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State/Territory Name: Nevada

State Plan Amendment (SPA) #: 21-0012

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
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

November 16, 2022

Suzanne Bierman, Administrator
Department of Health and Human Services
Division of Health Care Financing and Policy
1100 East William Street, Suite 101
Carson City, NV 89701


Re: Nevada State Plan Amendment (SPA) 21-0012

Dear Ms. Bierman:

Our approval of Nevada SPA 21-0012 on July 7, 2022 inadvertently omitted Attachment 4.19-B, Pages 3a and 3a (Continued). We have attached these pages as well as a revised CMS-179 that reflects their inclusion in the approval. No other SPA pages are affected, and the original SPA approval date of July 7, 2022 and effective date of August 27, 2021 remain in effect for the entire SPA, including the two omitted pages.

If you have any questions, please contact Brian Zolynas at (415) 744-3601 or via email at Brian.Zolynas@cms.hhs.gov

Sincerely,

 Digitally signed by Ruth Hughes -5
Date: 2022.11.16 13:04:55
06'00'

Ruth A. Hughes, Acting Director
Division of Program Operations

cc: Kim Adams
Jenifer Graham
Sandie Ruybalid

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>2 1 - 00 1 2</u>	2. STATE NEVADA
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SSA (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE January 1, 2022 August 27, 2021	

5. TYPE OF PLAN MATERIAL (Check One)

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

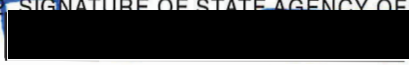
6. FEDERAL STATUTE/REGULATION CITATION State Plan; Title XIX of the SSA: 42 CFR 447 42 CFR 440.70 and 42 CFR 440.130(d)	7. FEDERAL BUDGET IMPACT a. FFY 2022 \$ (427,946) b. FFY 2023 \$ (1,079,144)
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A, Page 3a (continued)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 3.1-A, Page 3a (continued)
Attachment 3.1-A, Pgs. 3a, 3a (Continued), and 6a (Continued)	Attachment 3.1-A, Pgs. 3a, 3a (Continued), and 6a (Continued)
Attachment 4.19-B, Pgs. 1c, 1c (Continued), 1d (Continued), 1e, 1e (Continued), 3a, and 3a (Continued)	Attachment 4.19-B, Pgs. 1c, 1d (Continued), 1e, 1e (Continued), and 3a

10. SUBJECT OF AMENDMENT

Adding three new providers to Nevada Medicaid as a result of the 81st session of the Nevada Legislature.

11. GOVERNOR'S REVIEW (Check One)

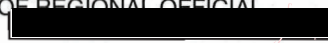
GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO Sandie Ruybalid, Deputy Administrator DHCFP/Medicaid 1100 East William Street, Suite 101 Carson City, NV 89701
13. TYPED NAME RICHARD WHITLEY	
14. TITLE DIRECTOR, DHHS	
15. DATE SUBMITTED September 29, 2021	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED September 29, 2021	18. DATE APPROVED July 7, 2022
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL 8/27/21	20. SIGNATURE OF REGIONAL OFFICIAL  signed by Ruth Hughes - S 2022.11.16 13:05:45 -06'00'
21. TYPED NAME Ruth A. Hughes	22. TITLE Acting Director, Division of Program Operations

23. REMARKS
Pen and Ink Request: Box 4: Please update to read: "August 27, 2021". Box 5: Please add "42 CFR 440.70 and 42 CFR 440.130(d)". Box 8: Please update to read: "Attachment 3.1-A, Pgs. 3a, 3a (Continued), and 6a (Continued) Attachment 4.19-B, Pgs. 1c, 1c (Continued), 1d (Continued), 1e, 1e (Continued), 3a, and 3a (Continued)". Box 9: Please update to read: "Attachment 3.1-A, Pgs. 3a, 3a (Continued), and 6a (Continued) Attachment 4.19-B, Pgs. 1c, 1d (Continued), 1e, 1e (Continued), and 3a". Box 15: Please add: "September 29, 2021".

