



STATE OF WEST VIRGINIA
DEPARTMENT OF HUMAN SERVICES

Alex J. Mayer
Cabinet Secretary

MEMORANDUM

DATE: Friday, June 27, 2025

TO: Drug Screening and Testing Providers in Child Welfare Proceedings

FROM: West Virginia Department of Human Services

SUBJECT: Senate Bill 128 and Payment for Drug Screening and Testing Services

The West Virginia Department of Human Services (DoHS) is writing to inform drug screening and testing providers of changes to payments under Senate Bill 128, enacted during the 2025 Regular Session and effective July 11, 2025. Senate Bill 128 amends W. Va. Code §49-4-108, and impacts how drug screening and testing services are reimbursed in child welfare proceedings.

Under Senate Bill 128, courts can no longer order DoHS to pay for professional services (e.g., treatment, therapy, counseling, evaluation, report preparation, consultation, and preparation of expert testimony) provided to **adults** at a rate higher than the Medicaid rate or the rate established by DoHS. For services rendered to children, courts may order a higher rate only if the service is covered by Medicaid and not provided within 30 days, subject to the Department's right to object and request a hearing.

To implement payment procedures for drug screening and drug testing, consistent with SB 128, for the immediate future, the Department advises providers of the following:

- All providers must enroll as soon as possible and have completed enrollment with Medicaid and Medicaid Managed Care Organizations ("MCO"). See links below:
 - Gainwell <https://www.wvmmis.com/sitepages/provider-enrollment.aspx>
 - Aetna-<https://www.aetnabetterhealth.com/westvirginia/providers/join-network.html>
 - Wellpoint-<https://www.wellpoint.com/wv/provider/state-federal/join-our-network>
 - Highmark-<https://wv.highmarkhealthoptions.com/providers/join-network>
 - The Health Plan:
<https://www.healthplan.org/providers/overview/join-our-network/provider-join-our-network>

- For each individual receiving drug screening and drug testing, the Department will require providers to:
 - Submit claims for services through the individual's MCO or private health insurance first.
 - If the service is not covered by the MCO or private health insurance, submit a claim to DoHS' Bureau for Social Services and attach a copy of the denial letter/coordination of benefits from the MCO or insurer.
- Until electronic claims processes can be put in place, providers will submit invoices on a UB-04 or CMS 1500 to:

Jim Weekley
350 Capitol Street, Room 730
Charleston, WV 25301
- Invoices should **NOT** be submitted to local DoHS offices. Any invoices submitted to a local office will be returned.
- The Bureau for Social Services will follow established Medicaid limits for drug testing:
 - Medicaid limitations will apply to presumptive tests, including codes 80305, 80306, or 80307 (24 per calendar year, per person; additional tests will require prior authorization through Acentra).
 - Medicaid limitations will apply to confirmatory tests, including codes G0480, G0481, G0482, and G0483 (12 per calendar year per person; additional tests will require prior authorization through Acentra).

We appreciate your cooperation in implementing these changes to ensure quality services for the children and families involved.

