

## **Table of Contents**

**State Name: Virginia**

**State Plan Amendment (SPA) #: 22-0006**

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  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, Maryland 21244-1850



November 30, 2022

Cheryl J. Roberts, Director  
Virginia Department of Medical Assistance Services  
600 East Broad Street, Suite 1300  
Richmond, VA 23219

Re: Virginia State Plan Amendment (SPA) 22-0006

Dear Ms. Roberts:

The Centers for Medicare & Medicaid Services (CMS) reviewed the proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) VA-22-0006. This amendment proposes to add assurances that Virginia covers and reimburses COVID-19 vaccine administration, testing, and treatment as required under section 9811 of the American Rescue Plan Act of 2021.

Pursuant to section 1135(b)(5) of the Social Security Act (the Act), for the period of the public health emergency, CMS is modifying the requirement at 42 Code of Federal Regulations §430.20 that the state submit SPAs related to the COVID-19 public health emergency by the final day of the quarter, to obtain a SPA effective date during the quarter, enabling SPAs submitted after the last day of the quarter to have an effective date in a previous quarter, but no earlier than the effective date of the public health emergency.

CMS conducted our review of your submittal according to statutory requirements in Title XIX of the Act and implementing regulations. This letter is to inform you that Virginia's Medicaid SPA Transmittal Number 22-0006 is approved effective March 11, 2021.

If you have any questions, please contact Margaret Kosherzenko at 215-861-4288 or via email at [Margaret.Kosherzenko@cms.hhs.gov](mailto:Margaret.Kosherzenko@cms.hhs.gov).

Sincerely,

Alissa M.  
Deboy -S

Digitally signed by Alissa  
M. Deboy -S  
Date: 2022.11.30  
08:06:29 -05'00'

Alissa Mooney DeBoy  
On Behalf of Anne Marie Costello, Deputy Director  
Center for Medicaid and CHIP Services

Enclosures

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

1. TRANSMITTAL NUMBER  
2 2 — 0 0 0 6

2. STATE  
VA

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT  
 XIX  XXI

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
~~3/11/2020~~ 3/11/2021 pen/ink change made 5/19/22

5. FEDERAL STATUTE/REGULATION CITATION  
1905(a)(4)(E) and (a)(4)(F) and 1902(a)(30)(A) of the SSA

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 2022 \$ 16,772,409  
b. FFY 2023 \$ 16,427,313

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
New pages:  
Attachment 7.7-A pages 1, 2, and 3  
Attachment 7.7-B pages 1, 2, and 3  
Attachment 7.7-C pages 1, 2, and 3

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
~~Same as box #7.~~  
NONE


9. SUBJECT OF AMENDMENT

COVID Vaccines, Testing, and Treatment

10. 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:  
Secretary of Health and Human Resources

11. AGENCY OFFICIAL  
  
Karen Kimsey

15. RETURN TO  
Department of Medical Assistance Services  
600 East Broad Street, #1300  
Richmond VA 23219

13. TITLE  
Director

Attn:

14. DATE SUBMITTED  
4/11/2022

**FOR CMS USE ONLY**

16. DATE RECEIVED  
05/13/2022

17. DATE APPROVED **11/30/2022**

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
03/11/2021

19. SIGNATURE OF APPROVING OFFICIAL  
Alissa M. Deboy Digitally signed by Alissa M. Deboy -S Date: 2022.11.30 08:06:46

20. TYPED NAME OF APPROVING OFFICIAL  
Alissa Mooney DeBoy On Behalf of Anne Marie Costello

21. TITLE OF APPROVING OFFICIAL  
, Deputy Director, Center for Medicaid and CHIP Services

22. REMARKS

Box 8: CMS deleted this reference on 11/28/22 since all pages being added to the State Plan are new.

