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State/Territory Name: WI

State Plan Amendment (SPA) #: 22-0022

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 Center for Medicaid & CHIP Services 233 North Michigan Ave., Suite 600 Chicago, Illinois 60601



Financial Management Group/ Division of Reimbursement Review

March 15, 2023

Lisa Olsen,
Department of Health Services
1 W. Wilson St.
P.O. Box 309
Madison, WI 53701-0309

RE: Wisconsin State Plan Amendment TN: #22-0022

Dear Director Olson,

We have reviewed the proposed Wisconsin State Plan Amendment, TN: #22-0022 which was submitted to the Centers for Medicare & Medicaid Services (CMS) on December 29, 2022. This State Plan Amendment provides an increase to the vaccine administration rate, making it \$15 for all vaccine administration services.

Based upon the information provided by the State, we have approved the amendment with an effective date of December 30, 2022. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Matthew Klein at 214-767-4625 or matthew.klein@cms.hhs.gov

Sincerely,

Todd McMillion
Division of Reimbursement Review Director

Enclosures

CENTERS FOR MEDICARE & MEDICAID SERVICES	
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES 5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 447.405, 447.410, and 447.415 7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B Page 4.b.2. and 4.b.3.	1. TRANSMITTAL NUMBER 2 2 — 0 0 2 2 W I 3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT XIX XXI 4. PROPOSED EFFECTIVE DATE 12/30/2022 6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY 2023 \$ 5,417,623 b. FFY 2024 \$ 7,223,498 8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (IfApplicable)
	Attachment 4.19-B Page 4.b.2. and 4.b.3. WI 22-0021
9. SUBJECT OF AMENDMENT Increasing Vaccine Administration Rate	
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:
	5. RETURN TO
	ailey Dvorak tate Plan Amendment Coordinator Department of Health
12. TYPED NAME	ervices
40 7171 6	W. Wilson St.
Modicaid Director	O. Box 309
14. DATE SUBMITTED 12/29/22	ladison, WI 53701-0309
FOR CMS USE ONLY	
12/29/2022	7. DATE APPROVED March 15, 2023
PLAN APPROVED - ONE COPY ATTACHED 19 SECULATION OF ADDROVED MATERIAL 19 SECULATION OF ADDROVING OFFICIAL	
18. EFFECTIVE DATE OF APPROVED MATERIAL 12/30/2022	9. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL 2	1. TITLE OF APPROVING OFFICIAL
Todd McMillion	Director, Division of Reimbursement and Review
22. REMARKS	

State: Wisconsin

Attachment 4.19-B Page 4.b.2.

Reimbursement Template -Physician Services, continued

Primary Care Services Affected by this Payment Methodology, continued
☑ 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).
99224 (added 1/1/2011), 99225 (added 1/1/2011), 99226 (added 1/1/2011)
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
☑ 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 12/30/22
The state uses one of the following methodologies to impute the payment rate in effect at 12/30/22 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 12/30/22for all vaccine administration services, regardless of billing code. This 2023 rate is: \$15.
☐ Alternative methodology to calculate the vaccine administration rate in effect 7/1/09:
Note: This section contains a description of the state's methodology and specifies the affected billing codes

Effective Date: 12/30/2022

Reimbursement Template -Physician Services, continued

Effective Date of Payment

E & M Services

This reimbursement methodology applies to services delivered on and after January 1, 2013, ending on 12/31/2014 but not prior to December 31, 2014. All rates are published at:

https://www.forwardhealth.wi.gov/WIPortal/Max%20Fee%20Home/tabid/77/Default.aspx

Vaccine Administration

This reimbursement methodology applies to services delivered on and after December 30, 2022. All rates are published at:

https://www.forwardhealth.wi.gov/WIPortal/Max%20Fee%20Home/tabid/77/Default.aspx

Monkeypox Vaccine Administration Rate:

Effective October 1, 2022 the State will reimburse Monkeypox vaccine administration at \$15. This will expire with the conclusion of the Monkeypox public health emergency.