90741	Immunization, passive; immune serum globulin, human (ISG)	11.55
90742	specific hyperimmune serum globulin (eg, hepatitis B, measles, pertussis, rabies, Rho(D), tetanus, vaccinia, varicella-zoster)	43.57
90749	Unlisted immunization procedure	I.C.

VII. Immunization Injections

90701	Immunization, active; diphtheria and tetanus toxoids and pertussis vaccine (DTP)	15.52
90702	diphtheria and tetanus toxoids (DT)	4.86
90703	tetanus toxoid	3.07
90704	mumps virus vaccine, live	20.64
90705	measles virus vaccine, live, attenuated	21.91
90706	rubella virus vaccine, live	22.56
90707	measles, mumps and rubella virus vaccine, live	41.39
90708	measles and rubella virus vaccine, live	30.26
90709	rubella and mumps virus vaccine, live	32.20
90712	poliovirus vaccine, live, oral (any types(s))	15.26
90713	poliomyelitis vaccine	27.74
90714	typhoid vaccine	7.37
90717	yellow fever vaccine	46.22
90718	tetanus and diphtheria toxoids absorbed, for adult use (Td)	3.76
90719	diphtheria toxoid	9.97
90724	influenza virus vaccine	8.05
90725	cholera vaccine	6.55
90726	rabies vaccine	112.79
90727	plague vaccine	4.92
90728	BCG vaccine	97.83
90731	hepatitis B vaccine	62.06
90732	pneumococcal vaccine, polyvalent	15.23
90733	meningococcal polysaccharide vaccine (any group(s))	54.07
90737	Hemophilus influenza B	25.75

90741	Immunization, passive; immune serum globulin, human (ISG)	11.55
90742	specific hyperimmune serum globulin (eg, hepatitis B, measles, pertussis, rabies, Rho(D), tetanus, vaccinia, varicella-zoster)	43.57
90749	Unlisted immunization procedure	I.C.

OBSTETRIC PROVIDERS

REGION I

County	Licensed MD/DO	Licensed CNM	Participating MD/DO	Participating CNM	Percentage MD/DO	Percentage CNM
McDowell (33)	3		9			
Mercer (27)	24		24			
Monroe (31)	2		2			
Raleigh (41)	29	1	29	1		
Summers (45)	3		2			
Wyoming (55)	2		2			
TOTALS	**63**	**1**	**68**	**1**	**100%**	**100%**

REGION II

County	Licensed MD/DO	Licensed CNM	Participating MD/DO	Participating CNM	Percentage MD/DO	Percentage CNM
Cabell (06)	60	4	78	2		
Lincoln (22)	1	1				
Logan (23)	10	1	18			
Mason (26)	4		4			
Mingo (29)	8		7			
Wayne (50)	3		2			
TOTALS	**86**	**6**	**109**	**2**	**100%**	**33%**

REGION III

County	Licensed MD/DO	Licensed CNM	Participating MD/DO	Participating CNM	Percentage MD/DO	Percentage CNM
Boone (03)	1		2			
Clay (08)			3			
Kanawha (20)	99	6	88	5		
Putnam (40)	9	1	7	5		
TOTALS	**109**	**7**	**110**	**10**	**100%**	**100%**

OB PROVIDERS

REGION IV

County	Licensed MD/DO	Licensed CNM	Participating MD/DO	Participating CNM	Percentage MD/DO	Percentage CNM
Braxton (04)	3		4			
Fayette (10)	8	2	13	3		
Greenbrier (13)	7		11			
Nicholas (34)	12		18			
Pocahontas (38)	4		3			
Webster (51)	3		5			
TOTALS	**37**	**2**	**54**	**3**	**100%**	**100%**

REGION V

County	Licensed MD/DO	Licensed CNM	Participating MD/DO	Participating CNM	Percentage MD/DO	Percentage CNM
Calhoun (07)						
Jackson (18)	1	1	7	1		
Pleasants (37)			2			
Ritchie (43)	2					
Roane (44)	4	1	7	2		
Tyler (48)	1		1			
Wirt (53)			1			
Wood (54)	34		27			
TOTALS	**42**	**2**	**45**	**3**	**100%**	**100%**

REGION VI

County	Licensed MD/DO	Licensed CNM	Participating MD/DO	Participating CNM	Percentage MD/DO	Percentage CNM
Brooke (05)	1		3			
Hancock (15)	9		5			
Marshall (25)	4		8			
Ohio (35)	37		49			
Wetzel (52)	5		4			
TOTALS	**56**		**69**		**100%**	**100%**

OB PROVIDERS

REGION VII

County	Licensed		Participating		Percentage	
	MD/DO	CNM	MD/DO	CNM	MD/DO	CNM
Barbour (01)	2		4			
Doddridge (09)	1	1	1			
Gilmer (11)			1			
Harrison (17)	37		32			
Lewis (21)	1		6			
Marion (24)	15		19			
Monongalia (30)	56	6	67	4		
Preston (39)	12	1	12	1		
Randolph (42)	8	1	19			
Taylor (46)	3		2			
Tucker (47)	2		2			
Upshur (49)	10		11			
TOTALS	**147**	**9**	**176**	**5**	**100%**	**55%**

