

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nevada

Attachment 4.19-B

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- e. Payment for community paramedicine services will be calculated using the January 1, 2014 unit values for the Nevada specific resource based relative value scale (RBRVS) and the 2014 Medicare Physicians Fee Schedule conversion factor. Payment will be the lower of billed charges or the amount specified below:
 - 1. The following Medicine codes and Evaluation and Management codes will be reimbursed at 63% of the Medicare non-facility rate: 90460, 90471-90474, 99341-99345, 99347-99350.
- f. Payment for services billed by a Nurse Anesthetist 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 amounts specified below:
 - 1. Medicine codes 90000 - 99199 and Evaluation and Management codes 99201 – 99499 will be reimbursed at 74% of the Medicare non-facility rate. Vaccine Products 90476 – 90749 will be reimbursed at 85% of the Medicare non-facility rate.
 - 2. 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.
 - 3. 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.
- g. Payment for services billed by a Psychologist 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 based rate.
- h. 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 with the exception of the pharmacy dispensing fee component of the algorithm.

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 agency's Advanced Practitioner of Nursing/Physician Assistant/Nurse-Midwife fee schedule rates were set as of July 1, 2015 and are effective for services provided on or after that date. All rates are published on our website: <http://dhcfp.nv.gov/Resources/Rates/FeeSchedules/>.

7. Telehealth Services

Telehealth is the delivery of services from a provider of health care to a patient at a different location, through the use of information and audio-visual communication technology, not including standard telephone, facsimile or electronic mail.

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Supersedes

TN No. 15-01216-012

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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- a. The originating site provider will be paid a telehealth originating site facility fee per completed transmission. Payment for an originating site facility fee will be reimbursed at the rate established in the CY 2012 Medicare Physician Fee Schedule.
- b. If a patient is receiving telehealth services at an originating site without an enrolled Medicaid provider onsite, that originating site is not eligible for a facility fee from the DHCFP. Examples of this include, but are not limited to, cellular devices, home computers, kiosks and tablets.
- c. The distant site provider is paid the current applicable Nevada Medicaid fee for the telehealth service provided. Instructions for submitting billing claims may be found on the Nevada Medicaid website: <https://www.medicaid.nv.gov/providers/BillingInfo.aspx>.
- d. A provider will not be eligible for payment as both the originating and distant site for the same patient, same date of service.
- e. Facilities that are eligible for encounter reimbursement (e.g., Indian Health (IH) programs, Federally Qualified Health Centers (FQHCs), Rural Health Centers (RHCs)) may bill for an encounter in lieu of an originating site facility fee, if the distant site is for ancillary services (i.e., consult with specialist). If, for example, the originating site and distant site are two different encounter sites, then the originating encounter site must bill the telehealth originating site facility fee code and the distant encounter site may bill the encounter code.
- f. Fee schedule rates are the same for both governmental and private providers. The Nevada Medicaid fee schedules may be found on the following website: <http://dhcfnv.gov/Resources/Rates/FeeSchedules/>.

Certain Critical Access Hospitals (Provider Type 075) have been selected to participate in the Frontier Community Health Integration Program (FCHIP) demonstration by the Centers for Medicare and Medicaid Services (CMS). The hospitals participating in the FCHIP demonstration will be reimbursed at cost for telehealth services provided during the demonstration time period. The FCHIP demonstration will include dates of service beginning August 1, 2016 and ending July 31, 2019. For dates of service during the demonstration time period above, provided by hospitals approved by CMS to participate in the FCHIP demonstration, Nevada Medicaid will reimburse the following services as follows:

- a. On a quarterly basis, the hospital will submit to the DHCFP a summary of all telehealth encounters provided during the quarter, identified by the Telehealth Originating Site Facility Fee code.
- b. The DHCFP will use the total charges from the encounters submitted above and apply the facility specific Medicare approved cost to charge ratio to the charges to determine the total cost of Medicaid telehealth services provided in the quarter.
- c. The interim Medicaid payments issued to the facility will be subtracted from the total quarterly cost and the remaining amount will be issued to the facility as a quarterly supplemental payment.

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