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State Plan Amendment: SPA 17-0017 EPSDT Fees (Oct. 1)

This file contains the following documents in order listed:

1. CMS Approval Letter
2. CMS Form 179
3. Superseding Page Listing (Attachment to Blocks 8 & 9 of CMS Form 179)
4. Approved SPA Page
February 2, 2018

Our Reference: SPA TX 17-0017

Ms. Stephanie Muth
State Medicaid Director
Texas Health and Human Services Commission
Mail Code: H100
P.O. Box 13247
Austin, Texas 78711

Dear Ms. Muth:

We have reviewed the State’s proposed amendment to your Medicaid State Plan submitted under Transmittal Number (TN) 17-0017, dated December 13, 2017. This amendment updates the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program fee schedule.

Based on the information submitted, we have approved the amendment for incorporation into the official Texas state plan with an effective date of October 1, 2017, as requested. A copy of CMS 179 form as well as the approved plan pages are included with this letter.

If you have any questions please contact Ford Blunt of my staff. Mr. Blunt may be reached at (214) 767-6381 or by e-mail at Ford.Blunt@cms.hhs.gov.

Sincerely,

Bill Brooks
Associate Regional Administrator

cc: Dana Williamson, Manager, Policy Development Support
The proposed amendment updates the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program fee schedule.

11. GOVERNOR'S REVIEW (Check One):
- ☒ OTHER, AS SPECIFIED: Sent to Governor's Office this date. Comments, if any, will be forwarded upon receipt.
- ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
- ☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
- ☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
Stephanie Muth

14. TITLE:
State Medicaid Director

15. DATE SUBMITTED:
December 13, 2017

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
December 13, 2017

18. DATE APPROVED:
February 2, 2018

19. EFFECTIVE DATE OF APPROVED MATERIAL:
October 1, 2017

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
Bill Brooks

22. TITLE:
Associate Regional Administrator
Division of Medicaid and Children's Health

RECEIVED

FEB 05 2018

OFFICE OF THE STATE MEDICAID DIRECTOR
## Attachment to Blocks 8 & 9 of CMS Form 179

### Transmittal Number 17-0017

<table>
<thead>
<tr>
<th>Number of the Plan Section or Attachment</th>
<th>Number of the Superseded Plan Section or Attachment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attachment 4.19-B</td>
<td>Attachment 4.19-B</td>
</tr>
<tr>
<td>Page 25i</td>
<td>Page 25i (TN 17-0021)</td>
</tr>
</tbody>
</table>

### State: Texas

- **Date Received:** 12-13-2017
- **Date Approved:** 02-02-2018
- **Date Effective:** 10-01-2017
- **Transmittal Number:** TX 17-0017
32. Reimbursement Methodologies for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Services - continued

(10) Physician services

(a) Services reimbursable only for Medicaid-eligible clients under age 21 include:

(1) Vaccines not covered by the Texas Vaccines for Children Program (TVCP) for clients under age 21 which are reimbursed as accessed-based fees in accordance with Item 1 of Attachment 4.19-B, relating to the reimbursement methodology for physicians and certain other practitioners. Payments based on a fee schedule are made for these services.

(2) Services delivered by school districts, in accordance with Item 32(17) of Attachment 4.19-B, relating to the reimbursement methodology for School Health and Related Services (SHARS).

(b) All fee schedules are available through the agency’s website as outlined on Attachment 4.19-B, page 1.

(c) The agency’s fee schedule was revised with new fees for EPSDT physician services effective October 1, 2017. The fee schedule was posted on the agency website on October 15, 2017.

(d) The agency’s fee schedule was revised with new fees for therapy assistants. Effective December 1, 2017, the reimbursement for therapy assistants will equal 85 percent of the payment to a therapist. Effective September 1, 2018, the reimbursement for therapy assistants will equal 70 percent of the payment to a therapist.