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State/Territory Name: Texas

State Plan Amendment (SPA) #: 12-37

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Superseding Page Listing
- 4) Approved SPA Page

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Dallas Regional Office
1301 Young Street, Suite 833
Dallas, Texas 75202



DIVISION OF MEDICAID & CHILDREN'S HEALTH - REGION VI

May 21, 2013

Our Reference: SPA TX 12-037

Ms. Kay Ghahremani
State Medicaid/CHIP Director
Health and Human Services Commission
Post Office Box 13247
Mail Code H100
Austin, Texas 78711

Dear Ms. Ghahremani:

We have reviewed the State's proposed amendment to the Texas State Plan submitted under Transmittal Number 12-037, dated October 12, 2012. This state plan amendment updates the State's plan language for hearing aids for the EPSDT population and limits the provision of hearing aids for adults. Hearing aids for adults will be limited to persons with hearing loss in both ears and only one hearing aid will be provided.

Based on the information submitted, we have approved the amendment for incorporation into the official Texas State Plan with an effective date change of October 1, 2012. A copy of the CMS-179 and approved plan pages are enclosed with this letter.

If you have questions, please contact Cheryl Rupley at (214) 767-6278.

Sincerely,


Bill Brooks
Associate Regional Administrator

cc: Becky Brownlee, Policy Development Support

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 12-037	2. STATE: TEXAS
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE: October 1, 2012	
5. TYPE OF PLAN MATERIAL (Circle One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR § 440.120		7. FEDERAL BUDGET IMPACT: SEE ATTACHMENT a. FFY 2013 \$ (16,330,481) b. FFY 2014 \$ (16,671,613) c. FFY 2015 \$ (17,170,094)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: SEE ATTACHMENT TO BLOCKS 8 & 9		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): SEE ATTACHMENT TO BLOCKS 8 & 9	
10. SUBJECT OF AMENDMENT: The amendment updates the State's policy on provision of hearing aids. The amendment also updates language and references regarding hearing aids in the EPSDT section.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Sent to Governor's Office this date. Comments, if any, will be forwarded upon receipt. <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Kay Ghahremani State Medicaid Director Post Office Box 13247, MC: H-100 Austin, Texas 78711	
13. TYPED NAME: Kay Ghahremani			
14. TITLE: State Medicaid Director			
15. DATE SUBMITTED: October 11, 2012			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 12 October, 2012		18. DATE APPROVED: 21 May, 2013	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 October, 2012		20. SIGNATURE: 	
21. TYPED NAME: Bill Brooks		22. TITLE: Associate Regional Administrator Div of Medicaid & Children's Health	
23. REMARKS:			

Attachment to Blocks 8 & 9 of CMS Form 179

Transmittal Number 12-037

**Number of the
Plan Section or Attachment**

Appendix 1 to Attachment 3.1-A
Page 7b
Page 7t
Page 7u
Page 26

Appendix 1 to Attachment 3.1-B
Page 7b
Page 7t
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**Number of the Superseded
Plan Section or Attachment**

Appendix 1 to Attachment 3.1-A
Page 7b (TN 12-004)
Page 7t (TN 12-024)
N/A – new page
Page 26 (TN 12-027)

Appendix 1 to Attachment 3.1-B
Page 7b (TN 12-004)
Page 7t (TN 12-024)
N/A – new page
Page 26 (TN 12-027)

State: Texas
Date Approved: 5/21/13
Date Received: 10/21/12
Date Effective: 10/1/12
Transmittal Number: 12-37

STATE	Texas	A
DATE RECD	21 Oct, 2012	
DATE APPV'D	21 May, 2013	
DATE EFF	1 Oct, 2012	
H.S.F.A 179	12-37	

4.b. EPSDT Services (Continued)

Audiology and Hearing Services

Definition:

Audiology and hearing services outlined in this section of the state plan are available to Medicaid-eligible recipients under the age of 21 years who are eligible for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services and for whom services are medically necessary.

Services:

Audiology Services

Pursuant to 42 CFR § 440.110, medically necessary audiology services include, but are not limited to:

1. Identification of children with hearing loss;
2. Determination of the range, nature and degree of hearing loss, including the referral for medical or other professional attention for the amelioration of hearing;
3. Provision of amelioration activities, such as language amelioration, auditory training, speech reading (lip reading), hearing evaluation and speech conversation;
4. Determination of the child's need for group and individual amplification; and
5. Hearing aid services, including necessary equipment and supplies (hearing aid instruments are described under "Prosthetics").

Hearing Services

Hearing aid and audiometric evaluation services for Medicaid clients younger than 21 years of age are reimbursed to willing and qualified Medicaid providers, meeting the qualifications described below.

Audiology and hearing services may be provided in an individual or group setting.

Audiology and hearing services must be prescribed by a physician or by another licensed practitioner within the scope of his or her practice under state law.

Providers:

Audiology and hearing services must be provided by a qualified audiologist who meets the requirements of 42 CFR § 440.110(c)(3) and in accordance with applicable state and federal law or regulation.

