

9. Clinic Services

Services may be limited by prior authorization.

School Health Services – Health Needs Assessment and Treatment Planning

Services designed to evaluate and assess a child's health needs, identify the most appropriate amount, duration and scope of health services to meet a child's health needs and develop a plan of care to permit coordination and monitoring of services. Services are furnished by qualified providers who, based on their education, training and experience are designated as such by the Medicaid agency and the Department of Education or the Local Education Agency (LEA).

School Health Services – Personal Care

Services related to a child's physical and behavioral requirements, including assistance with eating, dressing, personal hygiene, activities of daily living, bladder and bowel requirements, use of adaptive equipment, ambulation and exercise, behavior modification and other remedial services necessary to promote a child's ability to participate in and benefit from the educational setting. Services are furnished by providers who have satisfactorily completed a program for home health aides/nursing assistants or other equivalent training, or who have appropriate background and experience in the provisions of personal care or related services for individuals with a need for assistance due to physical or behavioral conditions. Providers must meet the qualifications established by the Medicaid agency and the Department of Education or the Local Education Agency (LEA). Personal Care providers must be employed or under contract with a school or school district. Personal care services are not covered when provided to recipients by their parents, including natural, adoptive and step-parents.

Services must be ordered pursuant to an Individualized Education Plan (IEP) as defined under Part B of the Individuals with Disabilities Education Act (IDEA).

10. Dental Services

Prior Authorization may be required for restorative/replacement procedures. For prior authorization criteria see generally www.wvdhhr/bms/manuals Chapter 505: Dental: sections 505.8, 505.10 and Attachments 1,2 and 3. Dental service limits provided under EPSDT can be exceeded based on medical necessity. Certain emergency dental services are covered for adults, see section 505.7

11. a. Physical Therapy

Physical 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 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.

Prior authorization required. See Manual Chapter 515, section 515.4 and Attachment 2 at www.wvdhhr.org/bms

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.

Prior authorization required. See Manual Chapter 515, section 515.4 and Attachment 2 at www.wvdhhr.org/bms.

4.19 Payments for Medical and Remedial Care and Services

6. a. Podiatrists' Services

Payment will not exceed the upper limit 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. Payment will be the lesser of the upper limit or the provider's customary charge for the services to the general public.

The agency's fees were updated January 1, 2010 and are effective for services on or after that date. Except as otherwise noted in the Plan, State developed fee schedule rates are the same for both governmental and private individual practitioners, and the fee schedule and any annual/periodic adjustments to the fee schedule are published in www.wvdhhr.org/bms.

b. Optometrists' Services

Payment will not exceed the upper limit 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. Payment will be the lesser of the upper limit or the provider's customary charge for the services to the general public.

The agency's fees were updated January 1, 2010 and are effective for services on or after that date. Except as otherwise noted in the Plan, State developed fee schedule rates are the same for both governmental and private individual practitioners, and the fee schedule and any annual/periodic adjustments to the fee schedule are published in www.wvdhhr.org/bms

c. Chiropractors' Services

Payment will not exceed the upper limit 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. Payment will be the lesser of the upper limit or the provider's customary charge for the service to the general public.

The agency's fees were updated January 1, 2010 and are effective for services on or after that date. Except as otherwise noted in the Plan, State developed fee schedule rates are the same for both governmental and private individual practitioners, and the fee schedule and any annual/periodic adjustments to the fee schedule are published in www.wvdhhr.org/bms.

d. Other Practitioners' Services

Psychologists' Services

The agency's rates were set as of January 1, 2010 and are effective for services on or after that date. All rates are published on the agency's website at www.wvdhhr.org/bms. Except as otherwise noted in the plan, State developed fee schedule rates are the same for both governmental and private providers

Payment will not exceed a fee schedule established from

10. **Dental, Orthodontic and Oral and Maxillofacial Services**

Dental practitioners who provide covered dental services shall be reimbursed, by procedure, utilizing the American Dental Association Survey of Dental Fees for the Southern Atlantic Region Norms. The 25 percentile of the Southern Atlantic Regional Survey constitutes the Medicaid cap.

Physicians who provide covered oral and maxillofacial services shall be reimbursed by the upper limit utilizing a Resource-Based Relative Value (RBVU) 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. Payment shall not exceed the provider's usual customary charge to the public. The agency's rates were set July 1, 2009 and are effective for services on or after that date. All rates are published on the agency's website at www.wvdhhr.org/bms. Except as otherwise noted in the plan, State developed fee schedule rates are the same for both governmental and private providers.

Administration of anesthesia services shall be reimbursed by Current Dental Terminology (CDT) codes based on an average American Society of Anesthesiologist base units (for Head Procedures) plus time units multiplied by the anesthesia conversion factor. Payment shall not exceed the provider's usual customary charge to the public.

4.19 Payments for Medical and Remedial Care and Services

11. a. **Physical Therapy**

Payment will not exceed the upper limit 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. Payment will be the lesser of the upper limit or the provider's customary charge for the service to the general public.

The agency's fees were updated January 1, 2010 and are effective for services on or after that date. Except as otherwise noted in the Plan, State developed fee schedule rates are the same for both governmental and private individual practitioners, and the fee schedule and any annual/periodic adjustments to the fee schedule are published at www.vdhhr.org/bms.

b. **Occupational Therapy**

Payment will not exceed the upper limit 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. Payment will be the lesser of the upper limit or the provider's customary charge for the service to the general public.

The agency's fees were updated January 1, 2010 and are effective for services on or after that date. Except as otherwise noted in the Plan, State developed fee schedule rates are the same for both governmental and private individual practitioners, and the fee schedule and any annual/periodic adjustments to the fee schedule are published in www.vdhhr.org/bms.