

---

## **Table of Contents**

**State/Territory Name:** Wyoming

**State Plan Amendment (SPA) #:** WY-15-0005

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

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
1961 Stout Street, Room 08-148  
Denver, CO 80294



**Region VIII**

---

August 27, 2015

Teri Green, State Medicaid Agent  
Wyoming Division of Health Care Financing  
401 Hathaway Building  
Cheyenne, WY 82002

RE: Wyoming #15-0005

Dear Ms. Green:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 15-0005. This SPA adds chiropractic services to the Wyoming State Plan.

Please be informed that this State Plan Amendment was approved today with an effective date of July 1, 2015. We are enclosing the CMS-179 and the amended plan page(s).

If you have any questions concerning this amendment, please contact Cindy Riddle at (303) 844-7116.

Sincerely,

/s/

Richard C. Allen  
Associate Regional Administrator  
Division for Medicaid & Children's Health Operations

CC: Chris Bass

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

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

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

1. TRANSMITTAL NUMBER:  
15-0005

2. STATE  
WYOMING

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

4. PROPOSED EFFECTIVE DATE July 1, 2015

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 440.60(b)

7. FEDERAL BUDGET IMPACT:  
a. FFY 2016 \$376,176.00  
b. FFY 2017 \$376,176.00

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  
Attachment 3.1-A, page 3  
Attachment 3.1 – Explanation of Limitations 6c and 6d  
Attachment 4.19B 6C

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (*If Applicable*):  
  
TN No. 91-13, Attachment 3.1-A, page 3  
TN No. 92-04, Attachment 3.1, Explanation of Limitations 6c  
(new) and 6d (amended)

10. SUBJECT OF AMENDMENT: To add Chiropractic services to the Wyoming State plan as approved by Wyoming Legislation.

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

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED: Delegated to Teri  
Green, State Medicaid Agent, Division of  
Healthcare Financing

12. SIGNATURE OF STATE AGENCY OFFICIAL:  
/s/

13. TYPED NAME: TERI GREEN

14. TITLE: STATE MEDICAID AGENT

15. DATE SUBMITTED: 07.08.15

16. RETURN TO:  
TERI GREEN  
STATE MEDICAID AGENT  
OFFICE OF HEALTH CARE FINANCING  
6101 YELLOWSTONE ROAD, SUITE 210  
CHEYENNE, WY 82002

CC: CINDY TALLERDY, MANAGEMENT ASSISTANT  
(SAME ADDRESS)

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: 7/8/15

18. DATE APPROVED: 8/27/15

**PLAN APPROVED – ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
7/1/15

20. SIGNATURE OF REGIONAL OFFICIAL:  
/s/

21. TYPED NAME:  
Richard C. Allen

22. TITLE:  
ARA, DMCHO

23. REMARKS:

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND  
SERVICES PROVIDED

6. c. Chiropractors' services.

Wyoming Medicaid limits coverage of chiropractic services specifically to the following:

1. For clients age 21 and older, manual manipulation is limited to 20 treatments/visits per calendar year. Evaluation and management procedures are covered within the 12 visits per year and are subject to cost sharing.
2. For clients age 20 and younger, are unlimited per EPSDT guidelines and are not subject to a limit or cost sharing.

Limits may be exceeded for adult (clients age 21 and older) services if they are determined medically necessary.

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND  
SERVICES PROVIDED

6. d. Other Practitioners' services.

- Certified Registered Nurse Anesthetists
- All ordering and rendering providers of Medicaid-covered services as required under 42 CFR 455 Subpart E

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND  
SERVICES PROVIDED

## 6. c. PAYMENT FOR CHIROPRACTORS' SERVICES

Reimbursement for chiropractic services is the lesser of charges or the Medicaid fee schedule amount. A maximum allowable fee is established by procedure code regardless of provider location. All public and private providers are reimbursed according to the same fee schedule. Providers may access the fee schedule on the agency website or upon request by calling the fiscal agent.

Chiropractic fees were determined by an RBRVS analysis of customary charges, prevailing charges, and average commercial rates. Charges were inflated to the SFY 2007 rate year using data from the Medicare Economic Index. The reasonable charge was identified as the lower of the inflated charges or the newly computed rate under each of the three approaches. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. The agency's fee schedule rate was set as of July 1, 2015 and is effective for services provided on or after that date. All rates are published and can be found at [http://wyequalitycare.acs-inc.com/fee\\_schedule.html](http://wyequalitycare.acs-inc.com/fee_schedule.html).

New procedures are reimbursed at 90% of the Medicare's current rate until an analysis is completed and an RBRVS rate is established.