

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th Street, Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

September 17, 2020

Cynthia Beane, MSW, LCSW
Commissioner
Bureau for Medical Services
350 Capitol Street, Room 251
Charleston, WV 25301-3706

Dear Commissioner Beane:

The Centers for Medicare & Medicaid Services (CMS) has completed its review of West Virginia's State Plan Amendment (SPA) 20-0001, Chiropractors' Services. The purpose of this SPA is to update the definition of a chiropractor in the state plan and to allow for up to 20 combined visits of physical therapy, occupational therapy, and chiropractic services without a referral or prior authorization. This SPA also clarifies podiatrists' services, physicians' services, and other-practitioners' services in the state plan. This SPA was submitted to CMS for review on June 30, 2020.

We are pleased to inform you that West Virginia SPA 20-0001 is approved with an effective date of April 1, 2020. Enclosed is a copy of the Summary Page (CMS-179 form) and the approved state plan pages.

If you have any questions about this SPA, please contact Dan Belnap at (215) 861-4273 or by email at Dan.Belnap@cms.hhs.gov.

Sincerely,

James G. Scott, Director
Division of Program Operations

Enclosures

<p align="center">TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</p> <p align="center">FOR: HEALTH CARE FINANCING ADMINISTRATION</p>		1. TRANSMITTAL NUMBER: 2 0 - 0 0 1	2. STATE: West Virginia
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE 04/01/2020	
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 U.S.C. §1396a(a)(13)(1997)		7. FEDERAL BUDGET IMPACT: a. FFY 2019 \$ _____ b. FFY 2020 \$ 900,000	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 2 to attachment 3.1A and 3.1B Page 2a AND Supplement 2 to attachment 3.1-A and 3.1-B Page 3B		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable). Supplement 2 to attachment 3.1A and 3.1B Page 2a AND Supplement 2 to attachment 3.1-A and 3.1-B Page 3B	
10. SUBJECT OF AMENDMENT: Chiroprators' Services			
11. GOVERNOR'S REVIEW (Check One): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: /s/ Cynthia Beane		16. RETURN TO: Bureau for Medical Services 350 Capitol Street Room 251 Charleston West Virginia 25301	
13. TYPED NAME: Cynthia Beane			
14. TITLE: Commissioner			
15. DATE SUBMITTED: 30-Jun-20			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED June 30, 2020		18. DATE APPROVED September 17, 2020	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: April 1, 2020		20. SIGNATURE OF REGIONAL OFFICIAL:	
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: West Virginia

Supplement 2 to attachment 3.1-A and 3.1-B

Page 2a

Therapeutic Interventions are interventions and research-based strategies designed to achieve the integrated outcomes of the child's IFSP, through Part C, IDEA services such as speech therapy, physical therapy, and occupational therapy.

Teaming/Treatment Planning is a meeting/planning session with the family for the purpose of planning assessments, designing outcomes and interventions or periodic review of the objective and strategies of the child's IFSP. This service is intended to reduce duplication of services and promote a collaborative service delivery process.

Providers will be credentialed through Title V to assure they meet all relevant licensing requirements and possess suitable qualifications to serve infants and toddlers who are eligible for Part C, IDEA services.

The above referenced therapy providers shall meet the requirements as set forth in 42 C.F.R. §440.110

(v) Private duty nursing. Prior Authorization is required.

5. a. **Physicians' Services**

Services may be limited by specialty, e.g., pathology, radiology, or by frequency/duration by prior authorization. All physician's service limitations may be exceeded based on medical necessity by prior authorization.

b. **Medical and Surgical Services Provided by a Dentist**

Limitations placed on the procedure for physicians apply when that service is provided by a dentist. Dental coverage for individuals age 21 and over will be limited to repair of fractures of the maxilla and mandible and certain surgical procedures which can be performed by a physician or oral surgeon.

6. a. **Podiatrists' Services**

Scope of services are limited to the examination, diagnosis, treatment, prevention, and care of conditions and functions of the foot and ankle. Services may be limited in amount/duration, or by prior authorization. Limitations placed on the service (procedure) for other qualified practitioners apply when the services is provided by a podiatrist.

b. **Optometrists' Services**

Coverage will consist of one pair of eyeglasses for adults following cataract surgery.

c. **Chiropractors' Services**

Services consist of manual manipulation of the spine to correct a subluxation and radiological examinations related to the service. A "chiropractor" is an individual who meets qualifications specified in regulations at 42 CFR 440.60(b) and is licensed pursuant to West Virginia State law. No referral or prior authorization is required for up to 20 visits, combined, of physical therapy, occupational therapy, and chiropractic services. The 20-visit limit can be extended based on a determination of medical necessity with a prior authorization.

d. **Other-practitioners' Services**

Psychologists: Prior authorization is required for psychotherapy after initial ten (10) sessions. Licensed Psychologists can furnish services that are within the scope of his or her practice under State law.

TN No.: 20-001	Approval Date:	Effective Date:
Supersedes: 12-007	September 17, 2020	April 1, 2020

AMOUNT, DURATION AND SCOPE OF ASSISTANCE

11. a. Physical Therapy

Physical Therapy means services prescribed by a physician or other licensed practitioner of the healing arts and within the scope of his or her practice under State law and provided to a recipient by or under the direction of a qualified physical therapist. It includes any necessary supplies and equipment. A “qualified physical therapist” is an individual who meets qualifications specified in regulations at 42 CFR 440.110 and is licensed pursuant to West Virginia State law. A qualified physical therapist is an “other practitioner of the healing arts” such that they are permitted to prescribe physical therapy. No referral or prior authorization is required for up to 20 visits, combined, of physical therapy, occupational therapy, and chiropractic services. The 20 visit limit can be extended based on a determination of medical necessity with a prior authorization.

b. Occupational Therapy

Occupational Therapy means services prescribed by a physician or other licensed practitioner of the healing arts within the scope of his or her practice under State law and provided to a recipient by or under the direction of a qualified occupational therapist. It includes any necessary supplies and equipment. An “occupational therapist” is an individual who meets qualifications specified in regulations at 42 CFR 440.110 and is licensed pursuant to West Virginia State law. A qualified occupational therapist is an “other practitioner of the healing arts” such that they are permitted to prescribe occupational therapy. No referral or prior authorization is required for up to 20 visits, combined, of physical therapy, occupational therapy, and chiropractic services. The 20 visit limit can be extended based on a determination of medical necessity with a prior authorization.

TN No:	20-001	Approval Date:		Effective Date:	04/01/2020
Supersedes:	19-002	September 17, 2020			