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State/Territory Name: Nevada

State Plan Amendment (SPA) #: 17-018

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

January 2, 2018

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) 17-018. The SPA amends Attachment 4.19-B to update the reimbursement methodology for pediatric services. The SPA was submitted to my office on November 22, 2017.

The approval is effective October 14, 2017. Attached is a copy of the following page to be incorporated into your approved state plan:

- Attachment 4.19-B, Pg. 1c

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,

A solid black rectangular box used to redact the signature of Henrietta Sam Louie.

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

cc: Marta Jensen: Acting Administrator, DHCFP

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:

17-018

2. STATE:

NEVADA

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

July 1, 2017 ^{pg} 10/14/17

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 Under Title XIX of the Social Security Act: 42 CFR 447

7. FEDERAL BUDGET IMPACT: ^{pg}

a. FFY 2017	\$178,660	
b. FFY 2018	\$718,965	\$334,279
c. FFY 2019	\$731,936	\$340,309

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

4.19-B Page 1c

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

4.19-B Page 1c

10. SUBJECT OF AMENDMENT:

Update the methodology for the pediatric rate enhancement for PT 20 (Physicians) to apply to all covered codes in CPT ranges 10000 – 58999 , 60000 – 69999 and 93000 – 93350. The Pediatric enhancement is a 15% increase to the existing rate.

11. 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, AS SPECIFIED:

The Governor's Office does not wish to review the State Plan Amendment.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Richard Whitley

14. TITLE:

Director, Department of Health and Human Services

15. DATE SUBMITTED: **11/22/17** ^{FB}

16. RETURN TO:

**Lynne Foster, Chief of Division Compliance
DHCFF/Medicaid
1100 East William Street, Suite 101
Carson City, NV 89701**

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

11/22/17

18. DATE APPROVED:

January 2, 2018

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

10/14/17

20. SIGNATURE OF REGIONAL OFFICER:

21. TYPED NAME:

Henrietta Sam Louie

22. TITLE:

Associate Regional Administrator

23. REMARKS:

Pen and Ink Requests: 1. Box 4: Change effective date from 7/1/17 to 10/14/17. 2. Box 7: Remove estimate for FFY17. 3. Box 15: Update SPA submission date to 11/22/17. 4. Box 7: Update FFY18 to \$334,279 and FFY19 to \$340,309.

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 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.
 - 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 October 1, 2017, 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/>.