

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

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

**Long Acting Reversible Contraceptive (LARCs)**

**Adjustments are proposed to be effective  
March 1, 2019**

## **SUMMARY OF PROPOSED ADJUSTMENTS**

**To Be Effective March 1, 2019**

Included in this document is information relating to the proposed adjustments to Medicaid payment rates for the Medicaid Biennial Calendar Fee Review of Long-Acting Reversible Contraception (LARCs). 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 March 1, 2019.

### **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 February 11, 2019, 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@hsc.state.tx.us](mailto:RADAcuteCare@hsc.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 the 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);
- §355.8581, which addresses the reimbursement methodology for Family Planning Services; and
- §355.8641, which addresses the reimbursement methodology for the Women's Health Program.

## **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
- Rate determination methodologies related to outpatient hospital services are addressed in §355.8061.

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

Att 1 – Long-Acting Reversible Contraception (LARCs)

### **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](mailto: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 wish 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.

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 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>.

CFR ATTACHMENT 1 - Long Acting Reversible Contraceptives - (Proposed to be effective March 1, 2019)

Program	TOS*	Procedure Code	Modifier 1	Modifier 2	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Provider Type (PT) / Provider Specialty (PS)	CURRENT		3/1/19		Percent Change from Current Medicaid Fee
									Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
900	2	11976			**	10-55	N	71	\$108.26	\$108.26	\$109.86	\$109.86	1.48%
300	2	11976			**	0-999	N/F		\$108.26	\$108.26	\$109.86	\$109.86	1.48%
900	2	11976			**	10-55	N/F		\$108.26	\$108.26	\$109.86	\$109.86	1.48%
300	1	55250			**	21-999	N		\$294.57	\$294.57	\$284.95	\$284.95	-3.27%
300	2	55250			**	21-999	N	46	\$294.57	\$294.57	\$284.95	\$284.95	-3.27%
300	2	55250			**	21-999	F	46	\$175.89	\$175.89	\$175.89	\$175.89	0.00%
900,300	1	55250			**	21-999	N		\$294.57	\$294.57	\$284.95	\$284.95	-3.27%
900,300	1	55250			**	21-999	F		\$175.89	\$175.89	\$175.89	\$175.89	0.00%
900,300	2	55250			**	21-999	N	71	\$294.57	\$294.57	\$284.95	\$284.95	-3.27%
900,300	2	55250			**	21-999	N		\$294.57	\$294.57	\$284.95	\$284.95	-3.27%
900,300	2	55250			**	21-999	F		\$175.89	\$175.89	\$175.89	\$175.89	0.00%
900	2	58300			**	0-20	N	71	\$55.57	\$55.57	\$55.57	\$55.57	0.00%
300	2	58300			**	0-20	N	71	\$55.57	\$55.57	\$55.57	\$55.57	0.00%
900	2	58300			**	21-999	N	71	\$55.06	\$55.06	\$55.06	\$55.06	0.00%
300	2	58300			**	21-999	N	71	\$55.06	\$55.06	\$55.06	\$55.06	0.00%
900,300	2	58300			**	0-20	F	71	\$55.57	\$55.57	\$55.57	\$55.57	0.00%
