

BRIAN SANDOVAL
Governor



RICHARD WHITLEY, MS
Director

MARTA JENSEN
Acting Administrator

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF HEALTH CARE FINANCING AND POLICY
1100 East William Street, Suite 101
Carson City, Nevada 89701
Telephone (775) 684-3676 • Fax (775) 687-3893
<http://dhcfp.nv.gov>

April 3, 2017

Inter-Tribal Council of Nevada
Executive Board President
Vinton Hawley, Chairman
Pyramid Lake Paiute Tribe
P.O. Box 256
Nixon, NV 89424

Dear Tribal Members:

In accordance with established consultation guidelines, the Division of Health Care Financing and Policy (DHCFP) is notifying Nevada tribes of the following proposed changes in Medicaid Services Manual (MSM) Chapter 800 – Laboratory Services policy:

- Section 803.1A - Coverage and Limitations has language added under covered services to clarify the change in definition and billing of drug screening and testing.
- Section 803.1B - Provider Responsibility has language added to clarify the billing of laboratory procedures bundled into a panel.

The DHCFP is providing clarification regarding the identification of drug screening and testing. The Centers for Medicare and Medicaid Services (CMS) has changed the identification of these procedures from qualitative and quantitative screening to presumptive screening and definitive testing. Drug screening and testing is a covered service and only one presumptive screening and one definitive testing procedure may be billed per patient per day. A presumptive test is not required prior to a definitive test.

Clarification has also been added regarding the payment for laboratory procedures bundled into a panel. When a provider performs all of the constituent parts of a covered panel, the provider must submit a claim for the panel rather than for each constituent procedure separately. The provider must not define a panel differently than does Current Procedural Terminology (CPT), and all of the constituent procedures must be medically necessary or medically indicated. When a provider performs some, but not all of the constituent procedures of a panel, the provider must submit a claim for the constituent procedures separately. In addition, when a provider performs more procedures than are included in a panel, the provider may submit a claim for the additional procedures separately.

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Throughout the chapter, grammar, punctuation and capitalization changes were made, duplications removed, acronyms used and standardized. Renumbering and re-arranging of the sections was necessary.

There is no fiscal impact anticipated for Provider Type 47 - Indian Health Programs (IHPs) with regards to this policy change.

If you would like a consultation regarding this new policy, please contact Tanya Benitez at (775) 684-3722 who will schedule a meeting. We would appreciate a reply within 30 days from the date of this letter. If we do not hear from you within this time, we will consider this an indication that no consultation is requested.

Sincerely,

A handwritten signature in black ink, appearing to read 'Lynne Foster', written in a cursive style.

Lynne Foster
Chief of Division Compliance

Cc: Shannon Sprout, Deputy Administrator, DHCFP
Sheri Eggleston, Social Services Program Specialist III, PDPM, DHCFP
Jodi Patton, Social Services Program Specialist II, PDPM, DHCFP
Brenda Bledsoe, Social Services Program Specialist III, PDPM, DHCFP