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State/Territory Name: NV

State Plan Amendment (SPA) #: 26-0009

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

June 9, 2026

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

RE: TN 26-0009

Dear Administrator Weeks:

We have reviewed the proposed Nevada State Plan Amendment (SPA) to Attachment 4.19-B NV-26-0009 which was submitted to the Centers for Medicare & Medicaid Services (CMS) on April 27, 2026. This SPA clarifies the payment methodology for certain Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS).

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

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 6 — 0 0 0 9

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
April 1, 2026

5. FEDERAL STATUTE/REGULATION CITATION
State Plan Under Title XIX of the Social Security Act 1905(a)(7)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2026 \$ 0
b. FFY 2027 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Nevada Medicaid State Plan Attachment 4.19-B page 2


8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Nevada Medicaid State Plan Attachment 4.19-B page 2

9. SUBJECT OF AMENDMENT
To update language removing "if there is no MSRP" from paragraph 7.d.3.

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
ANN JENSEN

13. TITLE
ADMINISTRATOR NVHA/NEVADA MEDICAID

14. DATE SUBMITTED
April 27, 2026

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

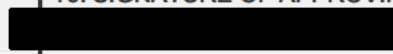
FOR CMS USE ONLY

16. DATE RECEIVED
April 27, 2026

17. DATE APPROVED

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
April 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

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 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) 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