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State Name: Virginia

State Plan Amendment (SPA) #: 13-07

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
150 S. Independence Mall West
Suite 216, The Public Ledger Building
Philadelphia, Pennsylvania 19106-3499



Region III/Division of Medicaid and Children's Health Operations

SWIFT #121320134001

DEC 13 2013

Cynthia B. Jones, Director
Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, VA 23219

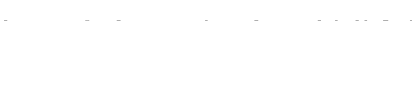
Dear Ms. Jones:

We have reviewed State Plan Amendment (SPA) 13-07, Primary Care Rate Increase Revised Vaccine Administration Fee Crosswalk. This SPA proposes to amend the State Plan to reflect the revisions, effective for dates of service on or after July 1, 2013, to the list of vaccine product codes eligible for the primary care rate increase.

This SPA is acceptable. Therefore, we are approving SPA 13-07 with an effective date of July 1, 2013. Enclosed is the approved SPA page and signed CMS-179 form.

If you have further questions about this SPA, please contact Margaret Kosherzenko of my staff at 215-861-4288.

Sincerely,


Francis McCullough
Associate Regional Administrator

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
OR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER -
2. STATE

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

5. TYPE OF PLAN MATERIAL (Check One)
 NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION

7. FEDERAL BUDGET IMPACT
a. FFY 2013 \$
b. FFY 2014 \$

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

10. SUBJECT OF AMENDMENT

11. GOVERNOR'S REVIEW (Check One)
 GOVERNOR'S OFFICE REPORTED NO COMMENT²⁰¹³
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
 OTHER, AS SPECIFIED

12. SIGNATURE OF STATE AGENCY OFFICIAL
13. TYPED NAME
14. TITLE
15. DATE SUBMITTED

16. RETURN TO

Attn: Regulatory Coordinator

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED 18. DATE APPROVED

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

20. SIGNATURE OF REGIONAL OFFICIAL

21. TYPED NAME

22. TITLE

23. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES—OTHER TYPES OF CARE

INCREASED PRIMARY CARE SERVICE PAYMENT
VACCINE ADMINISTRATION FEE CROSSWALK
CALENDAR YEAR 2013

VACCINE DESCRIPTION	VACCINE PRODUCT CODE	VACCINE ADMINISTRATION CODE
DT-Pediatric	90702	90460
DTAP	90700	90460
DTAP-Hib	90721	90460
DTAP-Hep B-IPV	90723	90460
DTaP-IPV-Hib	90698	90460
DTaP-IPV	90696	90460
Hep A	90633	90460
Hep B-2 (2 Dose Series)	90743	90460
Hep B-Hib	90748	90460
Hep B-Ped	90744	90460
HIB	90647, 90648	90460
HPV	90649, 90650	90460
Influenza-PF Pediatric	90655	90460
Influenza-PF	90656	90460
Influenza 5mL vial [.25mL dose]	90657	90460
Influenza 5mL vial [.5mL dose]	90658	90460
Influenza (INTRANASAL)	90660 ¹	90460
Influenza Intranasal (Quadrivalent)	90672 ²	90460
Influenza .5mL syringe (Quadrivalent)	90686 ²	90460
IPV	90713	90460
Meningococcal (Conjugate)	90734	90460
MMR	90707	90460
MMRV	90710	90460
Pneumococcal (Conjugate)	90670	90460
Pneumococcal (Polysaccharide)	90732	90460
Rotavirus	90680, 90681	90460
TD	90714, 90718 ³	90460
TDAP	90715	90460
Varicella	90716	90460

¹Vaccine Product Code 90660 deleted effective June 30, 2013.²Vaccine Product Codes 90672 and 90686 effective July 1, 2013³Vaccine Product Code 90718 deleted effective December 31, 2012TN No. 13-07 Approval Date

DEC 13 2013 Effective Date

07-01-13

Supersedes

TN No. 13-01

HCFA ID: