

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nevada

Attachment 4.19-B
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5. Payments for services billed by physicians using Current Procedural Terminology (CPT) codes will be calculated using the April 1, 2002 unit values for the Nevada-specific resource based relative value scale (RBRVS) and the 2002 Medicare Physician Fee Schedule conversion factor. Payment will be the lower of billed charges, or the amounts specified below:
- a. Surgical codes will be reimbursed at 100% of the Medicare facility rate.
 - b. Radiology codes will be reimbursed at 100% of the Medicare facility rate.
 - c. Medicine codes and Evaluation and Management codes will be reimbursed at 85% of the Medicare non-facility rate. Vaccine Products will be reimbursed at 85% of the Medicare non-facility rate.
 - d. Obstetrical service codes will be reimbursed at 100% of the Medicare non-facility rate.
 - e. Anesthesia codes 00100 – 01999 will be reimbursed based on the Centers for Medicare and Medicaid Services (CMS) base units for anesthesia. Anesthesia codes 99100 – 99140 will be reimbursed based on the 2004 American Society Anesthesiologists (ASA) relative value guide. Payment is determined by adding the base units plus time units and multiplying the result by the anesthesia conversion factor.
 - f. Medicine codes 90281-90399, and all other pharmaceuticals that are not identified above, will be reimbursed according to the drug reimbursement algorithm set forth on page 3 of Attachment 4.19-B with the exception of the pharmacy dispensing fee component of the algorithm.

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 adjustments to the fee schedule(s) are published on our website: <http://dhcftp.nv.gov/>.

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