

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

**Proposed Medicaid Payment Rates for Doctor of  
Dentistry Services in an Ambulatory Surgical  
Center/Hospital Ambulatory Surgical Center**

**Payment rates are proposed to be effective July 1, 2012**

## **SUMMARY OF PROPOSED MEDICAID PAYMENT RATES**

**Effective July 1, 2012**

Included in this document is information relating to the proposed Medicaid payment rates for Doctor of Dentistry Services in an Ambulatory Surgical Center/Hospital Ambulatory Surgical Center. The rates are proposed to be effective July 1, 2012.

### **Hearing**

HHSC will conduct a public hearing to receive comments regarding the proposed Medicaid rates detailed in this document on May 15, 2012, 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. Should you have any questions regarding the information in this document, please contact:

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### **Background**

The Health and Human Services Commission (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 and clinical laboratory services are reviewed annually. These biennial reviews result in rates that are increased, decreased, or remain the same. The reviews are unrelated to any rate reduction imposed by the legislature but rather 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 Title 1 of the Texas Administrative Code (1 TAC):

- §355.8121, which addresses the reimbursement methodology for Ambulatory Surgical Centers;

The reimbursement rates proposed reflect applicable reductions directed by the 2012-2013 General Appropriations Act, H.B. 1, 82nd Legislature, Regular Session. Detailed information related to specifics of the reductions can be found on the Medicaid fee schedules.

**Proposed Rates**

Proposed procedure code 11970 is recommended to be added as a Medicaid benefit in an ambulatory surgical center/hospital ambulatory surgical center. Procedure code 11970 is currently payable in a physician's office.

The proposed payment rate is listed below.

<b>TOS*</b>	<b>Procedure Code</b>	<b>Long Description</b>	<b>Age Range</b>	<b>Current Medicaid Fee</b>	<b>Proposed Medicaid Fee 7/1/2012</b>
F	11970	*	0-999	Not a Benefit	Group 9

TOS = Type of Service TOS F = Ambulatory Surgical Center/Hospital Ambulatory Surgical Center