



BRIAN SANDOVAL  
Governor

STATE OF NEVADA  
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
**DIVISION OF HEALTH CARE FINANCING AND POLICY**  
1100 E. William Street, Suite 101  
Carson City, Nevada 89701  
(775) 684-3600

RICHARD WHITLEY  
Director

LAURIE SQUARTSOFF  
Administrator

**PUBLIC NOTICE**

**NOTICE OF MEETING TO SOLICIT PUBLIC COMMENTS ON AMENDMENTS TO  
THE STATE PLAN FOR MEDICAID SERVICES**

**AGENDA**

- Date of Publication:** May 22, 2015
- Date and Time of Meeting:** June 25, 2015 at 9:00AM
- Name of Organization:** The State of Nevada, Department of Health and Human Services, Division of Health Care Financing and Policy (DHCFP)
- Place of Meeting:** The State of Nevada Health Division  
4150 Technology Way Room 303  
Carson City, Nevada 89706
- Place of Video Conference:** The Division of Health Care Financing and Policy (DHCFP)  
1210 S Valley View Blvd. Suite 104  
Las Vegas, Nevada 89102

**AGENDA**

1. Public Comment
2. Discussion of Amendments to the State Plan for Medicaid Services and Solicitation of Public Comments

**Subject:** Indigent Accident Fund (IAF) Supplemental Payment Program

The Division of Health Care Financing and Policy (DHCFP) is proposing to extend the supplemental payment program for inpatient services described in the State Plan section, Attachment 4.19-A, Pages 32b, & 32d. This supplemental payment is scheduled to end 6/30/2015. The DHCFP is proposing to extend this program through SFY 2016 and SFY 2017. The DHCFP is also proposing to increase the Non-Federal share of the supplemental payments from \$11,245,692 each SFY to \$14,745,692 each SFY.

Effective date of change is July 1, 2015.

**Hospital inpatient services provided by acute care hospitals (PT11) will be affected.**

**There is no anticipated impact to the State General Funds as a result of the implementation of this program.**

**This covers all public and private entities under this provider type. The DHCFP projects a change in annual aggregate expenditures as follows:**

**An increase in supplemental payments of \$41,878,340.62 for SFY 2016; and**

**An increase in supplemental payments of \$42,493,305.64 for SFY 2017.**

**3. Discussion of Amendments to the State Plan for Medicaid Services and Solicitation of Public Comments**

**Subject: Rate Increase for Physician Services**

**The Division of Health Care Financing and Policy proposes to submit a State Plan Amendment for Section, Attachment 4.19-B, pages 1a through 1d, to change the rate methodology for Provider Types 20 – Physicians, 24 – Certified R.N. Practitioner, and 77 – Physician Assistant. The Division is updating the Medicare conversion factor from 2002 to the 2014 conversion factor and is updating the applicable percentages for each of the CPT code ranges. This is a legislatively mandated rate increase as part of the 2016 - 2017 biennial budget process.**

**Effective date of change is July 1, 2015.**

**This covers all public and private entities under these provider types. The DHCFP projects a change in annual aggregate expenditures as follows:**

**An increase in reimbursement for SFY 2016 is \$58,692,278; and**

**An increase in reimbursement for SFY 2017 is \$78,814,394.**

**4. Public Comment**

**5. General Public Comments limited to 5 minutes per person. (Because of time considerations, the period for public comment by each speaker may be limited, and speakers are urged to avoid repetition of comments made by previous speakers.)**

**6. Adjournment**

**PLEASE NOTE: Items may be taken out of order at the discretion of the chairperson. Items may be combined for consideration by the public body. Items may be pulled or removed from the agenda at any time. If an action item is not completed within the time frame that has been allotted, that action item will be continued at a future time designated and announced at this meeting by the chairperson. All public comment may be limited to 5 minutes.**

May 22, 2015

Page 3

This notice and agenda have been posted at [www.dhcfp.nv.gov](http://www.dhcfp.nv.gov) and <http://notice.nv.gov/>.

