

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nevada

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- a. Allowed laboratory and pathology codes/services outside the Licensed Pharmacy 1905(a)(6) services described in State Plan Attachment 3.1-A 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;
 - b. 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.
- i. **Community Health Worker (CHW):**
Effective for dates of service on or after February 1, 2022, payment for services will be calculated using the January 1, 2014 unit values for the Nevada-specific RBRVS and the 2014 Medicare Physician Fee Schedule conversion factor or the first year the applicable code appears on the Medicare fee schedule, whichever is later. Payment will be the lower of billed charges, or the amounts specified below:
1. **Medicine Codes 90000 – 99199 will be reimbursed at 60% of the Medicare non-facility rate.**

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 **January 1, 2024** ~~July 1, 2015~~ and are effective for services provided on or after that date. Podiatrist, Optometrist, Chiropractor, Nurse Anesthetist and Psychologist fee schedule rates were set as of January 1, 2017 and are effective for services provided on or after that date. Community Paramedicine fee schedule rates were set as of August 27, 2021 and are effective for services provided on or after that date. Licensed Pharmacist fee schedule rates were set as of July 1, 2022 and Community Health Worker rates were set as of February 1, 2022 and are effective for services provided on or after those dates. 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 communication technologies, not including facsimile or electronic mail.

- a. The originating site provider will be paid a telehealth originating site facility fee per completed transmission when applicable. Payment for an originating site facility fee will be reimbursed at the rate established in the CY 2012 Medicare Physician Fee Schedule.
- b. 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>.
- c. A provider will not be eligible for payment as both the originating and distant site for the same patient, same date of service.

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- d. 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://dhcfp.nv.gov/Resources/Rates/FeeSchedules/>.

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