

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

**Proposed Medicaid Payment Rates for: Total
Parenteral Nutrition**

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 relating to the proposed Medicaid Payment Rates for Total Parenteral Nutrition (TPN) 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. The 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

TOS*	Procedure Code	Long Description	Current Medicaid Fee	Proposed Medicaid Fee
9	B9004	parenteral nutrition infusion pump, portable	\$414.78	Not a Benefit
J	B9004	parenteral nutrition infusion pump, portable	Not a Benefit	\$2,751.11
L	B9004	parenteral nutrition infusion pump, portable	Not a Benefit	\$435.52
9	B9006	parenteral nutrition infusion pump, stationary	\$414.78	Not a Benefit
J	B9006	parenteral nutrition infusion pump, stationary	Not a Benefit	\$2,751.11
L	B9006	parenteral nutrition infusion pump, stationary	Not a Benefit	\$435.52

*TOS = Type of Service

9 = Supplies

J = Durable Medical Equipment (DME) Purchase

L = DME Rental

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

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