

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6706



Regional Operations Group

December 10, 2019

Suzanne Bierman, Administrator
Nevada Division of Health Care Financing and Policy
1210 S. Valley View, Suite 104
Las Vegas, NV 89702

Dear Ms. Bierman:

After the approval of NV SPA 19-015, CMS was informed that an incorrect HCPCS code was included in the CMS 179. Please find the corrected CMS 179 attached. This update does not impact the SPA's original effective date of January 1, 2020.

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 handwritten signature in black ink, appearing to read "Richard C. Allen", is positioned above the typed name.

Richard C. Allen
Director
Western Regional Operations Group

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
90 Seventh Street, Suite 5-300 (5W)
San Francisco, CA 94103-6706



Regional Operations Group

December 2, 2019

Suzanne Bierman, Administrator
Nevada Division of Health Care Financing and Policy
1210 S. Valley View, Suite 104
Las Vegas, NV 89702

Dear Ms. Bierman:

Enclosed is an approved copy of Nevada State Plan Amendment (SPA) 19-015. The SPA updates the reimbursement methodology for specific Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) services. This SPA is approved effective January 1, 2020. Attached is a copy of the following page to be incorporated into your state plan:

- Attachment 4.19-B, Pgs. 2-2(continued)

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 redacting the signature of Richard C. Allen.

Richard C. Allen
Director
Western Regional Operations Group


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|---|---|--------------------|
| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES | 1. TRANSMITTAL NUMBER <u>1 9 - 0 1 5</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, 2020 | |
| 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 State Plan Under Title XIX of the Social Security Act: 42- State Plan Under Title XIX of the Social Security Act: 42 CFR 447 | 7. FEDERAL BUDGET IMPACT a. FFY 2020 (9 months) \$ <u>3,915</u> b. FFY 2021 \$ <u>5,316</u> | |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B, Page 2 and Page 2 (continued) | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B, Page 2 and Page 2 (continued) | |

10. SUBJECT OF AMENDMENT
DME HCPCS Codes E2609 & E2617 for CRT Providers

~~The DHCFFP is proposing an amendment to the Nevada State Plan (SPA), Attachment 4.19-B, Page 2 and P~~

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|--|--|
| 11. GOVERNOR'S REVIEW (Check One) <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL | |
| 12. SIGNATURE OF STATE AGENCY OFFICIAL  | 16. RETURN TO Tammy Moffitt, Chief of Operations DHCFFP/Medicaid 1100 East William Street, Suite 101 Carson City, NV 89701 |
| 13. TYPED NAME STEVE SISOLAK | |
| 14. TITLE GOVERNOR, STATE OF NEVADA | |
| 15. DATE SUBMITTED <u>10/30/19</u> 10/30/19 | |

FOR REGIONAL OFFICE USE ONLY

| | |
|---|--|
| 17. DATE RECEIVED 10/30/19 | 18. DATE APPROVED December 02, 2019 |
| PLAN APPROVED - ONE COPY ATTACHED | |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL 1/1/20 | 20. SIGNATURE OF REGIONAL OFFICIAL  |
| 21. TYPED NAME Richard Allen | 22. TITLE Director, Western Regional Operations Group |

23. REMARKS Pen and Ink Requests: Box 6: "Update to read State Plan Under Title XIX of the Social Security Act : 42 CFR 447". Box 10: Update to read "DME HCPCS Codes E2609 & E2617 for CRT Providers". Box 15: Update to read "10/30/19".

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nevada

Attachment 4.19-B

Page 2

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 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 Division’s rates were set as of July 1, 2016 and are effective for services on or after that date. All rates can be found on the official Website of the Division of Health Care Financing and Policy at <http://dhcfp.nv.gov/Resources/Rates/FeeSchedules/>

Effective July 1, 2016, pediatric enhancement rates do not apply for services listed above in a.5.

c. Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)

1. Reimbursement for purchase of DMEPOS is the lower of: a) usual and customary charge, or b) a fixed fee schedule rate.
2. Reimbursement for rental of DMEPOS is the lower of: a) usual and customary charge, or b) a fixed fee schedule rate.
3. If there is no fee schedule available, reimbursement will be the lower of: a) manufacturer’s suggested retail price (MSRP) less 25%, verifiable with quote or manufacturer’s invoice that clearly identifies MSRP; b) if there is no MSRP, reimbursement will be acquisition cost plus 20%, verifiable with manufacturer’s invoice; or c) the actual charge submitted by the provider.
4. Reimbursement for the Healthcare Common Procedure Coding System (HCPCS) codes E2609 (Custom fabricated wheelchair seat cushion, any size) and E2617 (Custom fabricated wheelchair back cushion, any size) will be the lower of: a) MSRP less 20% verifiable with submission of a quote or manufacturer’s invoice that clearly identifies MSRP for HCPCS codes E2609 and E2617; b) if there is no MSRP, reimbursement will be acquisition cost plus 20% verifiable with manufacturer’s invoice, or c) the actual charge submitted by the provider.
 - a. This reimbursement methodology for procedure codes E2609 and E2617 apply only to Complex Rehab Technologies (CRT) providers.
 - b. CRT products may only be provided by individuals who are certified, registered or otherwise credentialed by recognized organizations in the field of CRT and who are employed by a business specifically accredited by a Centers for Medicare and Medicaid (CMS) deemed accreditation organization to provide CRT.

TN No.: 19-015

Approval Date: December 2, 2019

Effective Date: January 1, 2020

Supersedes

TN No.: 17-017

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nevada

Attachment 4.19-B
Page 2 (Continued)

Payments for DMEPOS will be calculated using the 2016 Nevada-specific non-rural fee schedule issued by the Centers for Medicare and Medicaid Services (CMS). Reimbursement will be set at 100% of the Nevada-specific rates.

- 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 c) Wholesale Acquisition Cost (WAC) + 8% as indicated on the current national drug data base utilized in Point-of-Sale plus a handling fee. For drugs without a WAC acquisition cost will be reimbursed 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.

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 Division's Home Health Care Services fee schedule rates were set as of July 1, 2016 and are effective for services provided on or after that date.

The Division's Durable Medical Equipment, Prosthetics, Orthotics and Supplies fee schedule rates were set as of July 1, 2019 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/>