

# **WEST VIRGINIA LEGISLATURE**

## **2026 REGULAR SESSION**

**Introduced**

### **Senate Bill 994**

By Senator Takubo

[Introduced February 19, 2026; referred  
to the Committee on Health and Human Resources;  
and then to the Committee on Finance]

1 A BILL to amend and reenact §9-4B-4 of the Code of West Virginia, 1931, as amended, relating to  
 2 Medicaid reimbursement rates for certain mental health diagnostic and therapeutic  
 3 procedures; and requiring that these rates be equivalent to the reimbursement rates for  
 4 Medicare patients for those same procedures.

*Be it enacted by the Legislature of West Virginia:*

**ARTICLE 4B. PHYSICIAN/MEDICAL PRACTITIONER PROVIDER MEDICAID ACT.**

**§9-4B-4. Powers and duties.**

1 (a) The board shall:

2 (1) Develop and recommend a reasonable physician/medical practitioner provider fee  
 3 schedule that conforms with federal Medicaid laws and remains within the limits of annual funding  
 4 available to the single state agency for the Medicaid program. In developing the fee schedule, the  
 5 board may refer to a nationally published regional specific fee schedule selected by the Secretary  
 6 of the Department of Human Services. The board may consider identified health care priorities in  
 7 developing its fee schedule to the extent permitted by applicable federal Medicaid laws and may  
 8 recommend higher reimbursement rates for basic primary and preventive health care services  
 9 than for other services. If the single state agency approves the fee schedule, it shall implement the  
 10 physician/medical practitioner provider fee schedule;

11 (2) Review the fee schedule on a quarterly basis and recommend to the single state  
 12 agency any adjustments it considers necessary. If the single state agency approves any of the  
 13 board's recommendations, it shall immediately implement those adjustments and shall report the  
 14 same to the Joint Committee on Government and Finance on a quarterly basis;

15 (3) Meet and confer with representatives from each medical specialty area so that equity in  
 16 reimbursement increases or decreases be achieved to the greatest extent possible;

17 (4) Assist and enhance communications between participating physician and medical  
 18 practitioner providers and the Department of Human Services; and

19 (5) Review reimbursements in relation to those physician and medical practitioner

20 providers who provide early and periodic screening diagnosis and treatment; and

21 (6) Examine the current reimbursement rates paid to outpatient psychiatry and psychology  
22 services provided in a licensed behavioral health center for outpatient psychotherapy, medication  
23 management, and interventional services, including psychiatric diagnostic interview evaluations  
24 and psychotherapy with evaluation and management services for adults, children and families,  
25 and develop a proposal for increasing those reimbursement rates by no later than July 1, 2026:  
26 Provided, That reimbursement rates paid to outpatient psychiatry and psychology services  
27 provided in a licensed behavioral health center may not be lower than the same code in Medicare  
28 Part B fee for service providers.

29 (b) The board may carry out any other powers and duties as prescribed for it by the  
30 secretary.

31 (c) Nothing in this section gives the board the authority to interfere with the discretion and  
32 judgment given to the single state agency that administers the state's Medicaid program. If the  
33 single state agency disapproves the recommendations or adjustments to the fee schedule, it is  
34 expressly authorized to make any modifications to fee schedules as are necessary to ensure that  
35 total financial requirements of the agency for the current fiscal year with respect to the state's  
36 Medicaid plan are met and shall report the same to the Joint Committee on Government and  
37 Finance on a quarterly basis: *Provided*, That the single state agency shall provide reimbursement  
38 for the services of a registered nurse first assistant which reimbursement shall be no less than  
39 thirteen and six tenths of one percent of the rate for a surgeon physician. The purpose of the board  
40 is to assist and enhance the role of the single state agency in carrying out its mandate by acting as  
41 a means of communication between the Medicaid provider community and the agency.

42 (d) On a quarterly basis, the single state agency and the board shall report to the Joint  
43 Committee on Government and Finance the status of the fund, any adjustments to the fee  
44 schedule and the fee schedule for each health care provider group identified in section one of this  
45 article.

NOTE: The purpose of this bill is to authorize the West Virginia physician/medical practitioner provider Medicaid enhancement board to examine the current reimbursement rates paid to outpatient psychiatry and psychology services provided in a licensed behavioral health center for outpatient psychotherapy, medication management, and interventional services, including psychiatric interview evaluations and psychotherapy with evaluation and management services for adults, families, and couples, and develop a proposal for increasing those reimbursement rates by no later than July 1, 2026.

Strike-throughs indicate language that would be stricken from a heading or the present law and underscoring indicates new language that would be added.