

6. d.2 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.

- d.3. Other Licensed Practitioners

Vaccines may be administered by currently licensed pharmacists in the pharmacy setting in compliance with West Virginia Board of Pharmacy rules and regulations. 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. Administration records must be kept in accordance with West Virginia Board of Pharmacy rules and regulations.

Medicaid covers selected active pharmaceutical ingredients (API) and excipients used in extemporaneously compounded prescriptions and selected over-the-counter vitamin and mineral supplements when dispensed by a participating pharmacy provider pursuant to a prescription issued by a licensed prescriber following all state and federal laws.

7. **Home Health Services**

- a. / b. Prior authorization is required after sixty (60) units of all home health services per individual in a calendar year. One visit equals one unit. A unit includes a skilled nursing visit, or a home health aide visit, or a physical therapy services visit, or an occupational therapy services visit or a speech-language pathology services visit.

- 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 Intermediate Care Facilities for the Mentally Retarded (ICF/MRs).

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 those 1905(a) services to which they apply. The fee schedule and any annual/periodic adjustments to the fee schedule are to be published.