

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: West Virginia

Supplement 2 to Attachment 4.19-B

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CITATION

42 CFR 447, 434, 438, and 1902(a)(4), 1902(a)(6), and 1903

Payment Adjustment for Other Provider Preventable Conditions

The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart A, and Sections 1902(a)(4), 1902(a)(6), and 1903 with respect to non-payment for provider-preventable conditions.

Other Provider Preventable Conditions

The State identifies the following Other Provider Preventable Conditions ("OPPC") for non-payment under Section(s) 4.19-B.

- Wrong surgical or other invasive procedure performed on a patient; surgical or other invasive procedure performed on the wrong body part; surgical or other invasive procedure performed on the wrong patient.

Payments for OPPC will be adjusted accordingly:

1. Providers are mandatorily required to report OPPCs to the Agency by using diagnosis codes in the corresponding fields provided for event codes on the claims.
2. Providers are mandatorily required to also report OPPCs using corresponding CPT/HCPCS modifiers associated with the surgical procedures on all claims.
3. Claims indicating any one of the three erroneous surgeries or procedures will be reviewed and denied if appropriate.

Provider Guidelines relating to Provider Reimbursement

1. The Agency assures the Centers for Medicare and Medicaid Services ("CMS") that non-payment for OPPCs does not prevent access to services for Medicaid beneficiaries.

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