900,300	2	58300			**	21-999	F	71	\$55.06	\$55.06	\$55.06	\$55.06	0.00%
900	2	58300			**	0-20	N		\$57.82	\$57.82	\$57.82	\$57.82	0.00%
300	2	58300			**	0-20	N		\$55.06	\$55.06	\$55.06	\$55.06	0.00%
900	2	58300			**	21-999	N		\$55.06	\$55.06	\$55.06	\$55.06	0.00%
300	2	58300			**	21-999	N		\$55.06	\$55.06	\$55.06	\$55.06	0.00%
900,300	2	58300			**	0-20	F		\$57.82	\$57.82	\$57.82	\$57.82	0.00%
900,300	2	58300			**	21-999	F		\$55.06	\$55.06	\$55.06	\$55.06	0.00%
300	2	58301			**	0-20	N		\$76.72	\$76.72	\$76.72	\$76.72	0.00%
900	2	58301			**	0-20	N	71	\$76.72	\$76.72	\$76.72	\$76.72	0.00%
300	2	58301			**	21-999	N		\$76.72	\$76.72	\$76.72	\$76.72	0.00%
900,300	2	58301			**	21-999	N	71	\$76.72	\$76.72	\$76.72	\$76.72	0.00%
900	2	58301			**	0-20	N/F		\$80.55	\$80.55	\$80.55	\$80.55	0.00%
900	2	58301			**	21-999	N/F		\$76.72	\$76.72	\$76.72	\$76.72	0.00%
300	2	58301			**	0-20	N		\$76.72	\$76.72	\$76.72	\$76.72	0.00%
300	2	58301			**	21-999	N		\$76.72	\$76.72	\$76.72	\$76.72	0.00%
900	2	58565			**	21-999	N		\$1,420.99	\$1,420.99	\$1,384.64	\$1,384.64	-2.56%
300	2	58565			**	21-999	N		\$2,500.00	\$2,500.00	\$2,500.00	\$2,500.00	0.00%
900	2	58565			**	21-999	F		\$329.32	\$329.32	\$331.73	\$331.73	0.73%
300	2	58565			**	21-999	F		\$2,500.00	\$2,500.00	\$2,500.00	\$2,500.00	0.00%
900	2	58600			**	21-999	F		\$275.32	\$275.32	\$276.13	\$276.13	0.29%
300	2	58600			**	21-999	N/F		\$2,500.00	\$2,500.00	\$2,500.00	\$2,500.00	0.00%
900,300	2	58605			**	21-55	F		\$249.40	\$249.40	\$249.93	\$249.93	0.21%
900	2	58611			**	21-55	F		\$58.54	\$58.54	\$58.01	\$58.01	-0.91%
300	2	58611			**	21-55	N		\$58.54	\$58.54	\$58.01	\$58.01	-0.91%
900,300	8	58611			**	21-55	F		\$9.37	\$9.37	\$9.28	\$9.28	-0.96%
900,300	2	58615			**	21-55	F		\$188.98	\$188.98	\$185.78	\$185.78	-1.69%
300	2	58615			**	0-999	N		\$188.98	\$188.98	\$185.78	\$185.78	-1.69%
900,300	9	A4264			Permanent implantable contraceptive intratubal occlusion device(s) and delivery system	21-999	N/F		\$1,560.00	\$1,560.00	\$1,560.00	\$1,560.00	0.00%
900	9	A4264			Permanent implantable contraceptive intratubal occlusion device(s) and delivery system	21-999	F	52	\$1,560.00	\$1,560.00	\$1,560.00	\$1,560.00	0.00%
300	9	A4264			Permanent implantable contraceptive intratubal occlusion device(s) and delivery system	0-999	N		\$1,560.00	\$1,560.00	\$1,560.00	\$1,560.00	0.00%
300	1	J1050			Injection, Medroxyprogesterone acetate, 1 mg	0-999	N/F		\$63.24	\$63.24	\$71.53	\$71.53	13.11%
900,300	1	J1050	U1		Injection, Medroxyprogesterone acetate, 1 mg	0-999	N/F		\$63.24	\$63.24	\$71.53	\$71.53	13.11%
900,300	1	J7296			Levonorgestrel-releasing intrauterine contraceptive system (Kyleena), 19.5 mg	10-999	N/F		\$875.50	\$875.50	\$953.51	\$953.51	8.91%
900,300	1	J7296	U8		Levonorgestrel-releasing intrauterine contraceptive system (Kyleena), 19.5 mg	10-999	N/F		\$437.75	\$437.75	\$476.76	\$476.76	8.91%
900,300	1	J7296			Levonorgestrel-releasing intrauterine contraceptive system (Kyleena), 19.5 mg	10-999	N/F	46,71,78,79	\$875.50	\$875.50	\$953.51	\$953.51	8.91%

CFR ATTACHMENT 1 - Long Acting Reversible Contraceptives - (Proposed to be effective March 1, 2019)

