

8. The Medicaid program restricts coverage of certain covered outpatient drugs through the operation of a prior authorization program. The prior authorization process provides for a turn-around response by either telephone or other telecommunications device within twenty-four hours of receipt of a prior authorization request. In emergency situations, providers may dispense at least a seventy-two hour supply of medication in accordance with the provisions of §1927 (d)(5) of the Social Security Act.
9. Pursuant to Section 1927(d)(6) the State has established a maximum quantity of medication per prescription as a 34-day supply.
  - a) In those cases where less than a 30-day supply of maintenance drug is dispensed without reasonable medical justification, the professional fee may be disallowed.
  - b) In nursing facilities if the prescriber fails to indicate the duration of therapy for maintenance drug, the pharmacy must estimate and provide at least a 30-day supply.
12.
  - b. Dentures are allowed every 5 years.
  - c. Prosthetic devices must be prescribed by a physician or osteopath and must be prior authorized by the Nevada Medicaid Office on Form NMO-3.
  - d. Eyeglasses are limited to those prescribed to correct a visual defect of at least 0.5 diopters or 10 degrees in axis deviation for recipients of all ages once in 12 months, or with prior authorization if program limitations are exceeded. In addition, they are available on the periodicity schedule established for EPSDT.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Nevada

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- 12. b. Dentures: lower of a) billed charge, or b) fixed fee per unit value. See also 10.
- c. Prosthetic devices: (1) hearing aids: wholesale cost plus fixed fee; (2) all others: retail charge less negotiated discount.
- d. Eyeglasses: (1) frames: wholesale cost to a fixed maximum; (2) lenses: laboratory invoice cost; (3) material services: lower of a) billed charge, or b) fixed fee per Medicaid assigned unit value.

All Agency's rates were set as of April 1, 2002 and are effective for services on or after that date.

Assurance: State developed fee schedule rates are the same for both public and private providers of the service and the fee schedule and any annual/periodic adjustment to the fee schedule(s) are published on the Agency's website at: <http://dhcfp.nv.gov/>.

- 13. State developed fee schedule rates are the same for both public and private providers of the following services with the exception of 13.d. The fee schedule rates were set as of April 1, 2002 and are effective for services on or after that date. The agency's rates are published on the Agency's website at <http://dhcfp.nv.gov/>.
  - a. Other diagnostic services: lower of a) billed charges, or b) fixed fee per unit value.
  - b. Other screening services: lower of a) billed charges, or b) fixed fee per unit value.
  - c. Other preventive services: lower of a) billed charges, or b) fixed fee per unit value.
  - d. Other rehabilitative services: PROVIDED WITH LIMITATIONS