Services may be provided by:

- A qualified audiologist licensed by the state to furnish audiologist services; or
- A qualified audiology assistant licensed by the state, when the services are provided in a facility setting (such as a comprehensive outpatient rehabilitation facility, an outpatient rehabilitation facility, an outpatient hospital, an inpatient hospital, or a school) and when the assistant is acting

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SUPERSEDES: TN- 12-04

4b. EPSDT Services (continued)

Prosthetics

a) Definition

Prosthetics outlined in this section of the state plan include orthotic devices and prosthetic devices and are available to Medicaid-eligible recipients under the age of 21 years who are eligible for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services and for whom services are medically necessary.

Orthotic and prosthetic devices are defined as replacement, correction, or support devices prescribed by the physician or other licensed practitioner of the healing arts within the scope of professional practice as defined by Texas law to:

- (1) artificially replace a missing portion of the body;
- (2) prevent or correct physical deformity or malfunction; or
- (3) support a weak or deformed portion of the body.

Hearing aids are considered prosthetic devices and defined as an electronic device that amplifies sound to compensate for impaired hearing.

b) Services

- (1) *Hearing Aids.*
Medical necessity for hearing aids must be determined through an examination conducted by a physician or other licensed practitioner of the healing arts within the scope of his practice as defined by State law.
- (2) *Prosthetics/Orthotics.*
Orthotic and prosthetic devices require prior authorization and must be medically necessary. The services are provided under 42 CFR §§440.120(c) and 440.225 and in accordance with applicable state and federal law and regulation. Orthotic and prosthetic devices are available to Medicaid EPSDT-eligible recipients under the age of 21 years when medically necessary and eligible for federal financial participation.

Other prosthetics, which are not limited to Medicaid EPSDT-eligible recipients, are described in item 12c of this section.

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Supersedes TN: 12-24

SUPERSEDES: TN- 12-24

c) Providers

Hearing aids must be furnished by an audiologist or by approved hearing aid fitter and dispenser providers. Providers must meet all federal and state licensing laws and regulations applicable to provision of the service.

Orthotic and prosthetic devices are a benefit of the Texas Medicaid Program when provided by a

- Medicaid-enrolled orthotist, prosthetist, or a prosthetist/orthotist licensed by the state and in accordance with applicable state and federal laws and regulations;
- Physician or other licensed practitioner of the healing arts within the scope of professional practice as defined by Texas law; or
- Medicaid-enrolled provider of durable medical equipment and supplies.

These devices may also be provided by physicians or other licensed practitioners of the healing arts within the scope of professional practice as defined by Texas law.

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12.c. Prosthetics

a) Definition

Prosthetics outlined in this section of the state plan include orthotic devices and prosthetic devices.

Orthotic and prosthetic devices are defined as replacement, correction, or support devices prescribed by the physician or other licensed practitioner of the healing arts within the scope of professional practice as defined by Texas law to:

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- (3) support a weak or deformed portion of the body.

Hearing aids are considered prosthetic devices and defined as an electronic device that amplifies sound to compensate for impaired hearing.

External breast prosthesis is defined as an external prosthetic device that is used to replace breast tissue and to produce a symmetrical appearance of the breasts.

b) Services

(1) *Hearing Aids.*
 Medical necessity for a hearing aid must be determined through an examination conducted by a physician or other licensed practitioner of the healing arts within the scope of his practice as defined by State law. Coverage for eligible recipients age 21 and older who have hearing loss in both ears is limited to one hearing aid. Coverage is not available for recipients age 21 and older who have hearing loss in only one ear.

(2) *External Breast Prostheses.*
 External breast prostheses are a benefit for all Medicaid eligible recipients with a history of medically necessary mastectomy procedure(s). This benefit includes external breast prostheses for the breast(s) on which medically necessary mastectomy procedure(s) have been performed. Medical necessity for an external breast prosthesis must be determined through an examination, conducted by a physician licensed to practice medicine or osteopathy in the state where and when the service is performed.

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SUPERSEDES: TN- 12-27

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4.b. EPSDT Services (Continued)

Audiology and Hearing Services

Definition:

Audiology and hearing services outlined in this section of the state plan are available to Medicaid-eligible recipients under the age of 21 years who are eligible for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services and for whom services are medically necessary.

Services:

Audiology Services

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5. Hearing aid services, including necessary equipment and supplies (hearing aid instruments are described under "Prosthetics").

Hearing Services

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Audiology and hearing services may be provided in an individual or group setting.

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Providers:

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SUPERSEDES: TN- 12-04

4b. **EPSDT Services (continued)**

Prosthetics

a) Definition

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- (2) prevent or correct physical deformity or malfunction; or
- (3) support a weak or deformed portion of the body.

Hearing aids are considered prosthetic devices and defined as an electronic device that amplifies sound to compensate for impaired hearing.

b) Services

(1) *Hearing Aids.*

Medical necessity for hearing aids must be determined through an examination conducted by a physician or other licensed practitioner of the healing arts within the scope of his practice as defined by State law.

(2) *Prosthetics/Orthotics.*

Orthotic and prosthetic devices require prior authorization and must be medically necessary. The services are provided under 42 CFR §§440.120(c) and 440.225 and in accordance with applicable state and federal law and regulation. Orthotic and prosthetic devices are available to Medicaid EPSDT-eligible recipients under the age of 21 years when medically necessary and eligible for federal financial participation.

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12.c. Prosthetics

a) Definition

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(1) *Hearing Aids.*

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