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State/Territory Name: NV

State Plan Amendment (SPA) #: 24-0017

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
Center for Medicaid & CHIP Services
230 South Dearborn
Chicago, Illinois 60604



Financial Management Group

July 18, 2024

Stacie Weeks, Administrator
Nevada Division of Health Care Financing and Policy
1210 S. Valley View, Suite 105
Las Vegas, NV 89702

RE: TN 24-0017

Dear Administrator Weeks:

We have reviewed the proposed Nevada State Plan Amendment (SPA) to Attachment 4.19-B NV-24-0017, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on May 1, 2024. This SPA updates the payment methodology for licensed pharmacist services to align with physician payment for the testing, prevention, or treatment of human immunodeficiency virus (HIV) or hepatitis C.

Based upon the information provided by the State, we have approved the amendment with an effective date of April 1, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Blake Holt at 303-844-6218 or blake.holt@cms.hhs.gov.

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <u>2 4</u> — <u>0 0 1 7</u>	2. STATE <u>NV</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
April 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION
State Plan under Title XIX of the Social Security Act SSA 1905(a)(6)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a FFY 2024 \$ 4,880
b FFY 2025 \$ 6,808

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Nevada Medicaid State Plan Attachment 4.19-B, page 1e (continued) and page 1e

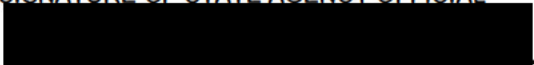
8. PAGENUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Nevada Medicaid State Plan Attachment 4.19-B, page 1e (continued) and page 1e

9. SUBJECT OF AMENDMENT
This State Plan Amendment places Provider Type 91 (Pharmacists) in parity with Provider Type 77 (Physician Assistants).

10. GOVERNOR'S REVIEW (Check One)

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

OTHER, ASSPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL


12. TYPED NAME
RICHARD WHITLEY

13. TITLE
DIRECTOR, DHHS

14. DATE SUBMITTED
May 1, 2024

15. RETURN TO
Cynthia Leech, Compliance Agency Manager
DHCFP/Medicaid
1100 East William Street, Suite 101
Carson City, NV 89701

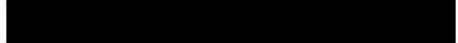
FOR CMS USE ONLY

16. DATE RECEIVED
May 1, 20 24

17. DATE APPROVED
July 18, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
April 1, 20 24

19. SIGNATURE OF APPROVING OFFICIAL


20. TYPED NAME OF APPROVING OFFICIAL
Todd McMillion

21. TITLE OF APPROVING OFFICIAL
Director, Division of Reimbursement Review

22. REMARKS
7/10/24: State concurs with pen and ink changes to Boxes 5, 7, and 8.

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.
 - b. Laboratory codes 80000-89999 will be paid:
 1. 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

State: Nevada

Attachment 4.19-B
Page 1e (continued)

- Laboratory Fee Schedule for Nevada;
2. 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;
 3. 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.
- c. When a Pharmacist practicing within their scope of practice renders a service intended to test for, prevent or treat human immunodeficiency virus (HIV) or hepatitis C, the Pharmacist will be paid at a reimbursement rate equal to the reimbursement rates for Physicians described on page 1c and 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 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 April 1, 2024 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 communication technologies, not including facsimile or electronic mail.

- a. The originating site provider will be paid a telehealth originating site facility fee per completed transmission when applicable. 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/>.