Program	TOS*	Procedure Code	Modifier 1	Modifier 2	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Provider Type (PT) / Provider Specialty (PS)	CURRENT		3/1/19		Percent Change from Current Medicaid Fee
									Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
900,300	1	J7296	U8		Levonorgestrel-releasing intrauterine contraceptive system (Kyleena), 19.5 mg	10-999	N/F	46,71,78,79	\$437.75	\$437.75	\$476.76	\$476.76	8.91%
900,300	1	J7297			Levonorgestrel-releasing intrauterine contraceptive system, 52 mg (Liletta)	0-999	N/F	71	\$673.43	\$673.43	\$764.39	\$764.39	13.51%
900,300	1	J7297	U8		Levonorgestrel-releasing intrauterine contraceptive system, 52 mg (Liletta)	0-999	N/F	71	\$336.72	\$336.72	\$382.20	\$382.20	13.51%
300	1	J7297			Levonorgestrel-releasing intrauterine contraceptive system, 52 mg (Liletta)	0-999	N		\$673.43	\$673.43	\$764.39	\$764.39	13.51%
900	1	J7297			Levonorgestrel-releasing intrauterine contraceptive system, 52 mg (Liletta)	0-999	N		\$673.43	\$673.43	\$764.39	\$764.39	13.51%
900	1	J7297	U8		Levonorgestrel-releasing intrauterine contraceptive system, 52 mg (Liletta)	0-999	N		\$336.72	\$336.72	\$382.20	\$382.20	13.51%
300	1	J7297	U8		Levonorgestrel-releasing intrauterine contraceptive system, 52 mg (Liletta)	0-999	N		\$336.72	\$336.72	\$382.20	\$382.20	13.51%
900,300	1	J7298			Levonorgestrel-releasing intrauterine contraceptive system, 52 mg (Mirena)	0-999	N/F	71	\$875.50	\$875.50	\$953.51	\$953.51	8.91%
900,300	1	J7298	U8		Levonorgestrel-releasing intrauterine contraceptive system, 52 mg (Mirena)	0-999	N/F	71	\$437.75	\$437.75	\$476.76	\$476.76	8.91%
300	1	J7298			Levonorgestrel-releasing intrauterine contraceptive system, 52 mg (Mirena)	0-999	N		\$875.50	\$875.50	\$953.51	\$953.51	8.91%
900	1	J7298			Levonorgestrel-releasing intrauterine contraceptive system, 52 mg (Mirena)	0-999	N		\$875.50	\$875.50	\$953.51	\$953.51	8.91%
900	1	J7298	U8		Levonorgestrel-releasing intrauterine contraceptive system, 52 mg (Mirena)	0-999	N		\$437.75	\$437.75	\$476.76	\$476.76	8.91%
300	1	J7298	U8		Levonorgestrel-releasing intrauterine contraceptive system, 52 mg (Mirena)	0-999	N		\$437.75	\$437.75	\$476.76	\$476.76	8.91%
900,300	1	J7300			Intrauterine copper contraceptive	0-999	N/F	71	\$824.67	\$824.67	\$824.67	\$824.67	0.00%
900,300	1	J7300	U8		Intrauterine copper contraceptive	0-999	N/F	71	\$412.34	\$412.34	\$412.34	\$412.34	0.00%
300	1	J7300			Intrauterine copper contraceptive	0-999	N		\$824.67	\$824.67	\$824.67	\$824.67	0.00%
900	1	J7300			Intrauterine copper contraceptive	0-999	N		\$824.67	\$824.67	\$824.67	\$824.67	0.00%
900	1	J7300	U8		Intrauterine copper contraceptive	0-999	N		\$412.34	\$412.34	\$412.34	\$412.34	0.00%
300	1	J7300	U8		Intrauterine copper contraceptive	0-999	N		\$412.34	\$412.34	\$412.34	\$412.34	0.00%
900,300	1	J7300	FP		Intrauterine copper contraceptive	0-999	N		\$824.67	\$824.67	\$824.67	\$824.67	0.00%
900,300	1	J7300	FP	U8	Intrauterine copper contraceptive	0-999	N		\$412.34	\$412.34	\$412.34	\$412.34	0.00%
300	1	J7301			Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5 mg (340B)	0-999	N		\$728.99	\$728.99	\$793.96	\$793.96	8.91%
900	1	J7301			Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5 mg (340B)	0-999	N		\$728.99	\$728.99	\$793.96	\$793.96	8.91%

CFR ATTACHMENT 1 - Long Acting Reversible Contraceptives - (Proposed to be effective March 1, 2019)

