

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

**Proposed Medicaid Payment Rates for Medicaid
Biennial Calendar Fee Review for Clinical Laboratory
Services – Oncotype® DX Breast Cancer Assay**

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

SUMMARY OF PROPOSED MEDICAID PAYMENT RATES

Effective November 1, 2015

Included in this document is information relating to the proposed Medicaid payment rates for Medicaid Biennial Calendar Fee Review for Clinical Laboratory Services – Oncotype® DX Breast Cancer Assay. The rates are proposed to be effective November 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 November 12, 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:

Leslie Cisneros, Hospital Rate Analysis
Texas Health and Human Services Commission
(512) 428-1962 FAX: (512) 730-7475
E-mail: Leslie.Cisneros@hsc.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:

- §355.610, which addresses the reimbursement methodology for Clinical Laboratory Services.

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).
- Rate determination methodologies related to clinical laboratory services are addressed in §355.8610.

Proposed payment rates are listed in the attachment outlined below:

Attachment – Medicaid Biennial Calendar Fee Review for Clinical Laboratory Services – Oncotype® DX Breast Cancer Assay (81519) (proposed to be effective November 1, 2015)

This public rate hearing briefing packet presents proposed payment rates and is distributed at HHSC public rate hearings and posted by the proposed effective date on the HHSC website at <http://www.hhsc.state.tx.us/rad/rate-packets.shtml>. Proposed rates may or may not be adopted, depending on HHSC management decisions after review of public comments and additional information. Provider and public notification about adoption decisions are published on the Texas Medicaid and Healthcare Partnership (TMHP) website at <http://www.tmhp.com> in banner messages, bulletins, notices, and updates to the Texas Medicaid fee schedules. The fees schedules are available in static files or online lookup at <http://public.tmhp.com/FeeSchedules>.

CFR ATTACHMENT - CLINICAL LABORATORY SERVICES - ONCOTYPE DX ® BREAST CANCER ASSAY (81519)
(proposed to be effective November 1, 2015)

TOS *	Procedure Code	Long Description **	Age Range	Clinical Laboratory		Sole Community		Department of State Health Services	
				Current Fee	Proposed Medicaid Fee	Current Fee	Proposed Medicaid Fee	Current Fee	Proposed Medicaid Fee
5	81519	**	0-999	\$1,848.00	\$2,200.00	\$1,909.60	\$2,273.33	\$2,200.00	\$2,619.05

*Type of Service (TOS)	
5	Clinical Laboratory Services

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