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State/Territory Name: NV

State Plan Amendment (SPA) #: 23-0025

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
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601

Financial Management Group

January 30, 2024

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

RE: TN 23-0025

Dear Administrator Weeks:

We have reviewed the proposed Nevada State Plan Amendment (SPA) to Attachment 4.19-B NV-23-0025, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on November 01, 2023. This SPA updates the payment methodology for Physician services, Advanced Practice Registered Nurse (APRN)/Nurse Midwife services, and Physician Assistant (PA) services.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 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,

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 2 3 — 0 0 2 5

2. STATE: NV

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

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

4. PROPOSED EFFECTIVE DATE: January 1, 2024

5. FEDERAL STATUTE/REGULATION CITATION
State Plan under Title XIX of the Social Security Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY ~~2023~~ 2024 $ ~~13,416,119~~ $13,406,508
b. FFY ~~2024~~ 2025 $ ~~18,797,495~~ $18,784,591

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Nevada Medicaid State Plan Attachment 4.19-B, pages 1b, 1b(b), 1c, 1c (continued), 1d (continued), 1e (continued), 1e (continued p.1)

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*
Nevada Medicaid State Plan Attachment 4.19-B, pages 1b, 1b(b),1c, 1c (continued), 1d (continued), 1e (continued)

9. SUBJECT OF AMENDMENT
This State Plan Amendment increases reimbursement rates for physicians by 5%; set rates for APRNs and CNMs in parity with physicians; sets rates for physician's assistants in parity with physicians under certain circumstances; and moves reimbursement language for community health workers to a distinct section to allow them to be supervised by additional types of practitioners.

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, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL
[redacted]

12. TYPED NAME
RICHARD WHITLEY

13. TITLE
DIRECTOR, DHHS

14. DATE SUBMITTED
November 1, 2023

15. RETURN TO
Sandie Ruybalid, Deputy Administrator
DHCFP/Medicaid
1100 East William Street, Suite 101
Carson City, NV 89701

FOR CMS USE ONLY

16. DATE RECEIVED
November 1, 2023

17. DATE APPROVED
January 30, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
January 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL
[redacted]

20. TYPED NAME OF APPROVING OFFICIAL
Todd McMillion

21. TITLE OF APPROVING OFFICIAL
Division of Reimbursement Review

22. REMARKS
Pen and ink concurrences from state:
12/1/23: Years in Box 6
01/29/24: Dollar amount in Box 6
01/30/24: Box 9.

4. EPSDT and Family Planning

A. Early and periodic screening, diagnosis and treatment (EPSDT) services, including School Health Services (SHS), will be reimbursed the lower of a) billed charge, or b) fixed fee per unit as indicated for specific services listed elsewhere in this attachment.

B. SHS – Reimbursement Methodology

SHS described in Attachment 3.1-A, Page 2a of the Nevada State Plan will be reimbursed the lower of: a) billed charges; or b) a fixed fee schedule.

School Health Services (SHS) delivered by Local Education Agencies (LEAs) and provided to children. Services include:

1. Physician's services,
2. Physician's assistant services,
3. Nursing services including registered nurses, licensed practical nurses and advanced nurse practitioners,
4. Psychological services,
5. Physical therapy services,
6. Speech therapy, language disorders and audiology services,
7. Occupational therapy services,
8. Applied Behavior Analysis (ABA),
9. Personal Care Services (PCS),
10. Home health care services,
11. Case management,
12. EPSDT preventative screenings,
13. Dental services,
14. Optometry services,
15. Non-Residential mental health rehabilitative services,
16. Outpatient alcohol and substance abuse services,
17. Medical supplies, equipment and appliance services – Assistive Communication Devices, audiological supplies and other Durable Medical Equipment (DME), and
18. Services provided by telehealth.
19. Community Health Worker services

All costs described within this methodology are for Medicaid services provided by qualified practitioners that have been approved under Attachment 3.1-A of the Medicaid state plan.

All providers and services are paid the same as providers and services outside of the school-based setting (with the same fee schedules as the rest of the state).

A fixed fee schedule: as indicated for specific services listed elsewhere in this

attachment. All rates are published on the agency's website: http://dhcfp.nv.gov/Resources/Rates/FeeSchedules/ and are effective for services provided on and after January 1, 2024.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of SHS listed above.

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 99.75% 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 105% of the Medicare facility rate. Effective January 1, 2024, Radiopharmaceutical and Contrast codes will be reimbursed at the 2012 Medicare Mean Unit Cost plus 10.25%.
   c. Medicine Codes 90000 – 99199 will be reimbursed at 89.25% 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 99.75% of the Medicare non-facility rate.
   e. Obstetrical Service Codes 59000 – 59999 will be reimbursed at 99.75% 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 an anesthesia conversion factor of $23.70. 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 January1, 2024 All rates are published on our website:
http://dhcfp.nv.gov/Resources/Rates/FeeSchedules/

1. Physician Assistants:

   a. Surgical Codes 10000 – 58999 and 60000 – 69999 will be reimbursed at 59% ofthe Medicare facility rate.

   b. Radiology Codes 70000 – 79999 will be reimbursed at 75% of the Medicare facilityrate.

   c. 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 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

   d. Obstetrical Service Codes 59000 – 59999 will be reimbursed at 75% of the Medicare non-facility rate.

2. Advanced Practice Registered Nurse/Nurse Midwife:

   a. Surgical Codes 10000 – 58999 and 60000 – 69999 will be reimbursed at 99.75% of the Medicare facility rate.
   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 105% of the Medicare facility rate.

   c. Medicine Codes 90000 – 99199 will be reimbursed at 89.25% of the Medicare non-facility rate.
   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.

   When Community Health Worker (CHW) services are provided under the supervision of an Advanced Practice Registered Nurse, 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

   d. Evaluation and Management Codes 99201 – 99499 will be reimbursed at 99.75% of the Medicare non-facility rate.

   e. Obstetrical Service Codes 59000 – 59999 will be reimbursed at 99.75% of the Medicare non-facility rate.

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 January 1, 2024 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 are effective for services provided on or after those dates. All rates are published on our website: http://dhcfp.nv.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://dhcfp.nv.gov/Resources/Rates/FeeSchedules/.

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://dhcfp.nv.gov/Resources/Rates/FeeSchedules/ and are effective for services provided on and after January 1, 2024.

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