

## **Table of Contents**

**State/Territory Name: Wyoming**

**State Plan Amendment (SPA) #: 23-0009**

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  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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July 25, 2023

Mr. Lee Grossman  
State Medicaid Agent  
Division of Healthcare Financing  
Herschler Building  
122 West 25<sup>th</sup> Street, 4 West  
Cheyenne, WY 82002

Re: Wyoming State Plan Amendment (SPA) 23-0009

Dear Mr. Grossman:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 23-0009. This amendment proposes to add coverage and reimbursement for services provided by licensed podiatrists under the other licensed practitioner benefit.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR 410.25 and 42 CFR 404.1502. This letter is to inform you that Wyoming Medicaid SPA 23-0009 was approved on July 25, 2023, with an effective date of July 1, 2023.

If you have any questions, please contact Ford Blunt at 214-767-6381 or via email at [Ford.Blunt@cms.hhs.gov](mailto:Ford.Blunt@cms.hhs.gov).

Sincerely,

A black rectangular box redacting the signature of James G. Scott.

Digitally signed by James  
G. Scott -5  
Date: 2023.07.25 14:55:05  
-05'00'

James G. Scott, Director  
Division of Program Operations

cc: Lee Grossman  
Jennifer Conrick

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <div style="text-align:center; font-family: monospace;">                     2 3 _ 0 0 9                 </div>	2. STATE <div style="text-align:center;">Wyoming</div>
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <div style="text-align:center;">07/01/2023</div>	
5. TYPE OF PLAN MATERIAL (Check One)		
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)		
6. FEDERAL STATUTE/REGULATION CITATION 42 CFR § 410.25 42 CFR §404.1502	7. FEDERAL BUDGET IMPACT a. FFY 2023 \$ 2,500.00 b. FFY 2024 \$ 5,000.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  Attachment 3.1-A Section 6a, Page 3  Attachment 4.19-B Section 6a, Page 1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  Attachment 3.1 A -Supersedes TN # 95-004 Page 2 Attachment 4.19 B -New page	

10. SUBJECT OF AMENDMENT  
 Addition of podiatry services for all covered Medicaid clients as approved by Wyoming Legislation.

11. GOVERNOR'S REVIEW (Check One)

<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	<input checked="" type="checkbox"/> OTHER, AS SPECIFIED      Delegated to Lee Grossman, State Medicaid Agent, Division of Healthcare Financing
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12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO Lee Grossman State Medicaid Agent Division of Healthcare Financing 122 W. 25th Street 4 West Cheyenne, WY 82002  CC: Jennifer Conrick- Management Assistant
13. TYPED NAME Lee Grossman	
14. TITLE State Medicaid Agent	
15. DATE SUBMITTED 04/23/2023	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED      04/28/2023	18. DATE APPROVED July 25, 2023
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**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL 07/01/2023	20. SIGNATURE OF REGIONAL OFFICIAL Digitally signed by James G. Scott -S Date: 2023.07.25 14:56:00 -05'00'
21. TYPED NAME James G. Scott	22. TITLE Director, Division of Program Operations

23. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

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AMOUNTS, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

6. Medical care and other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.

a. **Podiatrists' Services**

Provided:   X   No limitations                             With limitations

Podiatry is the care and treatment of bones, soft tissues, and joints of the foot and ankle. This includes skin conditions and abnormal mechanics of the lower extremities. Podiatrists' services may overlap with other medical practitioners including orthopedists and dermatologists.

Covered services are limited to medically necessary services within the licensed podiatrist's scope of practice under state law to treat conditions of the foot.

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TN #WY23-009

Supersedes

TN #WY95-004

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Effective Date: July 1, 2023

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WYOMING

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POLICY AND METHODS OF ESTABLISHING PAYMENT RATE FOR EACH TYPE OF CARE PROVIDED

6.a

PODIATRISTS' SERVICES. Reimbursement for podiatrists' services is the lesser of charges or the state-developed 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 Medicaid fiscal agent.

Physician 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 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 State Plan, state-developed fee schedule rates are the same for both governmental and private providers. New services, which are not currently covered, will be reviewed and priced at 90% of the Medicare fee schedule in effect at the time of implementation of the new service.

Reimbursement rates for these services, for dates of service on or after July 1, 2023, are on the official website of the Department of Health, Division of Healthcare Financing at <https://www.wyomingmedicaid.com/portal/fee-schedules>.

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TN #WY23-009

Supersedes

New

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