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State/Territory Name: NV

State Plan Amendment (SPA) #: 24-0018

This file contains the following documents in the order

- listed:
- 1) Approval Letter
 - 2) CMS 179 Form/Summary Form (with 179-like data)
 - 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

April 5, 2024

Stacie Weeks, Administrator
Nevada Division of Health Care Financing and Policy
1210 S. Valley View, Suite 105
Las Vegas, NV 89702

RE: TN 24-0018

Dear Administrator Weeks:

We have reviewed the proposed Nevada State Plan Amendment (SPA) to Attachment 4.19-B NV-24-0018, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 28, 2024. This SPA updates the payment methodology for Physician Assistant (PA) services to align with Physician payment for the testing, prevention, or treatment of human immunodeficiency virus (HIV) or hepatitis C.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Blake Holt at 303-844-6218 or blake.holt@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <u>2 4 — 0 0 1 8</u>	2. STATE <u>NV</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
January 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION
State Plan under Title XIX of the Social Security Act 1905(a)(6)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2024 \$ 4,925
b. FFY 2025 \$ 10,523

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Nevada Medicaid State Plan Attachment 4.19-B, pages 1d (continued) - 1d (continued 1)


8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Nevada Medicaid State Plan Attachment 4.19-B, pages 1d (continued)

9. SUBJECT OF AMENDMENT
This State Plan Amendment sets rates for physician's assistants in parity with physicians under certain circumstances.

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

11. SIGNATURE OF APPROVING OFFICIAL


12. TYPED NAME
RICHARD WHITLEY

13. TITLE
DIRECTOR, DHHS

14. DATE SUBMITTED
March 28, 2024

15. RETURN TO
Cynthia Leech, Compliance Agency Manager
DHCFC/Medicaid
1100 East William Street, Suite 101
Carson City, NV 89701

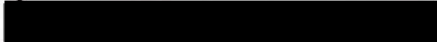
FOR CMS USE ONLY

16. DATE RECEIVED
March 28, 2024

17. DATE APPROVED
April 5, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
January 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL


20. TYPED NAME OF APPROVING OFFICIAL
Todd McMillion

21. TITLE OF APPROVING OFFICIAL
Director, Division of Reimbursement Review

22. REMARKS

4/1/24: State concurs with pen and ink change to Box 5.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nevada

Attachment 4.19-B
Page 1d (Continued)

1. Physician Assistants:
 - a. Surgical Codes 10000 – 58999 and 60000 – 69999 will be reimbursed at 59% of the Medicare facility rate.
 - b. Radiology Codes 70000 – 79999 will be reimbursed at 75% of the Medicare facility rate.
 - c. Medicine Codes 90000 – 99199 and Evaluation and Management Codes 99201 – 99499 will be reimbursed at 63% of the Medicare non-facility rate. When Community Health Worker (CHW) services are provided under the supervision of a Physician's Assistant, effective for dates of service on or after February 1, 2022, payment for services will be calculated using the January 1, 2014 unit values for the Nevada-specific RBRVS and the 2014 Medicare Physician Fee Schedule conversion factor or the first year the applicable code appears on the Medicare fee schedule, whichever is later. Payment will be the lower of billed charges, or the amounts specified below: Medicine Codes 90000 – 99199 will be reimbursed at 60% of the Medicare non-facility rate
 - d. Obstetrical Service Codes 59000 – 59999 will be reimbursed at 75% of the Medicare non-facility rate .
 - e. When a Physician Assistant practicing within their scope of practice renders a service intended to test for, prevent or treat human immunodeficiency virus (HIV) or hepatitis C, the Physician Assistant will be paid at a reimbursement rate equal to the reimbursement rates for Physicians described on pages 1d-1d (continued).
2. Advanced Practice Registered Nurse/Nurse Midwife:
 - a. Surgical Codes 10000 – 58999 and 60000 – 69999 will be reimbursed at 99.75% of the Medicare facility rate.
Pediatric enhancement for recipients under the age of 21 will be the lesser of billed charges or 115% of the currently established Medicaid rates for Surgical Codes 10000 – 58999 and 60000 – 69999.
 - b. Radiology Codes 70000 – 79999 will be reimbursed at 105% of the Medicare facility rate.
 - c. Medicine Codes 90000 – 99199 will be reimbursed at 89.25% of the Medicare non-facility rate.
Pediatric enhancement for recipients under the age of 21 will be the lesser of billed charges or 115% of the currently established Medicaid rates for Procedure Codes 93000 – 93350.

When Community Health Worker (CHW) services are provided under the supervision of an Advanced Practice Registered Nurse, effective for dates of service on or after February 1, 2022, payment for services will be calculated using the January 1, 2014 unit values for the Nevada-specific RBRVS and the 2014 Medicare Physician Fee Schedule conversion factor or the first year the applicable code appears on the Medicare fee schedule, whichever is later. Payment will be the lower of billed charges, or the amounts specified below:
Medicine Codes 90000 – 99199 will be reimbursed at 60% of the Medicare non-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nevada

Attachment 4.19-B
Page 1d (Continued 1)

facility rate

- d. Evaluation and Management Codes 99201 – 99499 will be reimbursed at 99.75% of the Medicare non-facility rate.
- e. Obstetrical Service Codes 59000 – 59999 will be reimbursed at 99.75% of the Medicare non-facility rate.