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## **Table of Contents**

**State/Territory Name: Washington**

**State Plan Amendment (SPA) #: 14-0005**

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

**Division of Medicaid & Children's Health Operations**

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**MAR 26 2014**

Dorothy Frost Teeter, Director  
MaryAnne Lindeblad, Medicaid Director  
Health Care Authority  
Post Office Box 45502  
Olympia, Washington 98504-5010

**RE: Washington State Plan Amendment (SPA) Transmittal Number 14-0005**

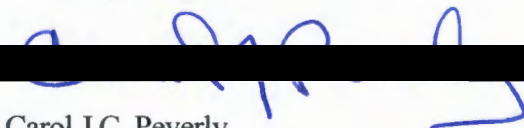

Dear Ms. Teeter and Ms. Lindeblad:

The Centers for Medicare & Medicaid Services (CMS) Seattle Regional Office has completed its review of State Plan Amendment (SPA) Transmittal Number WA 14-0005. This SPA amended codes listed in Attachment 4.19-B pages 7b and 7c, allowing certain physicians to claim an increased rate when they perform evaluation, management, and vaccine administration services for Medicaid clients.

This SPA is approved with an effective date of January 1, 2014.

If you have any additional questions or require any further assistance, please contact me, or have your staff contact James Moreth at (360) 943-0469 or [James.Moreth@cms.hhs.gov](mailto:James.Moreth@cms.hhs.gov).

Sincerely,

Carol J.C. Peverly  
Associate Regional Administrator  
Division of Medicaid and Children's Health  
Operations

cc:  
Ann Myers, SPA Coordinator

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:  
**14-0005**

2. STATE  
Washington

FOR: HEALTH CARE FINANCING ADMINISTRATION

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

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
Jan. 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 447.405, 410, 415**

7. FEDERAL BUDGET IMPACT:

- a. FFY 2014 \$0  
b. FFY 2015 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B Pages 7b, 7c  
**Supplement 2 to Att. 4.19-B page 2**

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  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

Attachment 4.19-B Pages 7b, 7c  
**Supplement 2 to Att. 4.19-B page 2**

10. SUBJECT OF AMENDMENT:

Primary Care Rates – Vaccine Codes

11. GOVERNOR'S REVIEW (*Check One*):

- GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED: Exempt  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:  
MARYANNE LINDEBLAD

14. TITLE:  
MEDICAID DIRECTOR

15. DATE SUBMITTED:

**2-4-14**

16. RETURN TO:

Ann Myers  
Office of Rules and Publications  
Legal and Administrative Services  
Health Care Authority  
626 8<sup>th</sup> Ave SE MS: 42716  
Olympia, WA 98504-2716

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:  
**2/4/14**

18. DATE APPROVED:  
**3/26/14**

**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

**01/01/2014**

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: **Carol J.C. Peverly**

22. TITLE: **Associate Regional Administrator  
Division of Medicaid &  
Children's Health**

23. REMARKS:

**3/11/14- State authorizes P&I change to box 6, 8, and 9**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES.

III. Physician Services (cont)

**42 CFR 447.405, 447.410, 447.415 Amount of Minimum Payment**

The state reimburses for services provided by physicians meeting the requirements of 42 CFR 447.400(a) at the Medicare Part B fee schedule rate using the Medicare physician fee schedule rate in effect in calendar years 2013 and 2014 or, if greater, the payment rates that would be applicable in those years using the calendar year 2009 Medicare physician fee schedule conversion factor. If there is no applicable rate established by Medicare, the state uses the rate specified in a fee schedule established and announced by CMS.

- The rates reflect all Medicare site of service and locality adjustments.
- The rates do not reflect site of service adjustments, but reimburse at the Medicare rate applicable to the office setting.
- The rates reflect all Medicare geographic/locality adjustments.

**X** The rates are statewide and reflect the mean value over all counties for each of the specified evaluation and management and vaccine billing codes.

The following formula was used to determine the mean rate over all counties for each code:  
*Washington State uses rates that differentiate based on the site of service (facility vs. non-facility), but will not differentiate based on locality (rates are mean across all counties).*

**Method of Payment**

**X** The state has adjusted its fee schedule to make payment at the higher rate for each E&M and vaccine administration code.

