

## **Table of Contents**

**State/Territory Name: NV**

**State Plan Amendment (SPA) #: 25-0028**

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**

December 11, 2025

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

RE: TN 25-0028

Dear Administrator Weeks:

We have reviewed the proposed Nevada State Plan Amendment (SPA) to Attachment 4.19-B NV-25-0028 which was submitted to the Centers for Medicare & Medicaid Services (CMS) on October 09, 2025. This SPA establishes a payment methodology for Vagus Nerve Stimulation Therapy devices.

Based upon the information provided by the State, we have approved the amendment with an effective date of March 1, 2026. 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](mailto:blake.holt@cms.hhs.gov).

Sincerely,



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 5 — 0 0 2 8

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

March 1, 2026

5. FEDERAL STATUTE/REGULATION CITATION

State Plan Under Title XIX of the Social Security Act ~~1905(5)(A)~~ 1905(a)(7)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2026 \$ 98,784  
b. FFY 2027 \$ 264,864

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Nevada Medicaid State Plan Attachment 4.19-B page ~~1c and 1c~~  
~~(Continued)~~ 2 and 2 (Continued)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Nevada Medicaid State Plan Attachment 4.19-B page ~~1c~~  
~~and 1c (Continued)~~ 2 and 2 (Continued)

9. SUBJECT OF AMENDMENT

This proposed amendment will provide reimbursement for Vagus Nerve Stimulation Therapy Devices and replacement parts for such a device at 82% of the cost.

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  
STACIE WEEKS

13. TITLE  
DIRECTOR, NVHA

14. DATE SUBMITTED  
October 9, 2025

15. RETURN TO

Ann Jensen, Administrator  
NVHA/Nevada Medicaid  
4070 Silver Sage Drive  
Carson City, NV 89701

**FOR CMS USE ONLY**

16. DATE RECEIVED  
October 9, 2025

17. DATE APPROVED  
December 11, 2025

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

March 1, 2026

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

12/04/2025: State concurs with pen and ink change to Boxes 5, 7, and 8.

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 1<sup>st</sup> 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 January 1, 2024 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://dhcfnv.gov/Resources/Rates/FeeSchedules/>

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

c. Vagus Nerve Stimulator will be reimbursed at 82% of the acquisition cost of the device and replacement parts.

d. 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

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nevada

Attachment 4.19-B  
Page 2 (Continued)

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.

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 March 1, 2026 and are effective for services provided on or after that date. All rates are published on our website: <http://dhcfnv.gov/Resources/Rates/FeeSchedules/>