

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State NEVADA

Attachment 4.19-B

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26. Surgical services provided in both hospital-based and freestanding Ambulatory Surgical Centers (ASC)
- a. The Division adopts for reference the list of eligible codes for surgical centers for ambulatory patients and the payment groups to which those codes are assigned for services paid on or after September 1, 2003. This listing was established by Centers for Medicare and Medicaid Services (CMS) in 1997 and modified in 2000 and 2003.
  - b. The Division also adopts as a base, the payment amounts for groupings 1-9 as published in 42 CFR part 416 dated March 28, 2003. To ensure access of services, these payment amounts will be increased by 50% for hospital-based ambulatory surgical center services and 20% for freestanding ambulatory surgical center services. Services covered by Nevada Medicaid will be processed at these payment amounts.
  - c. Codes not on the Medicare list that are deemed appropriate to be performed in an ASC setting will be paid at the appropriate grouping level based on the services performed.
  - d. In the case of multiple procedures the following adjustments to the fee schedule are made:
    - 1) First procedure 100% of fee schedule
    - 2) Second procedure 50% of fee schedule
    - 3) Third procedure 25% of fee schedule
    - 4) Fourth procedure 10% of fee schedule
    - 5) Fifth and thereafter procedures 5% of fee schedule
  - e. Professional services are reimbursed as indicated in page 1c of section 4.19-B.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of hospital-based and freestanding Ambulatory Surgical Centers (ASC). The agency's fee schedule rates were set as of July 1, 2013 and are effective for services provided on or after that date. All rates are published at: <https://dhcfp.nv.gov/index.htm>.

TN No. 13-007

Approval Date: JUL 19 2013

Effective Date: July 1, 2013

Supersedes

TN No. 11-006