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.

Certified Registered Nurse Practitioners' 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.

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)

Services of a registered or licensed practical nurse that may be provided to recipients in a home setting include:

"Skilled nursing" means assessments, judgments, interventions, and evaluations of intervention, which require the training, and experience of a licensed nurse. Skilled nursing care includes, but is not limited to performing assessments to determine the basis for action or a need for action; monitoring fluid and electrolyte balance; suctioning of the airway; central venous catheter care; mechanical ventilation; and tracheotomy care.

Provider Qualifications:
A "qualified registered nurse" is an individual who has met the requirements outlined in NAC 632.150 and NRS 632.

1. In addition to those requirements contained in NRS 632, an applicant for a license to practice as a registered nurse must:
   a. Have graduated from a nursing program approved by the Board.
   b. Have successfully completed courses on the theory of and have clinical experience in medical-surgical nursing, maternal and child nursing and psychiatric nursing if the applicant graduated from an accredited school of professional nursing after January 1, 1952.
   c. On or after July 1, 1982, obtain a passing score as determined by the Board on the examination for licensure.

   A "qualified licensed practical nurse" is an individual who has met the requirements outlined in NAC 632.150 and NRS 632.

2. An applicant for a license to practice as a licensed practical nurse must:
   a. Have graduated from high school or passed the general educational development test.
   b. Have graduated or received a certificate of completion from a program for registered nurses or practical nurses approved by the Board.
   c. Have successfully completed a course of study on the theory of and have clinical practice in medical-surgical nursing, maternal and child health nursing and principles of mental health if the applicant graduated from an accredited school of practical or vocational nursing after January 1, 1952.
   d. Obtain a passing score as determined by the Board on the examination for licensure.

f. Home health aide services.

Home health aides may provide assistance with:

1. Personal care services, such as bathing
2. Simple dressing changes that do not require the skills of a licensed nurse
3. Assistance with medications that are self administered
4. Assistance with activities that are directly supported of skilled therapy services but do not require the skills of a therapist, such as, routine maintenance exercise
5. Routine care of prosthetic and orthotic device

6. Monitoring of vital signs
7. Reporting of changes in recipient condition and needs
8. Any task allowed under NRS 632 and directed in the physician's approved plan of care.

Provider Qualifications:
A person who:

- has successfully completed a state-established or other training program that meets the requirements of 42 CFR 484.36(a); and
- a competency evaluation program or state licensure program that meets the requirements of 42 CFR 484.36(b), or
- a competency evaluation program or state licensure program that meets the requirements of 42 CFR 484.36(b) or (e).

An individual is not considered to have completed a training and competency evaluation program, or a competency evaluation program if, since the individuals most recent completion of this program(s), there has been a continuous period of 24 consecutive months during none of which the individual furnished services described in 42 CFR 409.40 for compensation.

g. Medical supplies, equipment, and appliances suitable for use in the home.

Services:
Durable Medical Equipment (DME) is defined as equipment which can withstand repeated use, and is primarily and customarily used to serve a medical purpose, and generally is not useful to a person in the absence of illness or injury and is appropriate for use in the home.

Disposable medical supplies are those items which are not reusable, and are primarily and customarily used to serve a medical purpose, and generally are not useful to a person in the absence of an illness or injury.

Service limitations:
Nevada Medicaid covers standard medical equipment that meets the basic medical need of the recipient. Deluxe equipment will not be authorized when it is determined a standard model will meet the basic medical needs of the recipient. Items classified as educational or rehabilitative by nature are not covered under this benefit. The DME provider is required to have documentation of physician's orders prior to the dispensing of any equipment or supplies.

DME services are typically not covered under this program benefit for recipients in an inpatient setting. Customized seating systems may be covered under this benefit to a recipient in a nursing facility if the item is unique to their medical needs. Disposable services are not covered in an inpatient setting under this benefit.

Prior authorization and service limitations are applicable for some equipment and supplies. Specific limitations can be found in Chapter 1200 of the Medicaid Services Manual.

Provider Qualifications:
Providers are required to have a Medical Device Equipment and Gas licensure from the Nevada Board of Pharmacy

8. Private duty nursing services

Private duty nursing services means nursing services provided by a registered nurse or licensed practical nurse under the direction of the recipient's physician. These services are provided in the recipient's home. To qualify for these services, a recipient must require more individual and continuous care than is available from a visiting nurse or routinely provided by the nursing staff of the hospital or skilled nursing facility. These services are provided in accordance with 42 CFR 440.80 and other applicable state and federal law or regulation. These services are offered through a home health provider that is enrolled as a Medicare Certified Home Health Agency licensed and authorized by state and federal laws to provide health care services in the home.

Provider Qualifications:
(Reference section 7 "e" of Attachment 3.1-A)

7. Home Health Care Services:

a. Home health care services include the following services and items:
   1. physical therapy – 1 unit per 15 minutes,
   2. occupational therapy – 1 unit per 15 minutes,
   3. speech therapy – 1 unit per 15 minutes,
   4. family planning education – 1 unit per visit,
   5. skilled nursing services (RN/LPN visits) 1 unit per 60 minutes or 1 unit per 15 minutes for brief visits or 1 unit per 15 minutes for extended visits (after 1st hour),
   6. home health aide services – 1 unit per 60 minutes or 1 unit per 30 minutes for extended visits (after 1st hour),
   7. durable medical equipment, prosthetics, orthotics, and
   8. disposable medical supplies.

b. Reimbursements for Home Health Care services, listed above in a.1. through a.6, provided by Home Health Agencies (HHA) are the lower of a) billed charges, or b) a fixed fee schedule which includes the rate for each of the home health services and a rate for "mileage" as an add-on. The agency's rates were set as of July 1, 2000 and are effective for services on or after July 1, 2000.

   A pediatric enhancement for services listed above in a.1, 2, 3, and 5 is effective for services on or after July 1, 2009.

c. Durable Medical Equipment, Prosthetics and Orthotics

   1. Reimbursement for purchase of Durable Medical Equipment, Prosthetics and Orthotics is the lower of: a) usual and customary charge, or b) a fixed fee schedule.

   2. Reimbursement for rental of Durable Medical Equipment, Prosthetics and Orthotics is the lower of: a) usual and customary charge, or b) a fixed fee schedule.

   The agency's rates were set as of July 1, 2006 and are effective for services on or after July 1, 2006.

d. Disposable supplies:

   1. If a supply item is billed through point of sale (POS), using a National Drug Code (NDC) number, reimbursement is the lower of: a) usual and customary charge, or b) gross amount due or b) 90% of Average Wholesale Price (AWP) as indicated on the current listing provided by the First Data Bank plus a handling fee.

   2. All other supplies billed outside POS, using Healthcare Common Procedure Coding System (HCPCS) codes and/or Current Procedural Terminology (CPT) codes are reimbursed the lower of: a) billed charge, or b) fixed fee schedule. The Agency's rates were set as of January 1, 2007 and are effective for services on or after January 1, 2007.

Assurance: State developed fee schedule rates are the same for both public and private providers of the service and the fee schedule and any annual/periodic adjustments to the fee schedule(s) are published on our website: http://www.dhcfp.nv.gov.