

Table of Contents

State/Territory Name: Nevada

State Plan Amendment (SPA) #: 15-012

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
San Francisco Regional Office
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6706



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

March 23, 2016

Richard Whitley, Director
Department of Health and Human Services
4126 Technology Way, Suite 100
Carson City, NV 89706

Dear Mr. Whitley:

Enclosed is an approved copy of Nevada State Plan Amendment (SPA) 15-012. The SPA updates the reimbursement methodology for services billed by Advanced Practitioners of Nursing/Physician Assistant/Nurse Midwife and adds language to include radiology codes. It was submitted to my office on December 30, 2015.

The approval is effective January 1, 2016. Attached are copies of the following pages to be incorporated into your State Plan:

- Attachment 4.19-B 1c., 1d., and 1e.

If you have any questions, please contact Peter Banks by phone at (415) 744-3782 or by email at Peter.Banks@cms.hhs.gov.


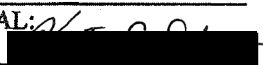
Sincerely,

/s/

Kristin Dillon
Acting Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosure

cc: Marta Jensen, Acting Administrator, DHCFP

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 15-012	2. STATE: NEVADA
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE 1/1/2016	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: State Plan Under Title XIX of the Social Security Act: 42 CFR 447		7. FEDERAL BUDGET IMPACT: a. FFY 2016 \$246,147 b. FFY 2017 \$253,039	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Page 1c and 1d, and 1e ^{pg}		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-B, Page 1c and 1d, and 1e ^{pg}	
10. SUBJECT OF AMENDMENT: Attachment 4.19-B, Page 1c: The reimbursement methodology will be updated under the section entitled "Payment for services billed by Physicians using Current Procedural Terminology (CPT) codes". Language added for a pediatric rate enhancement is as follows: <i>A pediatric enhancement for recipients under the age of 21 will be the lesser of billed charges or 115% of the currently established rates for respiratory, cardiovascular, hemic, lymphatic, mediastinum and diaphragm related surgical codes (30000-39999)</i> Attachment 4.19-B, Page 1d: Reimbursement methodology will be added under Section 6.d. for services billed by an Advanced Practitioner of Nursing/Physician Assistant/Nurse Midwife. The amendment will add language to include radiology codes 70000 – 79999 and will be as follows: <i>Radiology codes 70000 – 79999 will be reimbursed at 75% of the Medicare facility rate.</i>			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED The Governor's Office does not <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL wish to review the State Plan Amendment.			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Tammy Moffitt, Chief of Program Integrity DHCFP/Medicaid 1100 East William Street, Suite 101 Carson City, NV 89701	
13. TYPED NAME: Richard Whitley			
14. TITLE: Director, Department of Health and Human Services			
15. DATE SUBMITTED: 12/30/15 12/30/15 ^{rs}			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 12/30/15		18. DATE APPROVED: 3/23/16	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1/1/16		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Kristin Dillon		22. TITLE: Acting Associate Regional Administrator	

23. REMARKS:

There were two pen and ink change requests: 1. NV requested that Box 15 be updated to December 30, 2015.
2. NV requested that Box 8 and Box 9 include page "1e".

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nevada

Attachment 4.19-B

Page 1c

5. Payments for services billed by Physicians using Current Procedural Terminology (CPT) codes will be calculated using the January 1, 2014 unit values for the Nevada-specific resource based relative value scale (RBRVS) and the 2014 Medicare Physician Fee Schedule conversion factor. Payment will be the lower of billed charges, or the amounts specified below:
- a. Surgical codes 10000 – 58999 and 60000 - 69999 will be reimbursed at 95% of the Medicare facility rate.
 - 1. Pediatric enhancement for recipients under the age of 21 will be the lesser of billed charges or 115% of the currently established Medicare Facility rates for respiratory, cardiovascular, hemic, lymphatic, mediastinum and diaphragm related surgical codes (30000-39999)
 - b. Radiology codes 70000 – 79999 will be reimbursed at 100% of the Medicare facility rate. Effective February 15, 2012, Radiopharmaceutical and Contrast codes will be reimbursed at the 2012 Medicare Mean Unit Cost plus 5%.
 - c. Medicine codes 90000 – 99199 will be reimbursed at 85% of the Medicare non-facility rate.
 - d. Evaluation and Management codes 99201 – 99499 will be reimbursed at 90% of the Medicare non-facility rate effective July 1, 2015 through June 30, 2016. Effective July 1, 2016 Evaluation and Management codes 99201 – 99499 will be reimbursed at 95% of the Medicaid non facility rate.
 - e. Obstetrical service codes 59000 – 59999 will be reimbursed at 95% of the Medicare non-facility rate.
 - f. Anesthesia codes 00100 – 01999 will be reimbursed based on the Centers for Medicare and Medicaid Services (CMS) 2009 base units for anesthesia. Payment is determined by adding the base units plus time units and multiplying the result by the CMS 2013 anesthesia conversion factor of \$22.57. Anesthesia codes 01967 – 01969 are occurrence based codes that are paid a flat rate. Anesthesia codes 99100 – 99140 are not covered.
 - g. 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.

