

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

**Proposed Medicaid Payment Rate for  
Physician Administered Drug (Mirena)**

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

## **SUMMARY OF PROPOSED MEDICAID PAYMENT RATES**

**Effective January 1, 2014**

Included in this document is information relating to the proposed Medicaid payment rates for Physician-Administered Drug (Mirena). The rate is 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 November 20, 2013, 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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### **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 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 these rules in 1 TAC:

- §355.8021, which addresses the reimbursement methodology for home health services and durable medical equipment, prosthetics, orthotics, and supplies;
- §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; and
- §355.8085, which addresses the reimbursement methodology for physicians and other practitioners.

The reimbursement rate proposed reflects applicable reductions directed by the 2014-2015 General Appropriations Act, S.B. 1, 83rd Legislature, Regular Session. Detailed information related to specifics of the reductions can be found on the Medicaid fee schedules at <http://public.tmhpc.com/FeeSchedules/Default.aspx>.

### **Proposed Rate**

The methodology used to determine the proposed fee-for-service Medicaid rate is based on 85 percent of the average wholesale price.

Proposed payment rate is listed in the attachment outlined below:

Attachment – Physician-Administered Drugs (Mirena)