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

Services of a licensed Physician Assistant within their scope of practice according to state law.

- Physician Assistants assume professional liability for services furnished by a certified community health worker effective February 1, 2022.

Services of a licensed Advanced Practice Registered Nurse within their scope of practice according to state law.

- Advanced Practice Registered Nurses assume professional liability for services furnished by a certified community health worker effective February 1, 2022.

Services of a licensed Psychologist within their scope of practice according to state law.

Services of a licensed Registered Nurse within their scope of practice according to state law.

Services of a licensed Pharmacist within their scope of practice according to state law effective July 1, 2022.

Services of a licensed Emergency Medical Technician (EMT) within their scope of practice according to state law. An EMT must have a community paramedicine endorsement to render community paramedicine services.

Services of a licensed Advanced EMT within their scope of practice according to state law. An Advanced EMT must have a community paramedicine endorsement to render community paramedicine services.

Services of a licensed Paramedic within their scope of practice according to state law. A Paramedic must have a community paramedicine endorsement to render community paramedicine 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 certified by a physician and provided under a physician approved Plan of Care. These services may be provided in any setting where normal life activities occur. 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. Skilled nursing services (RN/LPN visits)

Doula Services:

A doula is a non-medically trained professional who provides education, emotional and physical support during pregnancy, labor/delivery, and postpartum period.

Services:

The following doula services are covered beginning April 1, 2022:

- a. Emotional support, including bereavement support
- b. Physical comfort measures during peripartum (i.e. labor and delivery)
- c. Facilitates access to resources to improve health and birth-related outcomes
- d. Advocacy in informed decision making
- e. Evidence-based education and guidance

Service Limitations:

Pursuant to 42 CFR Section 440.130(c), doula services are preventive services and must be recommended by a physician or other licensed practitioner of the healing arts within their scope of practice under state law. Referral or prior authorization is not required.

Any services requiring medical or clinical licensure are not covered.

Provider Qualifications:

Approved certification from the Nevada Certification Board as a doula must be obtained prior to rendering services.

D. Rehabilitative Services:

1. Mental Health Rehabilitation Services

Mental health rehabilitation assists individuals to restore and/or retain psychiatric stability, social integration skills, personal adjustment and/or independent living competencies in order to experience success and satisfaction in environments of their choice and to function as independently as possible. Interventions occur concurrently with clinical treatment and begin as soon as clinically appropriate.

The services must be recommended by a physician or other licensed practitioner of the healing arts, within their scope of practice and prescribed on an individualized treatment plan to achieve maximum reduction of a mental disability and restore the recipient to their optimal level of functioning.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nevada

Attachment 4.19-B

Page 1c

1. 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 Medicaid rates for Surgical Codes 10000 – 58999 and 60000 – 69999.
 - 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.
 1. Pediatric enhancement for recipients under the age of 21 will be the lesser of billed charges or 115% of the currently established Medicaid rates for Procedure Codes 93000 – 93350.
 2. When Community Health Worker (CHW) services are provided under the supervision of a Physician, the following applies:

Effective for dates of service on or after February 1, 2022, payment for services will be calculated using the January 1, 2014 unit values for the Nevada-specific RBRVS and the 2014 Medicare Physician Fee Schedule conversion factor or the first year the applicable code appears on the Medicare fee schedule, whichever is later. Payment will be the lower of billed charges, or the amounts specified below:

 - a. Medicine Codes 90000 – 99199 will be reimbursed at 60% 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 Medicare 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.

