the provisions of Human Resources Code §32.0282 and 1 TAC §355.105(g), which require a public hearing on proposed payment rates. Should you have any questions regarding the information in this document, please contact:

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Background

The Health and Human Services Commission (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 and clinical laboratory services are reviewed annually. These biennial reviews result in rates that are increased, decreased, or remain the same. The reviews are unrelated to any rate reduction imposed by the legislature but rather 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 this rule in Title 1 of the Texas Administrative Code (1 TAC):

- 355.8081, which addresses payments for laboratory and x-ray services, radiation therapy, physical therapists' services, physician services, podiatry services,

chiropractic services, optometric services, ambulance services, dentists' services, psychologists' services, licensed psychological associates' services, maternity clinic services, and tuberculosis clinic services;

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

The reimbursement rates proposed reflect applicable reductions directed by the 2012-2013 General Appropriations Act, H.B. 1, 82nd Legislature, Regular Session. Detailed information related to specifics of the reductions can be found on the Medicaid fee schedules.

Proposed Rates

The proposed fee-for-service Medicaid rate is based on 85 percent of the average wholesale price of the injection.

Proposed payment rates are listed below:

TOS*	Procedure Code	Long Description	Age Range	CURRENT		PROPOSED	
				Current Medicaid Fee	Current Adjusted Fee	Proposed Medicaid Fee	Proposed Adjusted Fee
1	C9292	Injection, pertuzumab, 10 mg	0-999	Not a Benefit	Not a Benefit	\$98.98	\$98.98