

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

**Proposed Medicaid Payment Rates for:  
Nutritional (Enteral) Products, Supplies, and  
Equipment – Comprehensive Care Program**

**Payment rates are proposed to be effective October 1, 2010.**

## SUMMARY OF PROPOSED MEDICAID PAYMENT RATES

**Effective October 1, 2010**

Included in this document is information on the proposed Medicaid Payment Rates for Nutritional (Enteral) Products, Supplies, and Equipment – Comprehensive Care Program that are proposed to be effective October 1, 2010.

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):

- §355.8021, which addresses the reimbursement methodology for durable medical equipment and expendable supplies in home health services;
- §355.8087, which addresses the reimbursement methodology for In-Home Total Parenteral Hyperalimentation 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).

*The Legislative Budget Board and the Governor's Office informed HHSC in a letter dated May 17, 2010, of their revision to the Spending Reduction Plan for the 2010-2011 Biennium submitted by HHSC in response to the January 15, 2010, letter from the Governor, Lieutenant Governor, and Speaker requesting a spending reduction proposal. The result of this revision is that the reimbursements for these services will be reduced by one percent effective September 1, 2010.*

HHSC will conduct a public hearing to receive comments regarding the Medicaid proposed rates on August 17, 2010, 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 proposed payment rates.

**PROPOSED RATES**

| <b>Type of Service</b> | <b>Procedure Code</b> | <b>Long Description</b>  | <b>Current Medicaid Fee</b> | <b>Proposed Medicaid Fee</b> |
|------------------------|-----------------------|--|-----------------------------|------------------------------|
| 9 (supplies)           | B4103                 | enteral formula, for pediatrics, used to replace fluids and electrolytes (e.g. clear liquids), 500 ml = 1 unit | Not a Benefit               | \$4.90                       |

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

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