

6. d. Gerontological Nurse Practitioner Services
 Adult Nurse Practitioner Services
 Women's Health Nurse Practitioner Services
 Psychiatric Nurse Practitioner Services

Coverage of Nurse Practitioner Services is limited to the scope of practice as defined in state law or the state licensure or regulatory authority with any limitations that apply to all providers qualified to provide service. Services to be covered will be defined by the State agency in accordance with scope of practice considerations and site of service – outpatient only.

- e. Other Licensed Practitioners

Influenza and pneumonia vaccines may be administered by currently licensed pharmacists in the pharmacy setting. Pharmacies must assure that pharmacists possess and keep current licenses and registration to administer immunizations and work only within their scope of license and registration. The pharmacy must have physicians' orders to administer vaccines.

6. Home Health Services

- a./ b. Prior authorization is required after one hundred and twenty-four (124) units of all home health services per individual in a calendar year. One visit equals one unit. A unit includes skilled nursing, home health aide, medical social worker.

Equipment and appliances are not supplied by home health agencies.

- c. Medical equipment (ME) is equipment that generally:
1. Withstands repeated use;
 2. Is primarily used to serve a medical purpose;
 3. Is not useful in the absence of illness or injury;
 4. Is appropriate for use in the beneficiary's home.

The medical supplies that are covered are listed in the Durable Medical Equipment (DME) Manual. Coverage of medical supplies does not generally include beneficiaries residing in long term care facilities or ICF/MR's.

Orthotic devices are covered when medically necessary, prescribed in accordance with program guidelines, and are utilized to support or correct a weak or deformed body part, and/or to restrict or eliminate motion in a diseased or injured body part.

Prosthetic devices are covered when medically necessary, prescribed in accordance with program guidelines, and are utilized as an artificial appliance or device to replace all or part of a permanently inoperative or missing body part.

The fee schedule and any published annual/periodic adjustments to the schedule are the same for both public and private providers of the 195(a) services to which they apply. The fee schedule and any annual/periodic adjustments to the fee schedule is to be published.

Usual and customary charge information supplied by the provider community which was analyzed using accepted mathematical principles to establish the mean dollar value for the service, or the provider's customary charge, whichever is less.

An upper limit is established using a resource-based relative value for the procedure times a conversion factor as determined by the type of service. The conversion factors were developed using utilization and payment level data for the defined service group. Reimbursement for specific services will be set by the State agency based on 2002 payment levels. Payment will be the lesser of the upper limit or the provider's customary charge for the service to the general public.

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An upper limit is established using a resource-based relative value for the procedure times a conversion factor as determined by the type of service. The conversion factors were developed using utilization and payment level data for the defined service group. The conversion factors are published annually in the "Resource Based Relative Value (RBRVS) Policy and Procedure Manual." Payment will be the lesser of the upper limit or the provider's customary charge for the service to the general public.

Payment may not exceed the amount paid to physicians for the service the provider is authorized by State Law to perform or the provider's customary charge, whichever is less.

- e. Other Licensed Practitioners

Pharmacy reimbursement for vaccines will be based on the appropriate NDC code at the current pharmacy reimbursement rate for covered drugs and may include an administration fee. If the vaccine is free, only an administration fee will be reimbursed. Reimbursement will be through the MMIS point-of-sale system.

7. Home Health Services

- a./b. The upper limit for Medicaid reimbursement of home health services shall be the lesser of the 90th percentile of the Medicare established rate for West Virginia Medicaid participating providers of home health services, or the provider charge.

The upper limit for Medicaid reimbursement of home health services for those home health agencies reimbursed on a per discipline bases shall be the lesser of the 90th percentile of the Medicare procedure specific fee established for West Virginia Medicaid participating providers of home health services, or the provider charge.

The upper limit for Medicaid reimbursement of home health services for those home health agencies reimbursed on an all inclusive rate shall be the lesser of the 90th percentile of the provider specific all inclusive rate established for West Virginia Medicaid participating providers of home health services on an individual provider basis, or the provider charge.

- c. Medical Equipment

Reimbursement for medical equipment (ME), medical supplies, orthotics and prosthetics is the lesser of 80% of the Medicare fee schedule or the provider's charge to the public. Reimbursement for unlisted/un-priced codes is based on cost invoice and reimbursed per WV Medicaid's established fee schedule.

Diabetic supplies are reimbursed at 90% of the Medicare fee schedule.

Certain medical equipment may be subject to a leasing arrangement with repairs the responsibility of the ME Provider.