

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

**Notice of Proposed Adjustments to Fees, Rates, or  
Charges for Medicaid Biennial Calendar Fee Review  
of the following:**

- (1) S Codes TOS 1/2/8**
- (2) S Codes TOS 9/E/J**
- (3) Any combination 1/2/I/T**
- (4) Diagnostic Radiology- Non-hospital**
- (5) DME E Codes Wheelchairs and Other Items**
- (6) DME E Codes Respiratory Equipment**
- (7) Evaluation and Management**
- (8) Hearing Aids**
- (9) Medical and Surgical Supplies**
- (10) Medical Nutrition**
- (11) Nonclinical Labs**
- (12) Nonclinical Labs- Hospitals**
- (13) Nonclinical Labs – Rural Hospitals**
- (14) PAD Non-Oncology**
- (15) PAD Non-Oncology (MAT)**
- (16) PAD Oncology**
- (17) PAD Vaccines**
- (18) Telemedicine, Telehealth, and  
Telemonitoring**

**Adjustments are proposed to be effective  
September 1, 2021**

## **SUMMARY OF PROPOSED ADJUSTMENTS**

### **To Be Effective September 1, 2021**

Included in this document is information relating to the proposed adjustments to Medicaid payment for the Medicaid Biennial Calendar Fee Review of (1) S Codes TOS 1/2/8; (2) S Codes TOS 9/E/J; (3) Any combination 1/2/I/T; (4) Diagnostic Radiology- Non-hospital ; (5) DME E Codes Wheelchairs and Other Items; (6) DME E Codes Respiratory Equipment; (7) Evaluation and Management; (8) Hearing Aids; (9) Medical and Surgical Supplies; (10) Medical Nutrition; (11) Nonclinical Labs; (12) Nonclinical Labs- Hospitals; (13) Nonclinical Labs- Rural Hospitals; (14) PAD Non-Oncology; (15) PAD Non-Oncology (MAT); (16) PAD Oncology; (17) PAD Vaccines; (18) Telemedicine, Telehealth, and Telemonitoring. 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, 2021.

### **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 25, 2021, 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.

Due to the declared state of disaster stemming from COVID-19, this hearing will be conducted online.

Please register for HHSC Public Rate Hearing for Medicaid Calendar Fee Review, HCPCS Updates, and Medical Policy Updates on May 25, 2021 9:00 AM CST at:

<https://attendee.gotowebinar.com/register/1693716712273262349>

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](mailto: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):

- §355.8021, which addresses the reimbursement methodology for home health services;
- §355.8023, which addresses the reimbursement methodology for durable medical equipment, prosthetics, orthotics, and supplies;
- §355.8061, which addresses the reimbursement methodology for outpatient hospital imaging;
- §355.8085, which addresses the reimbursement methodology for physicians and other practitioners;
- §355.8141, which addresses the reimbursement methodology for certified hearing aid services and
- §355.8441, which addresses the reimbursement methodology for early and periodic screening, diagnosis, and treatment services.

## **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:

- CFR Att 1 - S Codes TOS 1/2/8
- CFR Att 2 - S Codes TOS 9/E/J
- CFR Att 3 - Any combination 1/2/I/T
- CFR Att 4 - Diagnostic Radiology- Non-hospital
- CFR Att 5 - DME E Codes Wheelchairs and Other Items
- CFR Att 6 - DME E Codes Respiratory Equipment
- CFR Att 7 - Evaluation and Management
- CFR Att 8 - Hearing Aids
- CFR Att 9 - Medical and Surgical Supplies
- CFR Att 10 - Medical Nutrition
- CFR Att 11 - Nonclinical Labs
- CFR Att 12 - Nonclinical Labs- Hospitals
- CFR Att 13 - Nonclinical Labs – Rural Hospitals
- CFR Att 14 - PAD Non-Oncology
- CFR Att 15 - PAD Non-Oncology (MAT)
- CFR Att 16 - PAD Oncology
- CFR Att 17 - PAD Vaccines
- CFR Att 18 - Telemedicine, Telehealth, and Telemonitoring

### **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, Mail Code H-400, P.O. Box 149030, Austin, Texas 78714-9030; by fax to Provider Finance at (512) 730-7475; or by e-mail to [PFDAcuteCare@hhs.texas.gov](mailto: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, Mail Code H-400, Brown-Heatly Building, 4900 North Lamar, Austin, Texas 78751.

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 <http://rad.hhs.texas.gov/rate-packets>. Proposed rates may or may not be adopted, depending on HHSC management decisions after review of 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.** During the current state of disaster due to COVID-19, physical forms of communication are checked with less frequency than during normal business operations. For quickest response, and to help curb the possible transmission of infection, please turn to 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.