**Vaccine and Vaccine Administration at Section 1905(a)(4)(E) of the Social Security Act**

During the period starting March 11, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act (the Act):

**Coverage**

The state assures coverage of COVID-19 vaccines and administration of the vaccines.<sup>1</sup>

The state assures that such coverage:

1. Is provided to all eligibility groups covered by the state, including the optional Individuals Eligible for Family Planning Services, Individuals with Tuberculosis, and COVID-19 groups if applicable, with the exception of the Medicare Savings Program groups and the COBRA Continuation Coverage group for which medical assistance consists only of payment of premiums; and
2. Is provided to beneficiaries without cost sharing pursuant to section 1916(a)(2)(H) and section 1916A(b)(3)(B)(xii) of the Act; reimbursement to qualified providers for such coverage is not reduced by any cost sharing that would otherwise be applicable under the state plan.

Applies to the state's approved Alternative Benefit Plans, without any deduction, cost sharing or similar charge, pursuant to section 1937(b)(8)(A) of the Act.

The state provides coverage for any medically necessary COVID-19 vaccine counseling for children under the age of 21 pursuant to §§1902(a)(11), 1902(a)(43), and 1905(hh) of the Act.

The state assures compliance with the HHS COVID-19 PREP Act declarations and authorizations, including all of the amendments to the declaration, with respect to the providers that are considered qualified to prescribe, dispense, administer, deliver and/or distribute COVID-19 vaccines.

Additional Information (Optional):

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<sup>1</sup> The vaccine will be claimed under this benefit once the federal government discontinues purchasing the vaccine.

**Reimbursement**

The state assures that the state plan has established rates for COVID-19 vaccines and the administration of the vaccines for all qualified providers pursuant to sections 1905(a)(4)(E) and 1902(a)(30)(A) of the Act.

List Medicaid state plan references to payment methodologies that describe the rates for COVID-19 vaccines and their administration for each applicable Medicaid benefit:

The state is establishing rates for COVID-19 vaccines and the administration of the vaccines pursuant to sections 1905(a)(4)(E) and 1902(a)(30)(A) of the Act.

The state's rates for COVID-19 vaccines and the administration of the vaccines are consistent with Medicare rates for COVID-19 vaccines and the administration of the vaccines, including any future Medicare updates at the:

- Medicare national average, OR
- Associated geographically adjusted rate.

The state is establishing a state specific fee schedule for COVID-19 vaccines and the administration of the vaccines pursuant to sections 1905(a)(4)(E) and 1902(a)(30)(A) of the Act.

The state's rate is as follows and the state's fee schedule is published in the following location :

The state's fee schedule is the same for all governmental and private providers.

The below listed providers are paid differently from the above rate schedules and payment to these providers for COVID-19 vaccines and the administration of the vaccines are described under the benefit payment methodology applicable to the provider type:

The payment methodologies for COVID-19 vaccines and the administration of the vaccines for providers listed above are described below:

The state is establishing rates for any medically necessary COVID-19 vaccine counseling for children under the age of 21 pursuant to sections 1905(a)(4)(E), 1905(r)(1)(B)(v) and 1902(a)(30)(A) of the Act.

The state's rate is as follows and the state's fee schedule is published in the following location :

The state's rate for 99401 (vaccine counseling) is \$60 and the fee schedule may be found at: <https://www.dmas.virginia.gov/for-providers/procedure-fee-files-cpt-codes/>

***PRA Disclosure Statement*** Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 # 75). Public burden for all of the collection of information requirements under this control number is estimated to take up to 1 hour per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

**COVID-19 Testing at section 1905(a)(4)(F) of the Social Security Act**

During the period starting March 11, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act (the Act):

**Coverage**

X The state assures coverage of COVID-19 testing consistent with the Centers for Disease Control and Prevention (CDC) definitions of diagnostic and screening testing for COVID-19 and its recommendations for who should receive diagnostic and screening tests for COVID-19.

