



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.

## CHAPTER 539 LOCAL HEALTH DEPARTMENT SERVICES

### BACKGROUND

Local health departments, governed by autonomous local boards of health established in [Chapter 16 Article 2 of the West Virginia Code](#), provide public health services throughout West Virginia to include community health promotion, environmental health protection, and communicable or reportable disease prevention and control.

If the Governor declares a statewide public health emergency, the state health officer may develop emergency policies and guidelines that each of the local health departments must comply with.

### POLICY

#### 539.1 PROVIDER PARTICIPATION REQUIREMENTS

To be reimbursed by West Virginia Medicaid/West Virginia Children's Health Insurance Program (WVCHIP) for services delivered at the local health department, each local health department and any affiliated practitioner must be enrolled as a West Virginia Medicaid/WVCHIP provider. Each local health department will be enrolled as a group provider (Type 2 National Provider Identifier) by the West Virginia Medicaid/WVCHIP 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 local health department must have a physician, physician assistant (PA), or advanced practice registered nurse (APRN) onsite when providing billable services other than services covered under standing orders as specified in section [539.2, Covered Services](#) of this Chapter. If the local health department employs a PA, the PA must be enrolled and be supervised by a physician who is enrolled in West Virginia Medicaid/WVCHIP and affiliated with the local health department. Practitioners who volunteer services at the local health department will be billed to West Virginia Medicaid/WVCHIP policy.

Local health department services may be delivered via contractual arrangements with other Medicaid/WVCHIP enrolled providers. The local health department shall bill Medicaid/WVCHIP for the contracted services provided using Current Procedural Terminology (CPT) codes. The contracted provider cannot bill Medicaid/WVCHIP for the local health department services.

Local health departments may also have a separately enrolled Home Health Unit, as governed by West Virginia Medicaid/WVCHIP policy under [Chapter 508, Home Health Services](#) that has a separate National Provider Identifier (NPI). The local health department 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](#), including [Policy 519.10 Immunization Services](#), which include all requirements related to using the Vaccines for Children (VFC) program.

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- [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 local health department'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/WVCHIP 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 local health department 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.

CLIA-waived tests may be performed by an RN or LPN, as authorized by documented standing orders signed by the local health department's medical director and will be reimbursable to the local health department.

Specimen collection may be performed by an RN or LPN, as authorized by documented standing orders signed by the local health department's medical director, this includes specimen collection for Human Immunodeficiency Virus (HIV) related and sexually transmitted disease (STD) testing in accordance with [West Virginia Senate Bill 404](#). Specimen collection is included in the reimbursement for the testing and therefore is not separately reimbursable.

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### 539.3 BILLING

Services must be billed, as defined by West Virginia Medicaid/WVCHIP, in accordance with the national coding standards, which includes the use of acceptable CPT codes. Providers must bill on the Centers for Medicare and Medicaid Services (CMS) 1500 form in accordance with the policy governing the service being provided. Reimbursement is made directly to the local health department for covered services provided for West Virginia Medicaid/WVCHIP.

The Vaccines for Children (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.

West Virginia Medicaid/WVCHIP reimburses pharmacists, pharmacy technicians, and pharmacy interns for vaccines or administration of vaccines as specified under [West Virginia State Code §29a](#). When



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covered, these services are a pharmacy benefit.

Billing for mass immunizations sites (place of service code 60), must be on a separate claim form for each West Virginia Medicaid/WVCHIP member. A mass immunization roster is not acceptable for billing purposes.

West Virginia Medicaid/WVCHIP funds are to be used as the payment of last resort in accordance with [Chapter 600 Reimbursement Methodologies, Section 620 Third-Party Liability](#).

Local health departments can serve as an originating site for telehealth services, which is the location of the Medicaid/WVCHIP member at the time the service is provided through a telecommunications system. The local health department, which serves as the originating site, can bill the facility fee with the correct Healthcare Common Procedure Code (HCPC) Q3014.

Please refer to [Chapter 519.17, Telehealth Services](#) for additional information.

All clinicians must be individually enrolled as Rendering Providers (NPI Type 1) and maintain an active affiliation with the department's group NPI.

### 539.4 PRESUMPTIVE ELIGIBILITY

Presumptive Eligibility was designed to identify and provide coverage for individuals who are likely eligible for West Virginia Medicaid/WVCHIP but are not enrolled. The Affordable Care Act gave qualified entities the option to determine presumptive eligibility for certain West Virginia Medicaid/WVCHIP coverage groups. This is not an additional eligibility category; it is a method of determining temporary eligibility.

A qualified local health department may elect to make presumptive eligibility determinations for populations whose eligibility is determined using the Modified Adjusted Gross Income (MAGI) methodology described in [Chapter 10, Section 8 of the West Virginia Income Maintenance Manual](#). For additional information see [Chapter 400 Member Eligibility](#).

### REFERENCES

[West Virginia State Code Chapter §16 Article 2](#)  
[West Virginia State Code Chapter §29a](#)

### 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.

**Local Health Department:** A division of a local or larger government responsible for the oversight and care of matters relating to public health.

**Originating Site:** Site at which the eligible West Virginia Medicaid/WVCHIP member receives the service furnished via a telecommunications system.

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**CHANGE LOG**

REPLACE	TITLE	EFFECTIVE DATE
New Chapter	Local Health Department Services	July 1, 2016
Entire Chapter	<p>Added language regarding the Governor’s role during a Public Health Emergency for the Local Health Departments.</p> <p>Updated description of Local Health Departments.</p> <p>Section 539.3: Added pharmacy technicians and pharmacy interns for administration of vaccines.</p> <p>Added place of service code 60 for mass immunization sites.</p> <p>Section 539.4: Added new section Presumptive Eligibility</p> <p>References: Deleted link to non-available webinar</p> <p>Glossary: Added the definitions of Local Health Department and Public Health Emergency.</p>	October 1, 2023
Entire Chapter	<p>Added WVCHIP to Medicaid verbiage</p> <p>Section 539.1: Deleted (i.e., pay to provider) and added (NPI Type 2)</p> <p>Section 593.3: Included provisions authorizing Local Health Departments to function as originating sites for telehealth services.</p> <p>Added clinician enrollment as Rendering Providers (NPI Type 1)</p> <p>Glossary: Added definitions of originating site and telehealth.</p>	January 1, 2026