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Notice of this meeting and draft copies of the changes will be available on or after the date of this notice at the DHC FP Web site [www.dhcfp.nv.gov](http://www.dhcfp.nv.gov) Carson City Central office and Las Vegas DHC FP. The agenda posting of this meeting can be viewed at the following locations: Nevada State Library; Carson City Library; Churchill County Library; Las Vegas Library; Douglas County Library; Elko County Library; Lincoln County Library; Lyon County Library; Mineral County Library; Tonopah Public Library; Pershing County Library; Goldfield Public Library; Eureka Branch Library; Humboldt County Library; Lander County Library; Storey County Library; Washoe County Library; and White Pine County Library and may be reviewed during normal business hours.

If requested, a draft copy of the changes will be mailed to you. Requests and/or written comments on the proposed changes may be sent to Robyn Heddy at the Division of Health Care Financing and Policy, 1100 E. William Street, Suite 101, Carson City, NV 89701, at least 3 days prior to the public hearing.

All persons that have requested in writing to receive the Public Hearings agenda have been duly notified by mail or e-mail.

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Note: We are pleased to make reasonable accommodations for members of the public who are physically challenged and wish to attend the meeting. If special arrangements for the meeting are necessary, please notify the Division of Health Care Financing and Policy, in writing, at 1100 East William Street, Suite 101, Carson City, Nevada 89701 or call Robyn Heddy at (775) 684-3678, as soon as possible, or e-mail at: [Robyn.Heddy@dhcfp.nv.gov](mailto:Robyn.Heddy@dhcfp.nv.gov)

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This notice and agenda has been posted at the above locations as required by 42 CFR 447.205.



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Director

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Administrator

**Division of Health Care Financing and Policy  
Notice of meeting to solicit public comments and intent to act  
Upon Amendments to the State Plan for Medicaid Services**

**Public Hearing June 25, 2015  
Minutes**

Date and Time of Meeting: June 25, 2015 at 9:00 AM

Name of Organization: State of Nevada, Department of Health and Human Services, The Division of Health Care Financing and Policy (DHCFP)

Place of Meeting: The State of Nevada Health Division  
4150 Technology Way Room 303  
Carson City, Nevada 89706

Place of Video Conference: The Division of Health Care Financing and Policy (DHCFP)  
1210 S Valley View Blvd. Suite 104  
Las Vegas, Nevada 89102

**Attendees**

**In Carson City, NV**

Lea Cartwright, JK Belz and Associates  
Debra Sisco, DHCFP  
Erik Jimenez, Universal Health Services  
Jared Davies, DHCFP  
Tammy Moffitt, DHCFP  
Theresa Carsten, DHCFP  
Chris Bosse, Renown Health  
Joanna Jacob, Ferrari Public Affairs

Tiffany Lewis, DHCFP  
Sarah Spohn, DHCFP  
Douglas Harvey, Nevada Hospital Association  
Gloria Macdonald, DHCFP  
Darrell Faircloth, Senior DAG  
Bill Welch, Nevada Hospital Association  
Steve Boline, Nevada Rural Hospital Partners

**In Las Vegas, NV**

Victor Guerrero, DHCFP

## Introduction:

Ms. Tammy Moffitt, Chief of Program Integrity, Division of Health Care Financing and Policy (DHCFP), opened the Public Hearing introducing herself, Ms. Gloria Macdonald, Chief of Grants and Quality Assurance and Mr. Darrell Faircloth, Senior Deputy Attorney General (DAG).

Ms. Moffitt – The notice for this public hearing was published on May 22, 2015 in accordance with the Nevada Revised Statute 422.2369.

### 1. General Public Comments

No Comments

### 2. Discussion of Amendments to the State Plan for Medicaid Services and Solicitation of Public Comments

#### **Subject: Indigent Accident Fund (IAF) Supplemental Payment Program**

Ms. Debra Sisco:

The Division of Health Care Financing and Policy (DHCFP) is proposing to extend the supplemental payment program for inpatient services described in the State Plan Section, Attachment 4.19-A, Pages 32b, & 32d. This supplemental payment is scheduled to end 6/30/2015. The DHCFP is proposing to extend this program through State Fiscal Year (SFY) 2016 and SFY 2017. The DHCFP is also proposing to increase the Non-Federal share of the supplemental payments from \$11,245,692 each SFY to \$14,745,692 each SFY.

Hospital inpatient services provided by acute care hospitals (PT11) will be affected.

There is no anticipated impact to the State General Fund as a result of the implementation of this program.

This covers all public and private entities under this provider type. The DHCFP projects a change in annual aggregate expenditures as follows:

An increase in supplemental payments of \$41,878,340.62 for SFY 2016; and an increase in supplemental payments of \$42,493,305.64 for SFY 2017.

The effective date is July 1, 2015.

At the conclusion of Ms. Sisco's presentation, Ms. Moffitt asked Ms. Macdonald and Mr. Faircloth, DAG, if they had any questions or comments.

Ms. Macdonald's Comments:

- No Comment

Mr. Faircloth's Comments:

- No Comment

Public Comments:

- Mr. Steve Boline, Nevada Rural Hospital Partners (NRHP) inquired when the SFY 15 and 16 Upper Payment Limit (UPL) inpatient calculations would be available.
- Ms. Sisco responded the SFY UPL calculations for SFY 16 are not yet complete. SFY 15 UPL calculations are completed and available.
- Mr. Boline stated our concern is the increase in the supplemental payments and its impact on the UPL, and in turn the impact on the rural hospitals and how we reconcile that process, and whether we will go forward with a tentative UPL number July 1, 2015, or whether or not we wait until we have that reconciliation.
- Ms. Sisco replied we will be holding subsequent meetings regarding the reconciliation and we will be sure to include you.

Ms. Moffitt – Closed the Public Hearing for the SPA on Indigent Accident Fund (IAF) Supplemental Payment Program.

**3. Discussion of Amendments to the State Plan for Medicaid Services and Solicitation of Public Comments**

**Subject: Rate Increase for Physician Services**

Ms. Tiffany Lewis:

The Division of Health Care Financing and Policy proposes to submit a State Plan Amendment for Section, Attachment 4.19-B, pages 1a through 1d, to change the rate methodology for Provider Types 20 – Physicians, 24 – Certified R.N. Practitioner, and 77 – Physician Assistant. The Division is updating the Medicare conversion factor from 2002 to the 2014 conversion factor and is updating the applicable percentages for each of the CPT code ranges. This is a legislatively mandated rate increase as part of the 2016 - 2017 biennial budget process.

This covers all public and private entities under these provider types. The DHCFP projects a change in annual aggregate expenditures as follows:

An increase in reimbursement for SFY 2016 is \$58,692,278; and an increase in reimbursement for SFY 2017 is \$78,814,394.

The effective date is July 1, 2015.

At the conclusion of Ms. Lewis' presentation, Ms. Moffitt asked Ms. Macdonald and Mr. Faircloth, DAG, if they had any questions or comments.

Ms. Macdonald's Comments:

- No Comment

Mr. Faircloth's Comments:

- No Comment

Public Comments:

- No Comment

Ms. Moffitt – Closed the Public Hearing for the SPA Rate Increase for Physician Services.

**4. General Public Comments**

- No Comment

There were no further comments and Ms. Moffitt adjourned the public hearing at 9:27 AM

*\*An Audio (CD) version of this meeting is available through the DHCFP Administration office. For more detailed information on any of the handouts, submittals, testimony and or comments please contact Robyn Heddy at [Robyn.Heddy@dncfp.nv.gov](mailto:Robyn.Heddy@dncfp.nv.gov) or (775) 684-3678 with any questions.*

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nevada

Attachment 4.19-A

Page 32b

SUPPLEMENTAL PAYMENT FOR INPATIENT HOSPITALS

In order to preserve access to inpatient hospital services for needy individuals in the state of Nevada, effective on or after January 1, 2014, the state's Medicaid reimbursement system shall provide for supplemental payments to inpatient hospitals. These supplemental payments shall be determined on an annual basis and paid to qualifying private and public inpatient hospitals on a quarterly basis. The payments will be based on inpatient hospital Medicaid Fee-For-Service utilization. No payment under this section is dependent on any agreement or arrangement for providers or related entities to donate money or services to a governmental entity.

A. Amount for Distribution

1. The amount of funds to be distributed is the total computable of which the non-federal share is ~~\$11,245,692~~, ~~\$14,745,692~~ for the period from ~~January 1, 2014~~ ~~July 1, 2015~~ to ~~June 30, 2014~~ ~~June 30, 2016~~. For the period ~~July 1, 2014~~ ~~July 1, 2016~~ to ~~June 30, 2015~~ ~~June 30, 2017~~ the amount will be the total computable of which the non-federal share is ~~\$11,245,692~~ ~~\$14,745,692~~.
2. The aggregated amount of supplemental payments to inpatient hospitals shall not exceed the Upper Payment Limit (UPL) for each one of the respective period. ~~The amount of the supplemental payment to each individual hospital will not exceed the individual hospital UPL room for the time period.~~ The supplemental payment for the period of ~~January 1, 2014~~ ~~July 1, 2015~~ to ~~June 30, 2014~~ ~~June 30, 2016~~ will be accounted for the UPL room available for ~~January 1, 2014~~ ~~July 1, 2015~~ to ~~June 30, 2014~~ ~~June 30, 2016~~. The supplemental payment for the period of ~~July 1, 2014~~ ~~July 1, 2016~~ to ~~June 30, 2015~~ ~~June 30, 2017~~ will be accounted for in the UPL room available for ~~July 1, 2014~~ ~~July 1, 2016~~ to ~~June 30, 2015~~ ~~June 30, 2017~~.

B. Eligibility

1. Nevada acute care inpatient hospitals (PT 11), that are not designated as Critical Access Hospitals (CAH) (PT 75), Psychiatric Inpatient Hospitals (PT 13), Rehabilitation, Specialty or Long Term Acute Care (LTAC) (PT 56), will be deemed to qualify.
2. Nevada acute care inpatient hospitals (PT 11) certified as Trauma I, Trauma II and Trauma III levels will additionally qualify for the distribution of the Trauma case portion of the allotment.

## STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nevada

Attachment 4.19-A  
Page 32d

- a. To calculate the 50% weighted trauma case amount, divide the 100% weighted trauma case by 2.
- b. Multiply the number of trauma cases of hospitals certified as trauma Level I and Level II by the 100% weighted amount determined in (g), to calculate the payment for each hospital in this category.
- c. Multiply the number of trauma cases of hospitals certified as trauma Level III by the amount determined in (h), to calculate the payment for each hospital in this category.
- d. Subtract the trauma portion of the allocation from the total allocation to determine the amount remaining for distribution to eligible hospitals as identified in step 2 (a).
- e. Multiply the number of each hospital's Medicaid Fee-For-Service days, by their Medicaid CMI to determine the number of adjusted days per hospital.
- f. Divide the remaining allocation (the amount in step (c) reduced by the amount in step (e)) by the total adjusted days to determine the per day rate.
- g. Multiply the per day rate times the individual hospital adjusted days to determine each hospital payment.
- h. Add hospital day rate payment amount to the trauma payment, if any, to determine the total payment to each hospital.

### C. Payment

1. Payment issued to hospitals participating in the supplemental payment will be deducted and tracked to ensure that total Medicaid payments do not exceed the aggregate amount of (UPL) calculated for the corresponding period. **The amount of the supplemental payment to each individual hospital will not exceed the individual hospital UPL room for the time period.** (see A.2 above).
2. One fourth (25%) of the total annual allocation (not to exceed the aggregate amount of UPL for the corresponding period) will be paid out quarterly to each eligible hospital, in supplemental payments, due two quarters from the quarter to be paid (e.g. payment for July-September of 2014 will be paid out in the calendar quarter of January-March of 2015). For the payments for January 1, 2014-June 30, 2014, four equal payments will be paid in each of the four calendar quarters of 2014.
3. Each hospital will be issued the supplemental payment by EFT as a financial transaction through the MMIS.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nevada

Attachment 4.19-B

Page 1a

**3. Laboratory and pathology services deemed to be Nevada Medicaid covered benefits will be paid at:**

- a. For codes 80000-89999, the lower of billed charges not to exceed ~~50~~95% of the rate allowed by the ~~2005~~2014 Medicare Clinical Diagnostic Laboratory Fee Schedule for Nevada;
- b. Allowed laboratory and pathology codes/services outside of the ranges listed in 3.1 and 3.2 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. Newly developed laboratory and pathology codes that fall within the code range 80000-89999 will be priced at lower of billed charges not to exceed 50% of the rate allowed by the Medicare Clinical Diagnostic Laboratory Fee Schedule for Nevada for the year that the code(s) is listed in the fee schedule;
- d. 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; or
- e. Contracted or negotiated amount.

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 ~~April~~ **January 1, 2002 2014** unit values for the Nevada-specific resource based relative value scale (RBRVS) and the ~~2002~~ **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 ~~100~~**95**% of the Medicare facility rate.  
~~1. Pediatric enhancement for recipients under the age of 21 will be the lesser of billed charges or 130% of the 2002 Medicare Facility based rate for surgical codes 10000 – 58999 and 60000 – 69999.~~
  - b. Radiology codes 70000 – 79999 will be reimbursed at 100% of the Medicare facility rate. Effective February 15, 2012, Radiopharmaceutical and Contrast codes will be reimbursed at the 2012 Medicare Mean Unit Cost plus 5%.
  - c. Medicine codes 90000 – 99199 ~~and Evaluation and Management codes 99201 – 99499~~ will be reimbursed at 85% of the Medicare non-facility rate. ~~Vaccine Products 90476 – 90749 will be reimbursed at 85% of the Medicare non-facility rate.~~
  - d. Evaluation and Management codes 99201 - 99499 will be reimbursed at 90% of the Medicare non-facility rate effective July 1, 2015 through June 30, 2016. Effective July 1, 2016 Evaluation and Management codes 99201 – 99499 will be reimbursed at 95% of the Medicare non facility rate.
  - de. Obstetrical service codes 59000 – 59999 will be reimbursed at ~~128~~**95**% of the Medicare non-facility rate.
  - ef. 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 the CMS 2013 anesthesia conversion factor of \$22.57. Anesthesia codes 01967 – 01969 are occurrence based codes that are paid a flat rate. Anesthesia codes 99100 – 99140 are not covered.
  - fg. 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.

**Physician Services 42 CFR 447.405 Amount of Minimum Payment**

~~The State will continue to reimburse for services provided by physicians with a primary specialty designation of family medicine, pediatric medicine or internal medicine as if the requirements of 42 CFR 447.400, 447.405 and 447.410 remain in effect. The rates will be those in effect for these payments as of January 1, 2014.~~

~~The rates reflect all Medicare site of service and locality adjustments.~~

~~The rates do not reflect site of service adjustments, but reimburse at the Medicare rate applicable to the office setting.~~

~~The rates reflect all Medicare geographic/locality adjustments.~~

TN No. ~~14-009~~ 15-004 Approval Date: March 4, 2015 Effective Date: January 1, 2015 July 1, 2015

Supersedes

TN No. ~~13-008~~ 14-009

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nevada

Attachment 4.19-B  
Page 1c-1

~~The rates are statewide and reflect the mean value over all counties for each of the specified evaluation and management and vaccine billing codes.~~

~~The following formula was used to determine the mean rate over all counties for each code:~~

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**Method of Payment**

- ~~The state has adjusted its fee schedule to make payment at the higher rate for each E&M and vaccine administration code.~~
- ~~The State reimburses a supplemental amount equal to the difference between the Medicaid rate in effect on the date of service as published in the agency's fee schedule described in Attachment 4.19-B, Page 1c Physician Services of the State Plan and the minimum payment required at 42 CFR 447.405.~~

~~Supplemental payment is made:  monthly  quarterly~~

**Primary Care Services Affected by this Payment Methodology**

- ~~This payment applies to all Evaluation and Management (E&M) billing codes 99201 through 99499.~~
- ~~The State did not make payment as of July 1, 2009 for the following codes and will not make payment for those codes under this SPA (specify codes):~~

~~99288, 99339, 99340, 99358, 99359, 99363, 99364, 99386, 99387, 99396, 99397, 99402, 99403, 99404, 99408, 99409, 99411, 99412, 99420, 99429, 99441, 99442, 99443, 99444, 99450, 99455, 99456~~

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nevada

Attachment 4.19-B  
Page 1c-2

~~The state will make payment under this SPA for the following codes which have been added to the fee schedule since July 1, 2009 (specify code and date added).~~

~~99224 and 99225 were added on January 1, 2011.~~

~~99406 and 99407 were added on October 13, 2011.~~

**Physician Services – Vaccine Administration**

~~For the period January 1 through June 30, 2015, the state reimburses vaccine administration services furnished by physicians meeting the requirements of 42 CFR 447.400 at the state regional maximum administration fee set by the Vaccines for Children (VFC) program.~~

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nevada

Attachment 4.19-B  
Page 1c-3

**Effective Date of Payment**

~~E & M Services~~

~~This reimbursement methodology applies to services delivered on and after January 1, 2015 ending on June 30, 2015. All rates are published at: <https://dhcfp.nv.gov/ratesUnit.htm>~~

~~Vaccine Administration~~

~~This reimbursement methodology applies to services delivered on and after January 1, 2015 ending on June 30, 2015. All rates are published at: <https://dhcfp.nv.gov/ratesUnit.htm>~~

~~Assurance: State developed fee schedule rates are the same for both public and private providers of the service and the fee schedule and any annual/periodic adjustments to the fee schedule(s) are published on our website at: <http://dhcfp.nv.gov/>.~~

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nevada

Attachment 4.19-B  
Page 1d

6. Medical care and any other type of remedial care provided by licensed practitioners:
- a. Payment for services billed by a Podiatrist will be calculated using the April 1, 2002 unit values for the Nevada specific resource based relative value scale (RBRVS) and the 2002 Medicare Physicians Fee Schedule conversion factor. Payment will be the lower of billed charges, or the amount specified below:
    1. Surgical codes will be reimbursed at 74% of the Medicare facility rate
    2. Radiology codes will be reimbursed at 88% of the Medicare facility rate
    3. Medicine codes and Evaluation and Management codes will be reimbursed at 66% of the Medicare non-facility rate. Vaccine Products will be reimbursed at 85% of the Medicare non-facility rate.
    4. When codes 90465-90468, 90471-90474, 99381-99385 and 99391-99395 are used for EPSDT services, the reimbursement will be 85% of the Medicare non-facility rate.
  - b. Payment for services billed by an Optometrist will be calculated using the April 1, 2002 unit values for the Nevada specific resource based relative value scale (RBRVS) and the 2002 Medicare Physicians Fee Schedule conversion factor. Payment will be the lower of billed charges, or 85% of the Medicare non-facility rate. See also 12.d.,
  - c. Payment for services billed by a Chiropractor will be calculated using the April 1, 2002 unit values for the Nevada specific resource based relative value scale (RBRVS) and the 2002 Medicare Physicians Fee Schedule conversion factor. Payment will be the lower of billed charges, or the amount specified below:
    1. Medicine codes and Evaluation and Management codes will be reimbursed at 70% of the Medicare non-facility rate
    2. Radiology codes will be reimbursed at 32% of the Medicare facility rate.
  - d. Payment for services billed by an Advanced Practitioner of Nursing/Physician Assistant/Nurse-Midwife will be calculated using the ~~April~~ **January** 1, ~~2002~~ **2014** unit values for the Nevada specific resource based relative value scale (RBRVS) and the ~~2002~~ **2014** Medicare Physicians Fee Schedule conversion factor. Payment will be the lower of billed charges, or the amounts specified below:
    1. Surgical codes will be reimbursed at ~~69~~ **59**% of the Medicare facility rate.
      - a. ~~Pediatric enhancement for recipients under the age of 21 will be the lesser of billed charges or 90% of the 2002 Medicare Facility based rate for surgical codes 10000—58999 and 60000—69999.~~
    2. Medicine codes and Evaluation and Management codes will be reimbursed at ~~74~~ **63**% of the Medicare non-facility rate. ~~Vaccine Products will be reimbursed at 85% of the Medicare non-facility rate.~~
    3. Obstetrical service codes will be reimbursed at ~~88~~ **75**% of the Medicare non-facility rate.
    4. When codes 90465-90468, 90471-90474, 99381-99385 and 99391-99395 are used for EPSDT services, the reimbursement will be ~~85~~ **72**% of the Medicare non-facility rate.