

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

**Notice of Proposed Adjustments to Fees, Rates or Charges
for Additional Benefit Review of Remote Cardiovascular
Telemetry (93229)**

**Adjustments are proposed to be effective
July 1, 2016**

SUMMARY OF PROPOSED ADJUSTMENTS

To Be Effective July 1, 2016

Included in this document is information relating to the proposed adjustments to Medicaid payment rates for Additional Benefit Review of Remote Cardiovascular Telemetry (93229). 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 July 1, 2016.

Hearing

The Health and Human Services Commission (HHSC) will conduct a public hearing to receive comments regarding the proposed adjustments to Medicaid rates detailed in this document on August 11, 2016, 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 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:

Ross Keenon, Rate Analysis for Acute Care Services
Texas Health and Human Services Commission
(512) 707-6073 FAX: (512) 730-7475
E-mail: ross.keenon@hhsc.state.tx.us

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:

- §355.7001, which addresses the reimbursement methodology for telemedicine, telehealth, and home telemonitoring services;
- §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 Rate Adjustments

Proposed rate adjustments were calculated based on the current Medicare Relative Value Unit (RVU) multiplied by the age specific Medicaid conversion factors.

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

Att – Remote Cardiovascular Telemetry (93229)

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: Rate Analysis, Mail Code H-400, P.O. Box 149030, Austin, Texas 78714-9030; by fax to Rate Analysis at (512) 730-7475; or by e-mail to RADAcuteCare@hsc.state.tx.us. In addition, written comments will be accepted by overnight mail or hand delivery to Texas Health and Human Services Commission, Attention: Rate Analysis, Mail Code H-400, Brown-Heatly Building, 4900 North Lamar, Austin, Texas 78751

Persons with disabilities who wished to attend the hearing and required auxiliary aids or services were advised to contact Rate Analysis at (512) 730-7401 at least 72 hours in advance, so appropriate arrangements could be made.

ATTACHMENT - REMOTE CARDIOVASCULAR TELEMETRY (proposed to be effective July 1, 2016)

TOS *	Procedure Code	Modif ier	Long Description **	Age Range	Non- Facility (N)/ Facility (F)	Provider Type (PT) / Provider Specialty (PS)	CURRENT		PROPOSED		Percent Change from Current Medicaid Fee
							Current Medicaid Fee	Current Adjusted Medicaid Fee	Proposed Medicaid Fee	Proposed Adjusted Medicaid Fee	
1	93229		**	0-20	N/F		\$533.84	\$533.84	\$575.38	\$575.38	7.78%
1	93229		**	21-999	N/F		Not A Benefit	Not A Benefit	\$547.98	\$547.98	

*Type of Service (TOS)	
1	Medical Services

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