X The state assures that such coverage:

1. Includes all types of FDA authorized COVID-19 tests;
2. Is provided to all categorically needy eligibility groups covered by the state that receive full Medicaid benefits;
3. Is provided to the optional COVID-19 group if applicable; and
4. Is provided to beneficiaries without cost sharing pursuant to section 1916(a)(2)(I) and 1916A(b)(3)(B)(xiii) of the Act; reimbursement to qualified providers for such coverage is not reduced by any cost sharing that would otherwise be applicable under the state plan.

Please describe any limits on amount, duration or scope of COVID-19 testing consistent with 42 CFR 440.230(b).

**Provider Administered Multiplex Antigen/Molecular Tests:** the following criteria must be met:

- recommended by a health care provider; AND
- has an FDA Emergency Use Authorization (EUA) or FDA approval at the time the test is administered; AND
- performed by a Clinical Laboratory Improvement Amendments (CLIA)-accredited high-or medium-complexity laboratory; AND
- ordered following non-diagnostic molecular or antigen testing for COVID-19; AND
- used as a method to help establish a diagnosis when patients present with late complications of COVID-19 illness, such as multisystem inflammatory syndrome in children.

**Home Tests:** Tests will be provided without prior authorization and without requiring a provider prescription, for up to two (2) home COVID-19 tests per day, but no more than eight (8) home COVID-19 tests per rolling 30 days; Service authorization will be required for additional tests in excess of daily or rolling 30- day quantity limits.

X Applies to the state's approved Alternative Benefit Plans, without any deduction, cost sharing, or similar charge, pursuant to section 1937(b)(8)(B) of the Act.

The state assures compliance with the HHS COVID-19 PREP Act declarations and authorizations, including all of the amendments to the declaration.

Additional Information (Optional):

### **Reimbursement**

The state assures that it has established state plan rates for COVID-19 testing consistent with the CDC definitions of diagnostic and screening testing for COVID-19 and its recommendations for who should receive diagnostic and screening tests for COVID-19.

List references to Medicaid state plan payment methodologies that describe the rates for COVID-19 testing for each applicable Medicaid benefit:

The state is establishing rates for COVID-19 testing pursuant to sections 1905(a)(4)(F) and 1902(a)(30)(A) of the Act.

The state's rates for COVID-19 testing are consistent with Medicare rates for testing, including any future Medicare updates at the:

Medicare national average, OR

Associated geographically adjusted rate.

The state is establishing a state specific fee schedule for COVID-19 testing pursuant to sections 1905(a)(4)(F) and 1902(a)(30)(A) of the Act.

The state's rate is as follows and the state's fee schedule is published in the following location :

87426 - 31.09; U0003 - 66.00; U0004 - 66.00; 86769 - 42.13; 86328 - 45.23; 86408 - 37.07; 86409 - 70.06; 86413 - 45.26; 0224U - 37.07;  
 0226U - 37.21; 87428 - 55.96; 87636 - 125.51; 87637 - 125.51;  
 87811 - 36.41; 0202U - 262.77; 0223U - 262.77; 0225U - 262.77;  
 0240U - 125.51; 0241U - 125.51; Home antigen test – up to \$20. Home molecular test – up to \$150. Fee schedule location: <https://www.dmas.virginia.gov/providers/procedure-fee-files-cpt-codes/>

The state's fee schedule is the same for all governmental and private providers.



\_\_\_\_ The below listed providers are paid differently from the above rate schedules and payment to these providers for COVID-19 testing is described under the benefit payment methodology applicable to the provider type:

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*Additional Information (Optional):*

\_\_\_\_ The payment methodologies for COVID-19 testing for providers listed above are described below:

Provider Administered Non-Multiplex Antigen/Molecular Tests: Reimbursement for each code will be limited to one test code per member per day per provider.
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**COVID-19 Treatment at section 1905(a)(4)(F) of the Social Security Act**

During the period starting March 11, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act (the Act):

**Coverage for the Treatment and Prevention of COVID**

X The states assures coverage of COVID-19 treatment, including specialized equipment and therapies (including preventive therapies).