REGION VIII

County	Licensed		Participating		Percentage	
	MD/DO	CNM	MD/DO	CNM	MD/DO	CNM
Berkeley (02)	10	2	14	2		
Grant (12)	4	1	6			
Hampshire (14)	1					
Hardy (16)	3		3			
Jefferson (19)	11		8			
Mineral (28)	11		3			
Morgan (32)	3		3			
Pendleton (36)						
TOTALS	**43**	**3**	**37**	**2**	**85%**	**66%**

MAXIMUM MEDICAID PAYMENT RATES FOR LISTED PRACTITIONER OBSTETRICAL SERVICES

MATERNITY CARE AND DELIVERY

INCISION

		FEES
59000	Amniocentesis, any method	$ 114.45
59012	Cordocentesis (intrauterine), any method	I.C.
59015	Chorionic villus sampling, any method	I.C.
59020	Fetal contraction stress test	55.12
59025	Fetal non-stress test	40.95
59030	Fetal scalp blood sampling	67.72
59050	Initiation and/or supervision of internal fetal monitoring during labor by consultant with report (separate procedure)	115.50
59100	Hysterotomy, abdominal (eg, for hydatidiform mole, abortion)	769.12
	EXCISION	
59120	Surgical treatment of ectopic pregnancy; tubal or ovarian, requiring salpingectomy and/or oophorectomy, abdominal or vaginal approach	975.45
59121	tubal or ovarian, without salpingectomy and/or oophorectomy	718.20
59130	abdominal pregnancy	811.65
59135	interstitial, uterine pregnancy requiring total hysterectomy	1,168.65
59136	interstitial, uterine pregnancy with partial resection of uterus	1,146.07

59140	cervical, with evacuation	882.52
59150	Laparoscopic treatment of ectopic pregnancy; without salpingectomy and/or oophorectomy	601.12
59151	with salpingectomy and/or oophorectomy	834.22
59160	Curettage, postpartum (separate procedure)	350.70
	REPAIR	
59300	Episiotomy or vaginal repair, by other than attending physician	129.96
59320	Cerclage of cervix, during pregnancy; vaginal	333.90
59325	abdominal	397.95
59350	Hysterorrhaphy of ruptured uterus	773.32

The following are Revised 6-1-93

	MATERNITY CARE AND DELIVERY	
	DELIVERY, ANTEPARTUM and POSTPARTUM CARE	
W5941	Vaginal delivery only (with or without episiotomy and/or forceps) including postpartum care.	897.50
W5942	Vaginal delivery only (with or without episiotomy and/or forceps) including postpartum care, with four (4) or less prenatal visits; no other prenatal care.	1,089.83
W5946	Antepartum care only, five (5) to nine (9) prenatal care only visits by same provider.	596.76
W5947	Antepartum care only; includes ten (10) or more prenatal care only visits by same provider.	769.29
W5948	Multiple provider care for antepartum only services; per visit	51.28
59300	Episiotomy or vaginal repair, by other than attending physician	153.82
59414	Delivery of Placenta (separate procedure)	185.32
	CESAREAN SECTION	
W5951	Cesarean delivery only including postpartum care	991.06

OBSTETRICAL SERVICES
TOTALS BY REGION

Region	Year	Lic.	Participating M.D./D.O.	%	Participating Lic.	CNM	%
I	1993	35	31	89	0	0	0
	1994	22	28	100	2	1	50
II	1993	38	35	93	0	0	0
	1994	26	41	100	6	3	50
III	1993	29	28	97	4	4	100
	1994	32	35	100	6	6	100
IV	1993	13	13	100	0	0	0
	1994	05	09	100	3	2	67
V	1993	20	19	95	3	2	67
	1994	09	12	100	3	3	100
VI	1993	23	23	100	0	0	0
	1994	14	21	100	0	0	0
VII	1993	62	62	100	4	2	50
	1994	34	39	100	6	4	67
VIII	1993	10	08	80	1	1	100
	1994	6	08	100	4	1	25

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: West Virginia

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE

Payment of Medicare Part A and Part B Deductible/Coinsurance

Except for a nominal recipient copayment (as specified in Attachment 4.18 of this State plan), if applicable, the Medicaid agency uses the following general method for payment:

1. Payments are limited to State plan rates and payment methodologies for the groups and payments listed below and designated with the letters "SP".

   For specific Medicare services which are not otherwise covered by this State plan, the Medicaid agency uses Medicare payment rates unless a special rate or method is set out on Page 3 in item ___ of this attachment (see 3. below).

2. Payments are up to the full amount of the Medicare rate for the groups and payments listed below, and designated with the letters "MR."

3. Payments are up to the amount of a special rate, or according to a special method, described on Page 3 in item ___ of this attachment, for those groups and payments listed below and designated with the letters "NR".

4. Any exceptions to the general methods used for a particular group or payment are specified on Page 3 in item ___ of this attachment (see 3. above).