

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

**Proposed Medicaid Payment Rates for Medicaid
Calendar Fee Reviews:**

- (1) Allergy Testing
- (2) Auditory System Surgery
- (3) Blood Products
- (4) Medicine (Other)
- (5) Cardiovascular Services
- (6) Chemotherapy Services
- (7) Echocardiography and Electrocardiography
- (8) Esophageal Motility, Function and Reflux Testing
- (9) Hemodialysis and End-Stage-Renal-Disease Services
- (10) Intravenous and Infusion Treatment
- (11) Male Genital System Surgery
- (12) Medical and Surgical Supplies (“A Codes” (Urinary Supplies, Ostomy Supplies, Radiologic Supplies))
- (13) Noninvasive Cranial Tests and Vascular Studies
- (14) Ophthalmological Services
- (15) Other Medical Services (“M Code”)
- (16) Outpatient Prospective Payment System (OPPS or “C Codes”)
- (17) Special Procedures of the Ears, Nose and Throat; and
- (18) Speech and Hearing Tests and Devices; and Swallowing Evaluations

Payment rates are proposed to be effective July 1, 2011

SUMMARY OF PROPOSED MEDICAID PAYMENT RATES

Effective July 1, 2011

Included in this document is information relating to the proposed Medicaid payment rates for Medicaid Calendar Fee Reviews: (1) Allergy Testing, (2) Auditory System Surgery, (3) Blood Products, (4) Medicine (Other), (5) Cardiovascular Services, (6) Chemotherapy Services, (7) Echocardiography and Electrocardiography, (8) Esophageal Motility, Function and Reflux Testing, (9) Hemodialysis and End-Stage-Renal-Disease Services, (10) Intravenous and Infusion Treatment, (11) Male Genital System Surgery, (12) Medical and Surgical Supplies ("A Codes" (Urinary Supplies, Ostomy Supplies, Radiologic Supplies)), (13) Noninvasive Cranial Tests and Vascular Studies, (14) Ophthalmological Services, (15) Other Medical Services ("M Code"), (16) Outpatient Prospective Payment System (OPPS or "C Codes"), (17) Special Procedures of the Ears, Nose and Throat, and (18) Speech and Hearing Tests and Devices; and Swallowing Evaluations that are proposed to be effective July 1, 2011.

The Health and Human Services Commission (HHSC) is responsible for the reimbursement determination functions for the Texas Medicaid Program. The proposed rates were calculated in accordance with the reimbursement methodology rules in Title 1 of the Texas Administrative Code (1 TAC):

- §355.8001, which addresses the reimbursement methodology for vision services;
- §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;
- §355.8085, which addresses the reimbursement methodology for physicians and other medical professionals, including medical services, surgery, assistant surgery, and physician administered drugs/biologicals; medical services, surgery, assistant surgery, radiology, laboratory, and radiation therapy;
- §355.8141, which addresses the reimbursement for hearing aid services; and
- §355.8441, which addresses the reimbursement methodology for durable medical equipment and expendable supplies in Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program (known in Texas as Texas Health Steps).

Reimbursements paid to providers for the procedure codes included in these rate actions are to be reduced by two percent. A one percent reimbursement reduction was implemented for services provided on and after September 1, 2010, in compliance with a plan approved in response to the January 15, 2010, letter from the Governor, Lieutenant Governor, and Speaker regarding the revision to the Spending Reduction Plan for the 2010-2011 Biennium submitted by HHSC. An additional one percent reimbursement reduction, for a total of a two percent reduction, began February 1, 2011, in response to the December 6, 2010, letter from the Governor, Lieutenant Governor, and Speaker.

HHSC will conduct a public hearing to receive comments regarding the proposed Medicaid payment rates on May 17, 2011, at 1:30 p.m. in the Lone Star Conference Room in Building H of the Braker Center, at 11209 Metric Boulevard, Austin, TX 78758-4021, with entrance through Security at the front of the building facing Metric 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 1 TAC §355.105(g), which require a public hearing on propose/d payment rates.

PROPOSED RATES

Proposed payment rates are listed in the attachments below.

- Attachment 1 – Allergy Testing
- Attachment 2 – Auditory System Surgery
- Attachment 3 – Blood Products
- Attachment 4 – Medicine (Other)
- Attachment 5 – Cardiovascular Services
- Attachment 6 – Chemotherapy Services
- Attachment 7 – Echocardiography and Electrocardiography
- Attachment 8 – Esophageal Motility, Function and Reflux Testing
- Attachment 9 – Hemodialysis and End-Stage-Renal-Disease Services
- Attachment 10 – Intravenous and Infusion Treatment
- Attachment 11 – Male Genital System Surgery
- Attachment 12 – Medical and Surgical Supplies (“A Codes”)
- Attachment 13 – Noninvasive Cranial Tests and Vascular Studies
- Attachment 14 – Ophthalmological Services
- Attachment 15 – Other Medical Services (“M Code”)
- Attachment 16 – Outpatient Prospective Payment System (OPPS or “C Codes”)
- Attachment 17 – Special Procedures of the Ears, Nose and Throat
- Attachment 18 – Speech and Hearing Tests and Devices; and Swallowing Evaluations

Should you have any questions regarding the information in this document, please contact:

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