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State/Territory Name: WI

State Plan Amendment (SPA) #: 24-0028

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 230 South Dearborn Chicago, Illinois 60604



Financial Management Group

March 10, 2025

William Hannah Medicaid Director 1 W. Wilson St. P.O. Box 309 Madison, WI 53701-0309

Dear Director Hannah.

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Wisconsin State Plan Amendment (SPA) to Attachment 4.19-B TN: #24-0028, which was submitted to CMS on December 19, 2024. This plan amendment proposes to implement a reimbursement rate for CPT codes related to complex rehab technologies.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of January 1, 2025. 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 via email at matthew.klein@cms.hhs.gov

Sincerely,

Todd McMillion Director Division of Reimbursement Review

CENTERS FOR MILDICARE & MILDICARD 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 Part 414 7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT 4.19-B page 6	1. TRANSMITTAL NUMBER 2 4 — 0 0 2 8 WI 3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT XIX XXI 4. PROPOSED EFFECTIVE DATE 1/1/2025 6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY 2025 \$ 69,854 b. FFY 2026 \$ 23,285 8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) 4.19-B page 6
9. SUBJECT OF AMENDMENT As directed in 2023 WI Act 182, DHS is creating a reimbursement rate for CPT codes related to complex rehab technologies. 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: Nother bellevit FRESHIEBLEUTE Author Collient FRESHIEBLEUTE Note The Collient FRESHIEBLEUTE Author Collient FRESHIEBLEUTE Author Collient FRESHIEBLEUTE FRESHIEBLE	
12. TYPED NAME William Hanna 13. TITLE Medicaid Director	5. RETURN TO Allie Merfeld State Plan Amendment Coordinator Department of Health Services W. Wilson St. P.O. Box 309 Madison, WI 53701-0309
FOR CMS USE ONLY	
	7. DATE APPROVED March 10, 2025 E CORY ATTACHED
	9. SIGNATURE OF APPROVING OFFICIAL
	1. TITLE OF APPROVING OFFICIAL Director, Division of Reimbursement Review
22. REMARKS	

For HCPCS codes subject to Section 1903(i)(27) of the Social Security Act, reimbursement is equivalent to the lowest corresponding Medicare max fee in Wisconsin as of January 1 each calendar year, and updated on an annual basis as needed.

For HCPCS codes not subject to Section 1903(i)(27) of the Social Security ACT or codes for which Medicare does not have an assigned rate, reimbursement is set at the following:

1. The Wisconsin Medicaid Fee Schedule amount available at:

https://www.forwardhealth.wi.gov/WIPortal/Subsystem/Publications/MaxFeeDynamicSearch.aspx

- 2. Competitive bid contracted rate;
- 3. 80% of the Manufacturer Suggested Retail Price (MSRP); or
- 4. Acquisition cost plus 20%

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. The agency's rates were set as of January 1, 2022 and are effective for services provided on or after that date.

For healthcare common procedure coding system codes relating to complex rehabilitation technology wheelchair repair and accessories, the reimbursement rate will be equivalent to the maximum fee paid in Wisconsin under the federal Medicare program, including fees under the KU modifier, if applicable.

TN: # 24-0028 Approval Date: March 10, 2025 Supersedes TN: 22-0006 Effective Date: 1/1/2025