

Table of Contents

State Name: Virginia

State Plan Amendment (SPA) #: 14-09

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 #052020144021

MAY 27 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) 14-09, Physician Primary Care Rate Increase Revised Vaccine Administration Fee Crosswalk. This SPA proposes to amend the State Plan to reflect the revisions to the list of vaccine product codes eligible for the primary care rate increase.

This SPA is acceptable. Therefore, we are approving SPA 14-09 with an effective date of April 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 9

2. STATE

Virginia

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

1. REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

April 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 433, Subpart D

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)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

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT²⁰¹⁴

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED

Secretary of Health and Human Resources

12. SIGNATURE OF STATE AGENCY OFFICIAL

/S/

13. TYPED NAME

Cynthia B. Jones

14. TITLE

Director

15. DATE SUBMITTED

5/19/14

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

MAY 19 2014

18. DATE APPROVED

MAY 27 2014

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

April 1, 2014

20. SIGNATURE OF REGIONAL OFFICIAL

/S/

21. TYPED NAME

Francis McCullough

22. TITLE

Assoc. Atc Regional Administrator / DMCH

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 | 90645, 90646, 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 |
| HIBMENCY | 90644 ⁴ | 90460 |
| Meningococcal (Conjugate) | 90734 | 90460 |
| MMR | 90707 | 90460 |
| MMRV | 90710 | 90460 |
| Pneumococcal (Conjugate) | 90670 | 90460 |
| Pneumococcal (Polysaccharide) | 90732 | 90460 |

TN No. 14-09
Supersedes
TN No. 14-04

Approval Date

MAY 27 2014Effective Date 04-01-14

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

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

| | | |
|-----------|---------------------------|-------|
| | 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. 14-09
 Supersedes
 TN No. 14-04

Approval Date **MAY 27 2014**

Effective Date 04-01-14