The state reimburses a supplemental amount equal to the difference between the Medicaid rate in effect on July 1, 2009 and the minimum payment required at 42 CFR 447.405.

Supplemental payment is made:  monthly  quarterly  semi-annually  annually

**Primary Care Services Affected by this Payment Methodology**

This payment applies to all Evaluation and Management (E&M) billing codes 99201 through 99499.

**X** The State did not make payment as of July 1, 2009, for the following codes and will not make payment for those codes under this SPA (specify codes).

99288, 99318, 99358, 99359, 99366, 99368, 99374, 99377, 99379, 99387,  
99397, 99402, 99403, 99404, 99406, 99411, 99412,  
99420, 99429, 99444, 99450, 99455, 99456, 99485, 99486, 99487, 99488, 99489,  
99495, 99496  
90460, 90461, 90473, 90474.

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

## METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES.

## III. Physician Services (cont)

**X** The state will make payment under this SPA for the following codes which have been added to the fee schedule since July 1, 2009, (specify code and date added).

*E&M codes:*

99224, 99225, 99226 – added in January 2011  
99407 – added in August 2013

99408, 99409 – added in January 2014

*Vaccine administration codes:*

90650 SL – Added in July 2011  
90672 SL – Added in 2013  
90670 SL – Added in 2010  
90681 SL – Added in July 2011  
90685 SL – Added in January 2014  
90686 SL – Added in January 2014  
90696 SL – Added in July 2011  
90748 SL – Added in July 2011

**Physician Services – Vaccine Administration**

For calendar years (CYs) 2013 and 2014, the state reimburses vaccine administration services furnished by physicians meeting the requirements of 42 CFR 447.400(a) at the lesser of the state regional maximum administration fee set by the Vaccines for Children (VFC) program or the Medicare rate in effect in CYs 2013 and 2014 or, if higher, the rate using the CY 2009 conversion factor.

Medicare Physician Fee Schedule rate

**X** State regional maximum administration fee set by the Vaccines for Children program

Rate using the CY 2009 conversion factor

**Documentation of Vaccine Administration Rates in Effect 7/1/09**

The state uses one of the following methodologies to impute the payment rate in effect at 7/1/09 for code 90460, which was introduced in 2011 as a successor billing code for billing codes 90465 and 90471.

The imputed rate in effect at 7/1/09 for code 90460 equals the rate in effect at 7/1/09 for billing codes 90465 and 90471 times their respective claims volume for a 12 month period which encompasses July 1, 2009. Using this methodology, the imputed rate in effect for code 90460 at 7/1/09 is: \_\_\_\_\_.

A single rate was in effect on 7/1/09 for all vaccine administration services, regardless of billing code. This 2009 rate is: \_\_\_\_\_.

**X** Alternative methodology to calculate the vaccine administration rate in effect 7/1/09:

*The state used a flat rate of \$5.96 to reimburse administration of all VFC vaccines. Please see Supplement 2 to Attachment 4.19-B "Explanation of Vaccine Administration and Crosswalk."*

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State WASHINGTON

Cross-walk between the product codes and CPT vaccine administration codes:

<b>This table shows the vaccine administration reportable with vaccine product codes. Each product code cross-walks to the CPT vaccine administration code.</b>		
Product Code		CPT Code
90633	SL	90460
90647	SL	90460
90648	SL	90460
90649	SL	90460
90650	SL	90460
90655	SL	90460
90656	SL	90460
90657	SL	90460
90658	SL	90460
90660	SL	90460
90670	SL	90460
90672	SL	90460
90680	SL	90460
90681	SL	90460
90685	SL	90460
90686	SL	90460
90696	SL	90460
90698	SL	90460
90700	SL	90460
90702	SL	90460
90707	SL	90460
90710	SL	90460
90713	SL	90460
90714	SL	90460
90715	SL	90460
90716	SL	90460
90723	SL	90460
90732	SL	90460
90734	SL	90460
90743	SL	90460
90744	SL	90460
90747	SL	90460
90748	SL	90460