

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nevada

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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, 2016, and are effective for services on or after that date. All rates can be found on the official Web site of the Division of Health Care Financing and Policy at <http://dhcfp.nv.gov/Resources/Rates/>

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

c. Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)

1. Reimbursement for purchase of DMEPOS is the lower of: a) usual and customary charge, or b) a fixed fee schedule.
2. Reimbursement for rental of DMEPOS is the lower of: a) usual and customary charge, or b) a fixed fee schedule.
- ~~2.3.~~ **If there is no rate assigned, reimbursement will be the lower of: a) manufacturer’s suggested retail price (MSRP) less 25%, verifiable with quote or manufacturer’s invoice that clearly identifies MSRP; b) if there is no MSRP, reimbursement will be acquisition cost plus 20%, verifiable with manufacturer’s invoice; or c) the actual charge submitted by the provider.**

Payments for DMEPOS will be calculated using the 2016 Nevada-specific non-rural fee schedule issued by the Centers for Medicare and Medicaid Services (CMS). Reimbursement will be set at 100% of the Nevada-specific rates.

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.

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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: a) billed charge, or b) fixed fee schedule. The Agency's rates were set as of January 1, 2017, and are effective for services on or after January 1, 2017.

~~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: <http://www.dhcfp.nv.gov>.~~

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 Home Health Care Services fee schedule rates were set as of July 1, 2016 and are effective for services provided on or after that date. Durable Medical Equipment, Prosthetics, Orthotics and Supplies fee schedule rates were set as of January 1, 2017, 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/>.