

State Plan under Title XIX of the Social Security Act  
State/Territory: West Virginia

PAYMENTS FOR MEDICAL AND REMEDIAL CARE SERVICES

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- (iv) Payment for Early Intervention services will be through an agreement with the state Title V agency. Payments shall be based on total cost of service provision. The Title V agency must maintain, in auditable form, all records of cost of services for which claims for reimbursement are made to the Medicaid agency. Payments to state agencies shall not exceed actual documented costs. An interim rate based on projected costs may be used as necessary with a settlement to cost at the end of the fiscal year.
- (v) Private duty nursing is reimbursed on a fee-for-service based on units of time. Fees will not exceed the provider's usual and customary charge.

c. Family Planning Services and Supplies

- 1. Family planning clinic services are reimbursed on a cost basis for the clinic including staffing and cost of supplies dispensed to the recipients.
- 2. Family planning supplies as ordered by a physician and dispensed by a retail pharmacy are reimbursed as a pharmacy service.

5. a. Physicians' Services

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. 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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