

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

**Notice of Proposed Adjustments to Fees, Rates, or  
Charges for Medical Policy Fee Review of the  
following:**

**TOS 1- S8301  
TOS 1- Telephonic Codes  
Vaccine Consultation (G0315)**

**Adjustments are proposed to be effective  
May 12, 2023**

## **SUMMARY OF PROPOSED ADJUSTMENTS**

**To Be Effective May 12, 2023**

Included in this document is information relating to the proposed adjustments to Medicaid payment for the Policy Fee Review of TOS 1- S8301, TOS 1- Telephonic Codes, and Vaccine Consultation (G0315). 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 May 12, 2023.

### **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 April 24, 2023 at 9:00 AM. 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.

**This hearing will be conducted as an online event.**

Please register for HHSC Public Rate Hearing for Medicaid Reimbursement Rates on April 24, 2023 at 9:00 AM CDT at:

Registration URL:

<https://register.gotowebinar.com/register/3589142833223606105>

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)

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 were calculated in accordance with Title 1 of the Texas Administrative Code (TAC):

Section 355.8023, Reimbursement Methodology for Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS);

Section §355.8085, Reimbursement Methodology for Physicians and Other Practitioners;

Section 355.8441, Reimbursement Methodologies for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Services (also known as Texas Health Steps ); and

Section 355.8610, Reimbursement methodology for Clinical Laboratory 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).

- 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 current Medicaid fee for a similar service (comparable code)

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

Medical Policy Review Att A(1a) – TOS 1- S8301

Medical Policy Review Att A(2) – TOS 1 (Telephonic Codes)

Medical Policy Review Att A(3) – Vaccine Consultation (G0315)

### **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](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 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.

**Policy Attachment A(1) - TOS 1 - S8301 (Proposed to be effective May 12, 2023)**

TOS*	Procedure Code	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Provider Type/ Provider Specialty	CURRENT		5/12/2023		Percent Change from Current Medicaid Fee
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	S8301	Infection control supplies, not otherwise specified	0-999	N/F		Manually Priced	Manually Priced	Not a Benefit	Not a Benefit	0.00%

*Type of Service (TOS)	
1	Medical Services

\*\* Required Notice: The five-character code included in this notice is obtained from the Current Procedural Terminology (CPT®), copyright 2023 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.

**Policy Attachment A(2) - TOS 1- Telephonic Codes (Proposed to be effective May 12, 2023)**

TOS*	Procedure Code	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Provider Type/ Provider Specialty	CURRENT		5/12/2023		Percent Change from Current Medicaid Fee
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	99441	**	0-20	N		\$24.54	\$24.54	Not a Benefit	Not a Benefit	-100.00%
1	99441	**	0-20	F		\$24.54	\$24.54	Not a Benefit	Not a Benefit	-100.00%
1	99441	**	21-999	N		\$22.14	\$22.14	Not a Benefit	Not a Benefit	-100.00%
1	99441	**	21-999	F		\$22.14	\$22.14	Not a Benefit	Not a Benefit	-100.00%
1	99442	**	0-20	N		\$36.89	\$36.89	Not a Benefit	Not a Benefit	-100.00%
1	99442	**	0-20	F		\$36.89	\$36.89	Not a Benefit	Not a Benefit	-100.00%
1	99442	**	21-999	N		\$33.27	\$33.27	Not a Benefit	Not a Benefit	-100.00%
1	99442	**	21-999	F		\$33.27	\$33.27	Not a Benefit	Not a Benefit	-100.00%
1	99443	**	0-20	N		\$51.80	\$51.80	Not a Benefit	Not a Benefit	-100.00%
1	99443	**	0-20	F		\$51.80	\$51.80	Not a Benefit	Not a Benefit	-100.00%
1	99443	**	21-999	N		\$46.73	\$46.73	Not a Benefit	Not a Benefit	-100.00%
1	99443	**	21-999	F		\$46.73	\$46.73	Not a Benefit	Not a Benefit	-100.00%

<b>*Type of Service (TOS)</b>	
1	Medical Services

\*\* Required Notice: The five-character code included in this notice is obtained from the Current Procedural Terminology (CPT®), copyright 2023 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.

**Policy Attachment A(3)- Vaccine Consultation (G0315) (Proposed to be effective May 12, 2023)**

TOS*	Procedure Code	Long Description	Age Range	Non-Facility (N)/ Facility (F)	Provider Type/ Provider Specialty	CURRENT		5/12/2023		Percent Change from Current Medicaid Fee
						Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	G0315	Immunization counseling by a physician or other qualified health care professional for COVID-19, ages under 21, 5-15 mins time.	0-20	N		\$38.97	\$38.97	\$38.97	\$38.97	0.00%
1	G0315	Immunization counseling by a physician or other qualified health care professional for COVID-19, ages under 21, 5-15 mins time.	0-20	F		\$24.06	\$24.06	\$24.06	\$24.06	0.00%
S	G0315	Immunization counseling by a physician or other qualified health care professional for COVID-19, ages under 21, 5-15 mins time.	0-20	N		\$38.97	\$38.97	\$38.97	\$38.97	0.00%
S	G0315	Immunization counseling by a physician or other qualified health care professional for COVID-19, ages under 21, 5-15 mins time.	0-20	F		\$24.06	\$24.06	\$24.06	\$24.06	0.00%

<b>*Type of Service (TOS)</b>	
1	Medical Services
S	THSteps Medical

\*\* Required Notice: The five-character code included in this notice is obtained from the Current Procedural Terminology (CPT®), copyright 2023 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.