

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

**Proposed Medicaid Payment Rates for
Five Procedure Codes Classified under Clinical
Diagnostic Laboratory Services**

**Payment rates are proposed to be effective
January 1, 2014.**

SUMMARY OF PROPOSED MEDICAID PAYMENT RATE

Effective January 1, 2014

Included in this document is information relating to the proposed Medicaid payment rate for Five Procedure Codes Classified under Clinical Diagnostic Laboratory. The rates are proposed to be effective January 1, 2014.

Hearing

The Health and Human Services Commission (HHSC) will conduct a public hearing to receive comments regarding the proposed Medicaid rates detailed in this document on February 19, 2014, 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 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 the Texas Administrative Code, Title 1 (1 TAC), §355.201, 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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HHSC also will broadcast the public hearing; the broadcast can be accessed at <http://www.hhsc.state.tx.us/news/meetings.asp>. 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 clinical laboratory services annually. These annual review 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 rule that govern the establishment of the fee in this proposal rules is in 1 TAC:

- §355.8610, which addresses the reimbursement methodology for Clinical Laboratory Services.

Proposed Rates

The methodologies used to determine the proposed fee-for-service Medicaid rates are summarized below:

- 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.

Proposed payment rates are listed in the attachment outlined below:

Attachment 1 – Clinical Diagnostic Laboratory Services