

## **Table of Contents**

**State/Territory Name: Nevada**

**State Plan Amendment (SPA) #: 16-012**

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**

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August 12, 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) 16-012. The SPA updates the coverage and reimbursement sections of the State Plan to include community paramedicine services. It was submitted to my office on June 14, 2016.

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

- Attachment 3.1-A, pgs. 3a and 3a continued
- Attachment 4.19-B, pg. 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](mailto:Peter.Banks@cms.hhs.gov).

Sincerely,

/s/

Henrietta Sam Louie  
Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

cc: Marta Jensen: Acting Administrator, DHCFP

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>16-012</b>	2. STATE: <b>NEVADA</b>
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		3. PROGRAM IDENTIFICATION: <b>TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <b>July 1, 2016</b>	
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: <b>State Plan Under Title XIX of the Social Security Act: 42 CFR 447</b>		7. FEDERAL BUDGET IMPACT: a. FFY 2016 \$0 b. FFY 2017 \$0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <b>Attachment 4.19-B, Page 1e Attachment 3.1-A, Page 3a and Page 3a Continued</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <b>Attachment 4.19-B, Page 1 e Attachment 3.1-A, Page 3a</b>	
10. SUBJECT OF AMENDMENT: <b>Reimbursement methodology will be added under section 6.e. for services billed for community paramedicine services. The amendment will add language to include medicine codes and evaluation and management codes. Community Paramedicine Services will be added to the State Plan Amendment Alternative Benefits Plan.</b>			
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. SUBMITTING OFFICIAL: 		16. RETURN TO: <b>Lynne Foster, Chief of Division Compliance DHCFP/Medicaid 1100 East William Street, Suite 101 Carson City, NV 89701</b>	
13. TYPED NAME: <b>Richard Whitley</b>			
14. TITLE: <b>Director, Department of Health and Human Services</b>			
15. DATE SUBMITTED: <b>6/14/2016</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: <b>6/14/16</b>		18. DATE APPROVED: <b>8/12/16</b>	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>July 1, 2016</b>		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: <b>Henrietta Sam Louie</b>		22. TITLE: <b>Associate Regional Administrator</b>	
23. REMARKS:			

- 6.b. Optometrist services require prior authorization from the Nevada Medicaid Office. Refractions are limited to one in 24 months except for those required as a result of an EPSDT examination.
- 6.c. Chiropractor services are limited to individuals under the age of 21 and referred as a result of a Healthy Kids (EPSDT) screening.
- 6.d. Other practitioner services

Physician Assistants' services are limited to the same extent as are physicians' services.

Advanced Practice Registered Nurses' services are limited to the same extent as are physicians' services.

Psychologists' Services must be prior authorized by the Medicaid Office on Form NMO-3 and normally are limited to 24 one-hour individual therapy visits per year. Any limitation of services for children under age 21 will be exceeded based on medical necessity for EPSDT services.

Community Paramedicine services:

1. The Division of Health Care Financing and Policy (DHCFP) provides coverage for medically necessary community paramedicine services which are designed to provide health care services to the medically underserved. Community Paramedicine services (Emergency Medical Technician, Advanced Emergency Medical Technician, Paramedic, or Community Paramedic) fill patient care gaps in a local health care system and prevent duplication of services while improving the healthcare experience for the recipient. Prevention of unnecessary ambulance responses, emergency room visits, and hospital admissions and readmissions can result in cost reductions for the DHCFP.
2. Services must be part of the care plan ordered by the recipient's primary care provider. The primary care provider consults with the ambulance service's Medical Director to ensure there is no duplication of services.
  - A) The following services are covered under the supervision of the Medical Director:
    - a. Evaluation/health assessment.
    - b. Chronic disease prevention, monitoring and education.
    - c. Medication compliance.
    - d. Immunizations and vaccinations.
    - e. Laboratory specimen collection and point of care lab tests.
    - f. Hospital discharge follow-up care.
    - g. Minor medical procedures and treatments within their scope of practice as approved by the Community Paramedicine agency's Medical Director.
    - h. A home safety assessment.
    - i. Telehealth originating site.

B) The following are non-covered services:

- a. Travel time.
- b. Mileage.
- c. Services related to hospital-acquired conditions or complications resulting from treatment provided in a hospital.
- d. Emergency response; for recipients requiring emergency response, the EMS transport will be billed under the ambulance medical emergency code.
- e. Duplication of services.
- f. Personal care services.

7. Home health care services

Services: As regulated under 42 CFR 484, 42 CFR 440.70 and other applicable state and federal law or regulation.

Home health services are provided to a recipient at his place of residence, certified by a physician and provided under a physician approved Plan of Care. The provider must be enrolled as a Medicare Certified Home Health Agency licensed and authorized by state and federal laws to provide health care services in the home. Home health services include the following services and items:

- a. Physical therapy.  
(Reference section 11 “a” of Attachment 3.1-A)
- b. Occupational therapy.  
(Reference section 11 “b” of Attachment 3.1-A)
- c. Speech therapy.  
(Reference section 11 “c” of Attachment 3.1-A)
- d. Family planning education.

Home health agencies employ registered nurses to provide post partum home visiting services to Medicaid eligible women.

Provider Qualifications:

(Reference section 7 “e” of Attachment 3.1-A)

- e. Skilled nursing services (RN/LPN visits)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nevada

Attachment 4.19-B

Page 1e

- e. Payment for community paramedicine services will be the lower of billed charges or the amount specified below:
1. The following Medicine codes and Evaluation and Management codes will be reimbursed at 63% of the Medicare non-facility rate: 90460, 90471-90474, 99341-99345, 99347-99350. The Medicare non-facility rate 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 factor.
- f. 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.
- g. 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.
- h. 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 1, 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/>.