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State Name: Virginia

State Plan Amendment (SPA) #: 14-04

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 #022020144016

FEB 28 2014

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) 14-04, Physician Primary Care Rate Increase Revised Vaccine Administration Fee Crosswalk. This SPA proposes to amend the State Plan to reflect the revisions, effective for specified dates of service, to the list of vaccine product codes eligible for the primary care rate increase.

This SPA is acceptable. Therefore, we are approving SPA 14-04 with an effective date of January 1, 2014. Enclosed are the approved SPA pages 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,

/S/


Francis McCullough
Associate Regional Administrator

Enclosures

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

1. TRANSMITTAL NUMBER
1 4 - 0 4

2. STATE
Virginia

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
January 1, 2014

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
42 CFR Part 447

7. FEDERAL BUDGET IMPACT
a. FFY 2014 \$ 0
b. FFY 2015 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attach. 4.19-B, Supplement 7, Page 4 and 4.1 of 4

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Same page
Add: Attach. 4.19-B, Supplement 7 page 4.1, of 4

10. SUBJECT OF AMENDMENT
Physician Primary Care Rate Increase and Revised Vaccine Administration Fee Crosswalk

GOVERNOR'S REVIEW (Check One)
 GOVERNOR'S OFFICE REPORTED NO COMMENT²⁰¹⁴ OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
Secretary of Health and Human Resources

12. SIGNATURE OF STATE AGENCY OFFICIAL
Cynthia B. Jones

13. TYPED NAME
Cynthia B. Jones

14. TITLE
Director

15. DATE SUBMITTED
2/17/14

16. RETURN TO
Dept. of Medical Assistance Services
600 East Broad Street, #1300
Richmond VA 23219
Attn: Regulatory Coordinator

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED
February 19, 2014

18. DATE APPROVED
FEB 28 2014

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL
JANUARY 1, 2014

20. SIGNATURE OF REGIONAL OFFICIAL
Francis McCullough

21. TYPED NAME
FRANCES McCullough

22. TITLE
Associate Regional Administrator / DMCHO

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 YEARS 2013 - 2014

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
Influenza-PF Pediatric (Quadrivalent)	90685 ³	90460
IPV	90713	90460
IIIBMENCY	90644 ⁴	90460
Meningococcal (Conjugate)	90734	90460
MMR	90707	90460
MMRV	90710	90460

TN No. 14-04
 Supersedes
 TN No. 13-07

Approval Date **FEB 28 2014**

Effective Date 01-01-14

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

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

VACCINE DESCRIPTION	VACCINE PRODUCT CODE	VACCINE ADMINISTRATION CODE
Pneumococcal (Conjugate)	90670	90460
Pneumococcal (Polysaccharide)	90732	90460
Rotavirus	90680, 90681	90460
TD	90714, 90718 ⁵	90460
TDAP	90715	90460
Varicella	90716	90460

¹Vaccine Product Code 90660 deleted effective June 30, 2013.

² Vaccine Product Codes 90672 and 90686 effective July 1, 2013.

³Vaccine Product Code 90685 effective October 1, 2013.

⁴Vaccine Product Code 90644 effective December 1, 2013.

⁵Vaccine Product Code 90718 deleted effective December 31, 2012.

TN No. 14-04
Supersedes
TN No. New
Page

Approval Date **FEB 28 2014**

Effective Date 01-01-14