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State/Territory Name: NV

State Plan Amendment (SPA) #: 24-0025

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
230 South Dearborn Street
Chicago, Illinois 60604



Financial Management Group

October 8, 2024

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

RE: TN 24-0025

Dear Administrator Weeks:

We have reviewed the proposed Nevada State Plan Amendment (SPA) to Attachment 4.19-B NV-24-0025 which was submitted to the Centers for Medicare & Medicaid Services (CMS) on July 31, 2024. This SPA adds payment for new Collaborative Care Model services under the Physician and Other Licensed Practitioner benefits.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 31, 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,

[Redacted Signature]

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

2 4 — 0 0 2 5

2. STATE

NV

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL

SECURITY ACT

☒ XIX☐ XXI

4. PROPOSED EFFECTIVE DATE

July 31, 2024

TO: CENTER DIRECTOR

CENTERS FOR MEDICAID & CHIP SERVICES

DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. FEDERAL STATUTE/REGULATION CITATION

Section 1902(a) of the Social Security Act 1905(a)(5) and 1905(a)(6)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2025 2024 \$ 531,076 89,856b. FFY 2026 2025 \$ 532,717 531,076

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1-A page 2l

Attachment 3.1-A Page 3 and 3a (continued)

Attachment 4.19-B page 1c and 1c (continued) Attachment

4.19-B Page 1d and 1d (continued) and 1d (continued 1)

Attachment 4.19-B Page 1e (continued)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 3.1-A page 2l

Attachment 3.1-A Page 3 and 3a (continued)

Attachment 4.19-B page 1c and 1c (continued)

Attachment 4.19-B Page 1d and 1d (continued) and

1d (continued 1) Attachment 4.19-B Page 1e

(continued)

9. SUBJECT OF AMENDMENT

Amendments to Nevada's Coverage and Reimbursement State Plan to incorporate Behavioral Health Integration Services, specifically the Collaborative Care Model through the passing of Assembly Bill 138.

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

12. TYPED NAME

RICHARD WHITLEY

13. TITLE

DIRECTOR, DHHS

14. DATE SUBMITTED

July 31, 2024

15. RETURN TO

Cynthia Leech, Compliance Agency Manager

DHCFF/Medicaid

1100 East William Street, Suite 101

Carson City, NV 89701

FOR CMS USE ONLY

16. DATE RECEIVED

July 31, 2024

17. DATE APPROVED

October 8, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

July 31, 2024

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

Pen and ink concurrence for Box 5 provided on 9/16/24; Boxes 6,7,8 on 10/3/24 and 10/7/24; Box 10 on 10/7/24.

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 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 – 99491 and 99495 - 99499 will be reimbursed at 99.75% of the Medicare non-facility rate.
 1. Effective for dates of service on or after July 31, 2024, the rates for these codes will be:
 - a. Code 99492; \$107.30
 - b. Code 99493; \$85.93
 - c. Code 99494; \$44.39
 - d. Code G2214; \$42.09
 - 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.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nevada

Attachment 4.19-B
Page 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 physician fee schedule rates were set as of July 31, 2024 All rates are published on our website:

<http://dhcfp.nv.gov/Resources/Rates/FeeSchedules/>

TN No.: 24-0025

Approval Date: October 8, 2024

Effective Date: July 31, 2024

Supersedes

TN No.: 23-0025

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nevada

Attachment 4.19-B
Page 1d (Continued)

1. Physician Assistants:
 - a. Surgical Codes 10000 – 58999 and 60000 – 69999 will be reimbursed at 59% of the Medicare facility rate.
 - b. Radiology Codes 70000 – 79999 will be reimbursed at 75% of the Medicare facility rate.
 - c. Medicine Codes 90000 – 99199 and Evaluation and Management Codes 99201 – 99491 and 99495 – 99499 will be reimbursed at 63% of the Medicare non-facility rate. When Community Health Worker (CHW) services are provided under the supervision of a 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.
 1. Effective for dates of service on or after July 31, 2024, the rates for these codes will be:
 - a. Code 99492; \$107.30
 - b. Code 99493; \$85.93
 - c. Code 99494; \$44.39
 - d. Code G2214; \$42.09
 - d. Obstetrical Service Codes 59000 – 59999 will be reimbursed at 75% of the Medicare non-facility rate.
 - e. When a Physician Assistant practicing within their scope of practice renders a service intended to test for, prevent or treat human immunodeficiency virus (HIV) or hepatitis C, the Physician Assistant will be paid at a reimbursement rate equal to the reimbursement rates for Physicians described on pages 1d-1d (continued).
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.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nevada

Attachment 4.19-B
Page 1d (Continued 1)

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 – 99491 and 99495 - 99499 will be reimbursed at 99.75% of the Medicare non-facility rate.
 - 1. Effective for dates of service on or after July 1, 2024, the rates for these codes will be:
 - a. Code 99492; \$107.30
 - b. Code 99493; \$85.93
 - c. Code 99494; \$44.39
 - d. Code G2214; \$42.09
- e. Obstetrical Service Codes 59000 – 59999 will be reimbursed at 99.75% of the Medicare non-facility rate.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nevada

Attachment 4.19-B
Page 1e (continued)

Laboratory Fee Schedule for Nevada;

1. 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;
2. 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.
 - a. 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 31, 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 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/>.