TN No.: 21-0012

Approval Date: July 7, 2022

Effective Date: August 27, 2021

Supersedes

TN No.: 18-011

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nevada

Attachment 4.19-B
Page 1c (continued)

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 October 1, 2017 and CHW rates were set as of February 1, 2022 and are effective for services provided on or after those dates. All rates are published on our website: <http://dhcfp.nv.gov/Resources/Rates/FeeSchedules/>

STATE PLAN UNDER THITLE XIX OF THE SOCIAL SECURITY ACT

State: Nevada

Attachment 4.19-B
Page 1d (Continued)

1. Surgical Codes 10000 – 58999 and 60000 – 69999 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 90000 – 99199 and Evaluation and Management Codes 99201 – 99499 will be reimbursed at 63% of the Medicare non-facility rate. When Community Health Worker (CHW) services are provided under the supervision of an Advanced Practice Registered Nurse or Physician's Assistant, effective for dates of service on or after February 1, 2022, payment for services will be calculated using the January 1, 2014 unit values for the Nevada-specific RBRVS and the 2014 Medicare Physician Fee Schedule conversion factor or the first year the applicable code appears on the Medicare fee schedule, whichever is later. Payment will be the lower of billed charges, or the amounts specified below:
 - Medicine Codes 90000 – 99199 will be reimbursed at 60% of the Medicare non-facility rate
4. Obstetrical Service Codes 59000 – 59999 will be reimbursed at 75% 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 community paramedicine services will be the lower of billed charges or the amounts 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 conversion factor.
- f. Payment for services billed by a Nurse Anesthetist 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:
 - 1. 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.
 - 1. Surgical Codes 10000 – 58999 and 60000 – 69999 will be reimbursed at 59% of the Medicare facility rate.
 - 2. Medicine Codes 90000 – 99199 and Evaluation and Management Codes 99201 – 99499 will be reimbursed at 63% of the Medicare non-facility rate.
 - 3. Vaccine Products require a National Drug Code (NDC) and will be reimbursed according to the drug reimbursement algorithm set forth on Page 3 of Attachment 4.19-B.
- g. Payment for services billed by a Psychologist will be calculated using the January 1, 2014 unit values for the Nevada-specific RBRVS and the 2014 Medicare Physician Fee Schedule conversion factor. Payment will be the lower of billed charges, or the amounts specified below:
 - 1. Medicine Codes 90000 – 99199 will be reimbursed at 85% of the Medicare non-facility-based rate.
 - 2. Vaccine Products require a NDC and will be reimbursed according to the drug reimbursement algorithm set forth on Page 3 of Attachment 4.19-B.
 - 3. Evaluation and Management Codes 99201 – 99499 will be reimbursed at 90% of the Medicare non-facility-based rate.
- h. Licensed Pharmacist
Effective for dates of service on or after July 1, 2022, payment for 1905(a)(6) services billed by a Licensed Pharmacist will be calculated using the January 1, 2014 unit values for Nevada specific resource based relative value scale (RBRVS) and the 2014 Medicare Physicians Fee Schedule conversion factor or the first year the applicable code appears on the Medicare fee schedule, whichever is later. Payment will be the lower of billed charges, or the amount specified below:
 - a. Evaluation and Management Codes 99201 – 99499 will be reimbursed at 63% of the Medicare non-facility rate.
 - 1. Laboratory codes 80000-89999 will be paid:
 - a. The lower of billed charges not to exceed 50% of the rate allowed by the 2014 Medicare Clinical Diagnostic

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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Attachment 4.19-B
Page 1e (Continued)

- Laboratory Fee Schedule for Nevada;
- b. Allowed laboratory and pathology codes/services outside the Licensed Pharmacy 1905(a)(6) services described in State Plan Attachment 3.1-A or not listed in the Medicare Clinical Diagnostic Laboratory Fee Schedule for Nevada will be paid in accordance with other sections of this State Plan based on rendering provider type;
 - c. For “BR” (by report) and “RNE” (relativity not established) codes that fall within the Code Range 80000 - 89999, the payment will be set at 62% of billed charges.

