



Region 10  
2201 Sixth Avenue, MS/RX 43  
Seattle, Washington 98121

**MAR 04 2011**

Susan Dreyfus, Secretary  
Department of Social and Health Services  
Post Office Box 45010  
Olympia, Washington 98504-5010

**RE: Washington State Plan Amendment Transmittal Number 10-032**

Dear Ms. Dreyfus:

The Centers for Medicare & Medicaid Services (CMS) Seattle Regional Office has completed its review of State Plan Amendment (SPA) Transmittal Number 10-032. This amendment revises the covered benefits for certain podiatry, optometry, and other practitioner's services for Medicaid recipients age 21 and over.

This SPA is approved effective January 1, 2011.

If you have any additional questions or require any further assistance, please contact me, or have your staff contact Jan Mertel at (206) 615-2317 or [Jan.Mertel@cms.hhs.gov](mailto:Jan.Mertel@cms.hhs.gov).

Sincerely,

Barbara K. Richards  
Associate Regional Administrator  
Division of Medicaid and Children's Health  
Operations

cc: Douglas Porter, Administrator, State Medicaid Director

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: 10-032	2. STATE Washington
FOR: HEALTH CARE FINANCING ADMINISTRATION		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 January 1, 2011	
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:		7. FEDERAL BUDGET IMPACT: a. FFY 2011 (\$914,000) b. FFY 2012 (\$2,074,000)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A page 20 Attachment 3.1-B pages 20, 21 (P+I) Attachment 4.19-B, pages 15, 25 (P+I)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A page 20 Attachment 3.1-B pages 20, 21 (P+I) Attachment 4.19-B, pages 15, 25 (P+I)	
10. SUBJECT OF AMENDMENT: Podiatry, Optometry, Other Practitioners			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: Exempt <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:		16. RETURN TO: Ann Myers Department of Social and Health Services Medicaid Purchasing Administration 626 8 <sup>th</sup> Ave SE MS: 45504 POB 5504 Olympia, WA 98504-5504	
13. TYPED NAME: Susan N. Dreyfus			
14. TITLE: Secretary			
15. DATE SUBMITTED: 10/8/10			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: DEC 06 2010		18. DATE APPROVED: MAR 04 2011	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVAL: JAN 01 2011		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME: Barbara K. Richards		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health	
23. REMARKS: 12/1/10 - Pen + Ink changes authorized by the State. 1/3/2011 - Pen + Ink changes authorized by the State.			

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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

6. Medical care and any 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
- (1) Foot care is covered only for specific medical conditions that must be treated by a podiatrist.
  - (2) Foot conditions for which treatment is not medically necessary (e.g. the treatment of flat feet, treatment of superficial fungal infection of the skin or nail, bunions, or hammertoes) are not covered.
  - (3) Reimbursement is according to Attachment 4.19-B III. Physicians' Services.
- b. Optometrists' services
- (1) The Medicaid agency covers medically necessary eye examinations, refractions, and fitting fees every 24 months for asymptomatic adults 21 years or older.
  - (2) Exceptions will be considered for all individuals based on medical necessity.
  - (3) For clients under 21 years of age, services will be provided in accordance with EPSDT requirements at 1905(r), subject to determination of medical necessity and prior authorization by the Medicaid agency.
6. d. Other practitioners' services
- All other practitioners covered by the Medicaid agency include, but are not limited to, the following licensed practitioners: physician assistants, advanced registered nurse practitioners including certified registered nurse anesthetists, psychologists, dental hygienists, denturists, chiropractors (for EPSDT only), dietitians, nutritionists, radiological technicians, opticians, and licensed non-nurse midwives. These practitioners are limited to services within their scope of practice and specialty area.
- Counselors, social workers, and other practitioners are covered as specified in other sections of the State Plan and as approved by the Medicaid agency.

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: WASHINGTON

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: WASHINGTON

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VII. Optometrists Services (Vision Care Services and Eyeglasses)

A. Ophthalmologists, optometrists, and opticians

Ophthalmologists, optometrists, and opticians are authorized to provide vision care services within their scope of practice.

The Medicaid agency pays the lesser of the usual and customary charge or a fee based on an agency fee schedule for authorized medically necessary vision care services.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of ophthalmology, optometry, and optical services and the fee schedule and any annual/periodic adjustments to the fee schedule are published on the agency's website at <http://hrsa.dshs.wa.gov/download/> . The agency's fee schedule rate was set as of July 1, 2010 and is effective for services provided on or after that date.

B. Frames, lenses, and contact lenses

Frames, lenses, and contact lenses must be ordered from the agency's contractor.

The amount paid for authorized medically necessary frames, lenses and contact lenses is the agency's contracted price with the contractor.

Reimbursement rates are based on cost plus mark-up negotiated with the contractor. The rates are included in the contract. The contract is published on the state's contracts website at <https://fortress.wa.gov/ga/apps/ContractSearch/ContractSummary.aspx?c=12303> with an effective date of Oct. 14, 2005.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE: WASHINGTON

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X. All Other Practitioners

"All other practitioners" refers to other practitioners as described in section 6.d of Attachments 3.1-A and 3.1-B.

The Medicaid agency pays the lesser of the usual and customary charge or a fee based on an agency fee schedule.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of services and the fee schedule and any annual/periodic adjustments to the fee schedule are published on the agency's website at <http://hrsa.dshs.wa.gov/download/>. The agency's fee schedule rate was set as of July 1, 2010 and is effective for services provided on or after that date.

Freestanding birthing centers are reimbursed utilizing a contracted facility fee, using state funds only. The birthing center facility fee is consistent across birthing centers. This facility fee is based on statewide historical cost and is paid by fee schedule.