Assurance: Except as otherwise noted in the plan, state developed fee schedule rates are the same for both public and private providers of the service. The agency's physician fee schedule rates were set as of July 1st, 2015 and are effective for services provided on or after that date. All rates are published on our website: <http://dhcfp.nv.gov/Resources/Rates/FeeSchedules/>.

TN No. 15-012

Approval Date: March 23, 2016

Effective Date: January 1, 2016

Supersedes

TN No. 15-004

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nevada

Attachment 4.19-B

Page 1d

6. Medical care and any other type of remedial care provided by licensed practitioners:
- a. Payment for services billed by a Podiatrist will be calculated using the April 1, 2002 unit values for the Nevada specific resource based relative value scale (RBRVS) and the 2002 Medicare Physicians Fee Schedule conversion factor. Payment will be the lower of billed charges, or the amount specified below:
 1. Surgical codes will be reimbursed at 74% of the Medicare facility rate
 2. Radiology codes will be reimbursed at 88% of the Medicare facility rate
 3. Medicine codes and Evaluation and Management codes will be reimbursed at 66% of the Medicare non-facility rate. Vaccine Products will be reimbursed at 85% of the Medicare non-facility rate.
 4. When codes 90465-90468, 90471-90474, 99381-99385 and 99391-99395 are used for EPSDT services, the reimbursement will be 85% of the Medicare non-facility rate.
 - b. Payment for services billed by an Optometrist will be calculated using the April 1, 2002 unit values for the Nevada specific resource based relative value scale (RBRVS) and the 2002 Medicare Physicians Fee Schedule conversion factor. Payment will be the lower of billed charges, or 85% of the Medicare non-facility rate. See also 12.d.,
 - c. Payment for services billed by a Chiropractor will be calculated using the April 1, 2002 unit values for the Nevada specific resource based relative value scale (RBRVS) and the 2002 Medicare Physicians Fee Schedule conversion factor. Payment will be the lower of billed charges, or the amount specified below:
 1. Medicine codes and Evaluation and Management codes will be reimbursed at 70% of the Medicare non-facility rate
 2. Radiology codes will be reimbursed at 32% of the Medicare facility rate.
 - d. Payment for services billed by an Advanced Practitioner of Nursing/Physician Assistant/Nurse-Midwife will be calculated using the January 1, 2014 unit values for the Nevada specific resource based relative value scale (RBRVS) and the 2014 Medicare Physicians Fee Schedule conversion factor. Payment will be the lower of billed charges, or the amounts specified below:
 1. Surgical codes will be reimbursed at 59% of the Medicare facility rate.
 2. Radiology codes 70000 – 79999 will be reimbursed at 75% of the Medicare facility rate.
 3. Medicine codes and Evaluation and Management codes will be reimbursed at 63% of the Medicare non-facility rate.
 4. Obstetrical service codes will be reimbursed at 75% of the Medicare non-facility rate.
 5. When codes 90465-90468, 90471-90474, 99381-99385 and 99391-99395 are used for EPSDT services, the reimbursement will be 72% of the Medicare non-facility rate.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nevada

Attachment 4.19-B

Page 1e

- e. Payment for services billed by a Nurse Anesthetist will be calculated using the April 1, 2002 unit values for the Nevada specific resource based relative value scale (RBRVS) and the 2002 Medicare Physicians Fee Schedule conversion factor. Payment will be the lower of billed charges, or the amounts specified below:
 - 1. Medicine codes 90000 - 99199 and Evaluation and Management codes 99201 – 99499 will be reimbursed at 74% of the Medicare non-facility rate. Vaccine Products 90476 – 90749 will be reimbursed at 85% of the Medicare non-facility rate.
 - 2. Anesthesia codes 00100 – 01999 will be reimbursed based on the Centers for Medicare and Medicaid Services (CMS) 2009 base units for anesthesia. Payment is determined by adding the base units plus time units and multiplying the result by the CMS 2013 anesthesia conversion factor of \$22.57. Anesthesia codes 01967 – 01969 are occurrence based codes that are paid a flat rate. Anesthesia codes 99100 – 99140 are not covered.
 - 3. When codes 90465-90468, 90471-90474, 99381-99385 and 99391-99395 are used for EPSDT services, the reimbursement will be 85% of the Medicare non-facility rate.
- f. Payment for services billed by a Psychologist will be calculated using the April 1, 2002 unit values for the Nevada specific resource based relative value scale (RBRVS) and the 2002 Medicare Physicians Fee Schedule conversion factor. Payment will be the lower of billed charges, or 85% of the Medicare non- facility based rate.
- g. 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: Except as otherwise noted in the plan, state developed fee schedule rates are the same for both public and private providers of the service. The agency's Advanced Practitioner of Nursing/Physician Assistant/Nurse-Midwife fee schedule rates were set as of July 1st, 2015 and are effective for services provided on or after that date. All rates are published on our website: <http://dhcfp.nv.gov/Resources/Rates/FeeSchedules/>.