

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nevada

Attachment 4.19-B

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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 (HHA) 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 agency’s rates were set as of July 1, 2000 and are effective for services on or after July 1, 2000.~~ The agency’s reimbursement rates were set as of July 1, 2016 and are effective for services provided on or after that date. All rates can be found on the official Web site of the Division of Health Care Policy and Financing at <http://dhcftp.nv.gov/Resources/RatesMain>.

A pediatric enhancement for services listed above in a.1, 2, and 3, ~~and 5~~ is effective for services on or after July 1, 2009.

Effective July 1, 2016 pediatric enhancement rates do not apply for services listed above in a.5.

c. Durable Medical Equipment, Prosthetics and Orthotics

1. Reimbursement for purchase of Durable Medical Equipment, Prosthetics and Orthotics is the lower of:
a) usual and customary charge, or b) a fixed fee schedule.
2. Reimbursement for rental of Durable Medical Equipment, Prosthetics and Orthotics is the lower of: a) usual and customary charge, or b) a fixed fee schedule.

The agency’s rates were set as of August 1, 2011 and are effective for services on or after August 1, 2011.

d. Disposable supplies:

1. If a supply item is billed through point of sale (POS), using a National Drug Code (NDC) number, reimbursement is the lower of: a) usual and customary charge, or b) gross amount due or c) Wholesale Acquisition Cost (WAC) + 8% as indicated on the current national drug data base utilized in Point-of-Sale plus a handling fee. For drugs without a WAC acquisition cost will be reimbursed plus a handling fee.
2. All other supplies billed outside POS, using Healthcare Common Procedure Coding System (HCPCS) codes and/or Current Procedural Terminology (CPT) codes are reimbursed the lower of: a) billed charge, or b) fixed fee schedule. The Agency’s rates were set as of August 1, 2011 and are effective

for services on or after August 1, 2011.

TN No. ~~11-01416-016~~
~~2011~~July 1, 2016

Approval Date: ~~February 28, 2012~~

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Supersedes

TN No. ~~11-009014~~

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The agency's rates were set as of August 1, 2011 and are effective for services on or after August 1, 2011.

d. Disposable supplies:

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2. All other supplies billed outside POS, using Healthcare Common Procedure Coding System (HCPCS) codes and/or Current Procedural Terminology (CPT) codes are reimbursed the lower of: STATE PLAN a) billed charge, or b) fixed fee schedule. The Agency's rates were set as of August 1, 2011 and are effective for services on or after August 1, 2011.