

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State NEVADA

Attachment 4.19-B

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Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of services listed in paragraph 18, 20, and 21 of this section. The fee schedule and any annual/periodic adjustment to the fee schedule are published on the Agency's website at www.dhcfp.nv.us.

14. RESERVED
15. RESERVED
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18.
 - a. Emergency Transportation: Ambulance, Ground or Air (fixed wing or rotary aircraft): lower of: a) billed charge, or b) fixed basic rate plus fixed fee per mile. Effective December 6, 2011, the reimbursement rates will be reduced by 15%.
 - b. Non-emergency transportation: Authorized through a contracted NET Broker authority of the State Plan.
19.
 - a. Services of Religious non-medical Healthcare Institution nurses: NOT PROVIDED.
 - b. Services in Religious non-medical Healthcare Institutions sanatoria: NOT PROVIDED.
 - c. Hospice Services: Reimbursed at the established annual Medicaid rate regardless of billed charges. The agency's rates were set as of October 1, 2008 and are effective for services on or after that date. Rates are adjusted annually each year thereafter in accordance with 42CFR 418.
 - d. Hospice provided in a long term care facility: Reimbursed 95% of the nursing facility daily rate for room and board provided by the nursing facility or long term care facility.
20. Emergency hospital services out-of-state: lower of: a) billed charges, or b) local Medicaid maximums. The agency's rates were set as of July 1, 2005 and are effective for services on or after that date.
21. Personal care services in recipients' home and setting outside the home: fixed hourly rate established by the State of Nevada legislative body. The agency's rates were set as of July 1, 2009 and are effective for services on or after that date.
22. RESERVED

TN No. 11-007
Supersedes
TN No. 09-009

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