X The state assures that such coverage:

1. Includes any non-pharmacological item or service described in section 1905(a) of the Act, that is medically necessary for treatment of COVID-19;
2. Includes any drug or biological that is approved (or licensed) by the U.S. Food & Drug Administration (FDA) or authorized by the FDA under an Emergency Use Authorization (EUA) to treat or prevent COVID-19, consistent with the applicable authorizations;
3. Is provided without amount, duration or scope limitations that would otherwise apply when covered for purposes other than treatment or prevention of COVID-19;
4. Is provided to all categorically needy eligibility groups covered by the state that receive full Medicaid benefits;
5. Is provided to the optional COVID-19 group, if applicable; and
6. Is provided to beneficiaries without cost sharing pursuant to section 1916(a)(2)(I) and 1916A(b)(3)(B)(xiii) of the Act; reimbursement to qualified providers for such coverage is not reduced by any cost sharing that would otherwise be applicable under the state plan.

X Applies to the state's approved Alternative Benefit Plans, without any deduction, cost sharing, or similar charge, pursuant to section 1937(b)(8)(B) of the Act.

X The state assures compliance with the HHS COVID-19 PREP Act declarations and authorizations, including all of the amendments to the declaration.

Additional Information (Optional):

**Coverage for a Condition that May Seriously Complicate the Treatment of COVID**

X The state assures coverage of treatment for a condition that may seriously complicate the treatment of COVID-19 during the period when a beneficiary is diagnosed with or is presumed to have COVID-19.

X The state assures that such coverage:

1. Includes items and services, including drugs, that were covered by the state as of March 11, 2021;
2. Is provided without amount, duration or scope limitations that would otherwise apply when covered for other purposes;
3. Is provided to all categorically needy eligibility groups covered by the state that receive full Medicaid benefits;
4. Is provided to the optional COVID-19 group, if applicable; and
5. Is provided to beneficiaries without cost sharing pursuant to section 1916(a)(2)(I) and 1916A(b)(3)(B)(xiii) of the Act; reimbursement to qualified providers for such coverage is not reduced by any cost sharing that would otherwise be applicable under the state plan.

X Applies to the state's approved Alternative Benefit Plans, without any deduction, cost sharing, or similar charge, pursuant to section 1937(b)(8)(B) of the Act.

X The state assures compliance with the HHS COVID-19 PREP Act declarations and authorizations, including all of the amendments to the declaration.

Additional Information (Optional):

**Reimbursement**

X The state assures that it has established state plan rates for COVID-19 treatment, including specialized equipment and therapies (including preventive therapies).

List references to Medicaid state plan payment methodologies that describe the rates for COVID-19 treatment for each applicable Medicaid benefit:

Hospital (4.19-A), Outpatient (4.19-B pages 4, 4.1, and 7.2.1 et seq), Physician (4.19-B page 4.11), Other Licensed Practitioner (4.19-B pages 6.1 through 6.2.1 and 4.19-B Supp. 4) Pharmacy (4.19-B pages 7.3 et seq), Home health (4.19-B, Supp. 3)

\_\_\_ The state is establishing rates or fee schedule for COVID-19 treatment, including specialized equipment and therapies (including preventive therapies) pursuant to sections 1905(a)(4)(F) and 1902(a)(30)(A) of the Act.

\_\_\_ The state's rates or fee schedule is the same for all governmental and private providers.

\_\_\_ The below listed providers are paid differently from the above rate schedules and payment to these providers for COVID-19 vaccines and the administration of the vaccines are described under the benefit payment methodology applicable to the provider type:

Additional Information (Optional):

***PRA Disclosure Statement*** Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 # 75). Public burden for all of the collection of information requirements under this control number is estimated to take up to 1 hour per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.