

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

**Proposed Medicaid Payment Rates for 3rd Quarter
2014 Healthcare Common Procedure Coding System
(HCPCS) Updates for:**

- (1) Physician-Administered Drugs**
- (2) Durable Medical Equipment, Prosthetics,
Orthotics, and Supplies**

**Payment rates are proposed to be effective
April 1, 2015**

SUMMARY OF PROPOSED MEDICAID PAYMENT RATES

Effective April 1, 2015

Included in this document is information relating to the proposed Medicaid payment rates for 3rd Quarter 2014 Healthcare Common Procedure Coding System (HCPCS) Updates for (1) Physician-Administered Drugs; and (2) Durable Medical Equipment, Prosthetics, Orthotics, and Supplies. The rates are proposed to be effective April 1, 2015.

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 18, 2015, 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 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 1 TAC:

- §355.8021, which addresses the reimbursement methodology for home health services and durable medical equipment, prosthetics, orthotics, and supplies;
- §355.8085, which addresses the reimbursement methodology for physicians and other practitioners; and
- §355.8441, which addresses the reimbursement methodology for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services (known in Texas as Texas Health Steps).

Proposed Rates

The methodologies used to determine the proposed fee-for-service Medicaid rates are summarized 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.
- 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
 - The current Medicaid fee for a similar service (comparable code)
 - The most recent *HCPCS Fee Analyzer* or the (CPT) *Customized Fee Analyzer*, customized listings of the 25th, 50th, 75th, and 85th percentiles of reimbursement rates charged for each of the procedures in the Healthcare Common Procedure

Coding System (HCPCS) and the Current Procedural Terminology (CPT) respectively, in the Dallas area

- 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

Proposed payment rates are listed in the attachments outlined below:

Attachment 1 – Physician-Administered Drugs

Attachment 2 – DMEPOS

2014 3RD QUARTER HCPCS ATTACHMENT 1 - PHYSICIAN-ADMINISTERED DRUGS (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
1	C9023		Injection, testosterone undecanoate, 1 mg	0-999			Not a Benefit	Not a Benefit	\$1.12	\$1.12
1	C9025		Injection, ramucirumab, 5 mg	0-999			Not a Benefit	Not a Benefit	\$61.20	\$61.20
1	C9026		Injection, vedolizumab, 1 mg	0-999			Not a Benefit	Not a Benefit	\$17.25	\$17.25
1	C9135		Factor ix (antihemophilic factor, recombinant), Alprolix, per 10 i.u. Factor ix (antihemophilic factor, recombinant), Alprolix, per i.u.	0-999			Not a Benefit	Not a Benefit	\$2.91	\$2.91

*Type of Service (TOS)	
1	Medical Services

2014 3RD QUARTER HCPCS ATTACHMENT 2 - DURABLE MEDICAL EQUIPMENT, PROSTHETICS, ORTHOTICS, AND SUPPLIES (DMEPOS)
 (proposed to be effective April 1, 2015)

TOS*	Procedure Code	Modifier	Long Description	Age Range	Non-Facility (N)/Facility (F)	Provider Type (PT) /Provider Specialty (PS)	CURRENT		PROPOSED	
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee
9	K0901		Knee orthosis (KO), single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, off-the-shelf	0-20	N/F		Not a Benefit	Not a Benefit	\$637.97	\$637.97
9	K0902		Knee orthosis (KO), double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated, off-the-shelf	0-20	N/F		Not a Benefit	Not a Benefit	\$619.42	\$619.42
9	L1843		knee orthosis, single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	0-20	N/F		\$816.76	\$816.76	\$637.97	\$637.97
9	L1844		knee orthosis, single upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated	0-20	N/F		\$1,412.91	\$1,412.91	\$1,103.63	\$1,103.63
9	L1845		knee orthosis, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	0-20	N/F		\$574.79	\$574.79	\$619.42	\$619.42
9	L1846		knee orthosis, double upright, thigh and calf, with adjustable flexion and extension joint (unicentric or polycentric), medial-lateral and rotation control, with or without varus/valgus adjustment, custom fabricated	0-20	N/F		\$719.90	\$719.90	\$776.22	\$776.22

*Type of Service (TOS)	
9	Other Durable Medical Equipment