



CHAPTER 539 LOCAL HEALTH DEPARTMENT SERVICES

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DISCLAIMER: This chapter does not address all the complexities of Medicaid policies and procedures, and must be supplemented with all State and Federal Laws and Regulations. Contact BMS Fiscal Agent for coverage, prior authorization requirements, service limitations and other practitioner information.

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POLICY METADATA

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BACKGROUND

Local boards of health established and operated under [Chapter 16 Article 2 of the West Virginia \(WV\) Code](#) are responsible for directing, supervising, and carrying out matters relating to the public health of their respective counties or municipalities. Local health departments (LHDs) currently provide a variety of different Medicaid-eligible health services.

Local health departments, governed by autonomous local boards of health, provide public health services throughout West Virginia. The services that boards of health are required by code and rule to provide were defined in 2000 to include: environmental health services, communicable and reportable disease prevention and control, and community health promotion.

Medicaid expansion under the Affordable Care Act (ACA); legislative changes related to the state's public health system and local boards of health; and statewide socioeconomic factors are changing the environment for the delivery of services by LHDs. As a result, Medicaid policy is being updated to support the modernization of LHDs in WV.

POLICY

539.1 PROVIDER PARTICIPATION REQUIREMENTS

In order to be reimbursed by WV Medicaid for services delivered at the LHD, each LHD and any affiliated practitioner must be enrolled as a WV Medicaid provider. Each LHD will be enrolled as a group provider (i.e. pay-to provider) by the WV Medicaid Fiscal Agent.

Affiliated practitioners must meet all requirements for enrollment specified in [Chapter 300 Provider Participation Requirements](#) including any additional requirements in the policy governing the applicable practitioner type and specialty. At a minimum, the LHD must have a physician, physician assistant (PA), or advanced practice registered nurse onsite when providing billable services other than immunizations. If the LHD employs a PA, the PA must be enrolled and be supervised by a physician who is enrolled in WV Medicaid and affiliated with the LHD. Practitioners who volunteer services at the LHD, which will be billed to WV Medicaid, must be enrolled if eligible for enrollment under WV Medicaid policy.

LHD services may be delivered via contractual arrangements with other Medicaid enrolled providers. The LHD can bill Medicaid for the contracted services provided using Current Procedural Terminology (CPT) codes – the contracted provider cannot bill Medicaid for the LHD services.

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LHDs may also have a separately enrolled home health unit, as governed by WV Medicaid Policy under [Chapter 508 Home Health Services](#) that has a separate National Provider Identifier (NPI). The LHD home health unit must provide services and bill in accordance with the requirements of the provider type under which it is enrolled.

539.2 COVERED SERVICES

Practitioners must provide services in accordance with the policy governing the service being provided, including but not limited to:

- [Chapter 519 Practitioner Services](#); all sections, including [Policy 519.10 Immunization Services](#), which includes all requirements related to using the Vaccines for Children (VFC) program
- [Chapter 505 Dental Services](#)
- [Chapter 529 Laboratory Services](#)

Immunizations may be administered by a Registered Nurse (RN) or Licensed Practical Nurse (LPN) as authorized by documented standing orders signed by the LHD's Medical Director, in accordance with [Chapter 519 Practitioner Services, Policy 519.10 Immunization Services](#). Specific vaccines and toxoids, as recommended by the American Academy of Pediatrics (AAP), are covered through the Vaccines for Children (VFC) Program to Medicaid children up to their 19th birthday. The administration and provision of immune globulin, vaccine, or toxoids to adults 19 years of age and older is covered in accordance with the recommendations of the Advisory Committee on Immunization Practices (ACIP) and published by the Centers for Disease Control and Prevention (CDC). Please refer to the recommended adult immunization schedule.

If the LHD offers laboratory or radiological services, the facility must meet all standards as included in [Chapter 529 Laboratory Services](#) (including Clinical Laboratory Improvement Amendments (CLIA) certification) and [Chapter 528 Radiology Services](#), respectively.

539.3 BILLING

Effective July 1, 2016, services must be billed, as defined by WV Medicaid, in accordance with national coding standards, which include the use of acceptable Current Procedural Terminology (CPT) codes. Providers must bill on a CMS-1500 form in accordance with the policy governing the service being provided. Reimbursement is made directly to the LHD for covered services provided for WV Medicaid members.

The VFC-provided vaccine and toxoid serums are not reimbursable to practitioners. The administration of VFC injectable and oral/nasal vaccines or toxoids may be reimbursed when the vaccine CPT code and the appropriate administration modifier “-SL” (State Supplied Vaccine) is documented on the claim form on the same line. The administration CPT code must be billed on the second claim line and submitted to the BMS Fiscal Agent for payment consideration.

Reimbursement for adult immunizations is based on a BMS established fee that includes the vaccine and administration combined. The administration fee is not separately reimbursed. The “-SL” modifier must not be used when billing. WV Medicaid reimburses pharmacies/pharmacists for vaccines or



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administration of vaccines as specified under [West Virginia State Code §29a](#). When covered, these services are a pharmacy benefit.

Billing for mass immunizations must be on a separate claim form for each WV Medicaid member. A mass immunization roster is not acceptable for billing purposes.

WV Medicaid funds are to be used as the payment of last resort. LHDs that participate with the WV Bureau for Public Health (BPH) and offer BPH services through programs such as the [WV Breast and Cervical Cancer Screening Program \(BCCSP\)](#), the [WV Family Planning Program](#), and/or [WV Early and Periodic Screening, Diagnostic and Treatment \(EPSDT\) Program \(HealthCheck\)](#) must bill those programs for services rendered to WV Medicaid members who are enrolled in those programs or who qualify for services offered by those programs.

GLOSSARY

Definitions in [Chapter 200, Definitions and Acronyms](#) apply to all West Virginia Medicaid services, including those covered by this chapter. Definitions in this glossary are specific to this chapter.

REFERENCES

[West Virginia State Code Chapter §16 Article 2](#)

[West Virginia State Code Chapter §29a](#)

A webinar entitled “Medicaid Enrollment and Billing” presented to the LHDs and Medicaid Webinar Frequently Asked Questions (FAQs) are located at:

<http://www.dhhr.wv.gov/localhealth/administration/Pages/Medicaid-Webinar.aspx>

CHANGE LOG

REPLACE	TITLE	CHANGE DATE	EFFECTIVE DATE
New Chapter	Local Health Department Services		TBD