Program	TOS*	Procedure Code	Modifier 1	Modifier 2	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Provider Type (PT) / Provider Specialty (PS)	CURRENT		3/1/19		Percent Change from Current Medicaid Fee
									Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
900	1	J7301	U8		Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5 mg (340B)	0-999	N		\$583.19	\$583.19	\$635.17	\$635.17	8.91%
300	1	J7301	U8		Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5 mg (340B)	0-999	N		\$583.19	\$583.19	\$635.17	\$635.17	8.91%
300	1	J7301			Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5 mg (340B)	0-999	F		\$728.99	\$728.99	\$793.96	\$793.96	8.91%
900,300	1	J7301			Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5 mg (340B)	0-999	F	71, 78, 79	\$728.99	\$728.99	\$793.96	\$793.96	8.91%
900,300	1	J7301	U8		Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5 mg (340B)	0-999	F	71, 78, 79	\$583.19	\$583.19	\$635.17	\$635.17	8.91%
300	1	J7301	U8		Levonorgestrel-releasing intrauterine contraceptive system (Skyla), 13.5 mg (340B)	0-999	F		\$583.19	\$583.19	\$635.17	\$635.17	8.91%
900,300	1	J7303			Contraceptive supply, hormone containing vaginal ring, each	0-999	N/F		\$143.75	\$143.75	\$157.99	\$157.99	9.91%
900,300	1	J7304			Contraceptive supply, hormone containing patch, each	0-999	N/F		\$37.48	\$37.48	\$43.27	\$43.27	15.45%
300	1	J7307			Etonogestrel (contraceptive) implant system, including impact and supplies	0-999	N		\$864.86	\$864.86	\$908.11	\$908.11	5.00%
900	1	J7307			Etonogestrel (contraceptive) implant system, including impact and supplies	0-999	N		\$864.86	\$864.86	\$908.11	\$908.11	5.00%
900	1	J7307	U8		Etonogestrel (contraceptive) implant system, including impact and supplies	0-999	N		\$691.89	\$691.89	\$726.49	\$726.49	5.00%
300	1	J7307	U8		Etonogestrel (contraceptive) implant system, including impact and supplies	0-999	N		\$691.89	\$691.89	\$726.49	\$726.49	5.00%
900,300	1	J7307			Etonogestrel (contraceptive) implant system, including impact and supplies	0-999	F	71, 78, 79	\$864.86	\$864.86	\$908.11	\$908.11	5.00%
900,300	1	J7307	U8		Etonogestrel (contraceptive) implant system, including impact and supplies	0-999	F	71, 78, 79	\$691.89	\$691.89	\$726.49	\$726.49	5.00%

<b>Program</b>	
300	MHSC Family Planning Program (formerly Texas Department of State Health Services Family Planning)
900	Medicaid and the Healthy Texas Women Programs
<b>*Type of Service (TOS)</b>	
1	Medical Services
2	Surgery
8	Assistant Surgery
9	Other Medical Items or Services
<b>Modifier</b>	
FP	Service provided as part of family planning program for J1050, reimbursed for services rendered to female clients as medically appropriate for the purpose of contraception. A quantity of 1 must be billed - 150 mg dose, quantity of 1 must be billed.
U1	
U8	Service provided by an entity eligible for 340B
<b>Provider Type/Provider Specialty</b>	
46	Federally Qualified Health Centers (FQHC)
52	Ambulatory Surgical Center -Hospital Based



**CFR ATTACHMENT 1 - Long Acting Reversible Contraceptives - (Proposed to be effective March 1, 2019)**

Program	TOS*	Procedure Code	Mod-ifier 1	Mod-ifier 2	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Provider Type (PT) / Provider Specialty (PS)	CURRENT		3/1/19		Percent Change from Current Medicaid Fee
									Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
71					Family Planning Clinic								
78					Rural Health Clinic - Freestanding/Independent								
79					Rural Health Clinic - Hospital Based								

\*\* Required Notice: The five-character code included in this notice is obtained from the Current Procedural Terminology (CPT®), copyright 2019 by the American Medical Association (AMA). CPT is developed by the AMA as a listing of descriptive terms and five character identifying codes and modifiers for reporting medical services and procedures performed by physicians. The responsibility for the content of this notice is with HHSC and no endorsement by the AMA is intended or should be implied. The AMA disclaims responsibility for any consequences or liability attributable or related to any use, nonuse or interpretation of information contained in this notice. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained.