

MEDICAID SERVICES MANUAL
TRANSMITTAL LETTER

June 7, 2016

TO: CUSTODIANS OF MEDICAID SERVICES MANUAL

FROM: LYNNE FOSTER, CHIEF OF DIVISION COMPLIANCE

SUBJECT: MEDICAID SERVICES MANUAL CHANGES
CHAPTER 600 PHYSICIAN SERVICES

BACKGROUND AND EXPLANATION

Revisions to Medicaid Services Manual (MSM) Chapter 600 – Physician Services are being proposed to introduce new policy for Community Paramedicine, a newly covered program. Community Paramedicine services fill a gap in care and includes a variety of medically necessary services that are provided within a person’s home in response to a physician’s order to prevent unnecessary hospital readmissions, emergency room visits and ambulance responses and, subsequently, reduce medical costs.

These changes are effective July 1, 2016.

MATERIAL TRANSMITTED	MATERIAL SUPERSEDED
CL 30098 MSM CHAPTER 600 - PHYSICIAN SERVICES	MTL 25/15 MSM CHAPTER 600 - PHYSICIAN SERVICES

Manual Section	Section Title	Background and Explanation of Policy Changes, Clarifications and Updates
601 (C)	Authority	Adds NRS Chapter 450B Emergency Medical Services as a chapter authority.
604	Community Paramedicine Services	Defines Community Paramedicine.
604.1	Provider Qualifications	Defines who can provide Community Paramedicine services and the requirements for enrolling as a Community Paramedicine service provider with Nevada Medicaid.
604.2	Coverage and Limitations	Outlines reimbursable Community Paramedicine services; lists non-covered services.

Manual Section	Section Title	Background and Explanation of Policy Changes, Clarifications and Updates
605	Reserved	Adds "Reserved" page.
606	Reserved	Adds "Reserved" page.
607	Hearings	Renumbers the Hearing Section within MSM 600 with the addition of a new section.

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DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: 601
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601 AUTHORITY

- A. Medicaid is provided in accordance with the requirements of Title 42 Code of Federal Regulation (CFR) Part 440, Subpart A – Definitions, Subpart B and sections 1929 (a), 1902 (e), 1905 (a), 1905 (p), 1915, 1920, and 1925 of the Act. Physician’s services are mandated as a condition of participation in the Medicaid Program Nevada Revised Statute (NRS) 630A.220.
- B. Regulations for services furnished by supervising physicians in teaching settings are found in 42 CFR Part 415; Subpart D. Key portion is defined in [Reg. 415.172(a)].
- C. The State Legislature sets forth standards of practice for licensed professionals in the Nevada Revised Statutes (NRS) for the following Specialists:
 - 1. NRS Chapter 634 - Chiropractic;
 - 2. NRS Chapter 629 - Healing Arts Generally;
 - 3. NRS Chapter 632 - Nursing;
 - 4. NRS Chapter 630 - Physicians and Physician Assistants and Practitioners of Respiratory Care General Provisions;
 - 5. NRS Chapter 633 - Osteopathic Medicine; ~~and~~
 - 6. NRS Chapter 635 - Podiatry; ~~and~~
 - 7. **NRS Chapter 450B Emergency Medical Services**

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604 COMMUNITY PARAMEDICINE SERVICES

The Division of Health Care Financing and Policy (DHCFP) reimburses for medically necessary community paramedicine services which are designed to provide health care services to the medically underserved. Community Paramedicine services fill patient care gaps in a local health care system and prevent duplication of services while improving the healthcare experience for the recipient. Prevention of unnecessary ambulance responses, emergency room visits, and hospital admissions and readmissions can result in cost reductions for the DHCFP.

604.1 COMMUNITY PARAMEDICINE PROVIDER QUALIFICATIONS

A. The following Nevada-licensed providers may provide community paramedicine services for Nevada Medicaid recipients:

1. Emergency Medical Technician (EMT);
2. Advanced Emergency Technician (AEMT);
3. Paramedic; or
4. Community Paramedic.

B. Required endorsement:

1. Community paramedicine endorsement from the Nevada Division of Public and Behavioral Health, Office of Emergency Medical Services; or
2. Community paramedicine endorsement from the Southern Nevada Health District's Board of Health.

C. Must be enrolled as a Nevada Medicaid provider and employed by a permitted Emergency Medical System (EMS) agency.

D. Must possess a scope of service agreement, based upon the provider's skills, with the Medical Director of the EMS agency under which they are employed.

1. The Medical Director of the EMS agency providing community paramedicine services must be enrolled as a Nevada Medicaid Provider.

604.2 COVERAGE AND LIMITATIONS

Community paramedicine services are delivered according to a recipient-specific plan of care under the supervision of a Nevada-licensed primary care provider (PCP), including a physician (MD/DO), an advanced practice registered nurse (APRN) or physician's assistant (PA) following an appropriate assessment. The PCP must consult with the EMS agency service's medical director to coordinate the care plan with all local community health providers and the local public health

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agencies, including home health and waiver services, to avoid duplication of services to the recipient. If a fee-for-service recipient requires more than five visits in the home during a three month period, they will be referred to the Care Management Organization (CMO) by the EMS agency.

A. The following services can be provided within a community paramedicine provider's scope of practice as part of a community paramedicine visit when requested in a primary care provider's care plan:

1. Evaluation/health assessment;
2. Chronic disease prevention, monitoring and education;
3. Medication compliance;
4. Immunizations and vaccinations;
5. Laboratory specimen collection and point of care lab tests;
6. Hospital discharge follow-up care;
7. Minor medical procedures and treatments within their scope of practice as approved by the EMS agency's medical director;
8. A home safety assessment; and
9. Telehealth originating site.

B. Non-covered services:

1. Travel time;
2. Mileage;
3. Services related to hospital-acquired conditions or complications resulting from treatment provided in a hospital;
4. Emergency response; for recipients requiring emergency response, the EMS transport will be billed under the ambulance medical emergency code;
5. Duplicated services; and
6. Personal Care Services.

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- C. For a list of covered procedure and diagnosis codes, please refer to the billing manual.
- D. Prior authorization is not required for community paramedicine services.

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6047 HEARINGS

Please reference Nevada Medicaid Services Manual (MSM), 3100 for hearings procedures.

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