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. Podiatrist, Optometrist, Chiropractor, Nurse Anesthetist and Psychologist fee schedule rates were set as of January 1, 2017 and are effective for services provided on or after that date. Community Paramedicine fee schedule rates were set as of August 27, 2021 and are effective for services provided on or after that date. Licensed Pharmacist fee schedule rates were set as of July 1, 2022 and Community Health Worker rates were set as of February 1, 2022 and are effective for services provided on or after those dates. All rates are published on our website: <http://dhcfnv.gov/Resources/Rates/FeeSchedules/>

7. Telehealth Services

Telehealth is the delivery of services from a provider of health care to a patient at a different location, through the use of information and audio-visual communication technology, not including standard telephone, facsimile or electronic mail.

- a. The originating site provider will be paid a telehealth originating site facility fee per completed transmission. Payment for an originating site facility fee will be reimbursed at the rate established in the CY 2012 Medicare Physician Fee Schedule.
- b. The distant site provider is paid the current applicable Nevada Medicaid fee for the telehealth service provided. Instructions for submitting billing claims may be found on the Nevada Medicaid website: <https://www.medicaid.nv.gov/providers/BillingInfo.aspx>.
- c. A provider will not be eligible for payment as both the originating and distant site for the same patient, same date of service.
- d. Fee schedule rates are the same for both governmental and private providers. The Nevada Medicaid fee schedules may be found on the following website: <http://dhcfnv.gov/Resources/Rates/FeeSchedules/>.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Nevada

Attachment 4.19-B

Page 3a

12. b. Dentures: lower of a) billed charge, or b) fixed fee per unit value. See also 10.
- c. Prosthetic devices: (1) hearing aids: wholesale cost plus fixed fee; (2) all others: retail charge less negotiated discount.
- d. Eyeglasses: (1) frames: wholesale cost to a fixed maximum; (2) lenses: laboratory invoice cost; (3) material services: lower of a) billed charge, or b) fixed fee per Medicaid assigned unit value.

Assurance: State developed fee schedule rates are the same for both public and private providers for dentures, prosthetic devices and eyeglasses. The Agency's fee schedule rates were set as of January 1, 2017 and are effective for services provided on or after that date.

All rates are published on the Agency's website at:

<http://dhcfp.nv.gov/Resources/Rates/FeeSchedules/>

13. a. Other diagnostic services: lower of a) billed charges, or b) fixed fee per unit value.
- b. Other screening services: lower of a) billed charges, or b) fixed fee per unit value.
- c. Other preventive services: lower of a) billed charges, or b) fixed fee per unit value.

1. Medical Nutrition Therapy

Payment for medical nutrition therapy services billed by a Licensed and Registered Dietician 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 for Medicine Codes 90000 – 99199 will be reimbursed the lower of billed charges or 63% of the Medicare non-facility rate.

2. Doula

Effective for dates of service on or after April 1, 2022, doula services provided during labor and delivery (includes antepartum and postpartum period) are reimbursed at the lower of billed charges or the amounts specified below:

- i. Codes 59409, 59514, 59612 and 59620; \$150.00
- ii. Code S9445; \$50.00

- d. Other rehabilitative services: PROVIDED WITH LIMITATIONS

Assurance: State developed fee schedule rates are the same for both public and private providers for other diagnostic, screening, Medical Nutrition Therapy (MNT) services, Doula services and rehabilitative services. The Agency's fee schedule rates for MNT services were set as of January 1, 2018 and are effective for services provided on or after that date. The Agency's fee schedule rates for Doula services rates were set as of April 1, 2022 and are effective for services provided on or after that date. All rates are published

TN No.: 21-0012

Approval Date: July 7, 2022

Effective Date: August 27, 2021

Supersedes

TN No.: 17-019

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Nevada

Attachment 4.19-B
Page 3a (Continued)

on the Agency's website at:

<http://dhcftp.nv.gov/Resources/Rates/FeeSchedules/>