

# **DHCFP MSM POLICY REVISION (draft) FOR COMMUNITY PARAMEDICINE**

## **INTRODUCTION**

The Division of Health Care Finance and Policy (DHCFP) reimburses for medically necessary community paramedicine services as a profession which meets the health care needs of Nevada Medicaid and Nevada Check Up recipients living in underserved communities.

## **AUTHORITY**

1. Code of Federal Regulations (CFR):
  - a. 42 CFR 410.40 Coverage of ambulance services; and
  - b. 42 CFR 440.130 Diagnostic Screening, Preventive and Rehabilitative Services
2. Nevada Revised Statutes (NRS)
  - a. NRS 450B.180 Emergency Medical Services;
  - b. NRS 629 Healing Arts Generally;
  - c. NRS 630 Physicians, Physicians Assistants, Medical Assistants and Practitioners of Respiratory Care General Provisions; and
  - d. NRS 633 Osteopathic Medicine.

## **PROVIDER QUALIFICATIONS**

Community Paramedicine provider qualifications are as follows:

1. Licensed/certified within the state of Nevada:
  - a. Emergency Medical Technician (EMT);
  - b. Advanced Emergency Technician (AEMT); or
  - c. Community Paramedic.
2. Required certification
  - a. Community paramedicine certification from the Nevada Division of Public and Behavioral Health, Office of Emergency Medical Services; or
  - b. Community paramedicine certification from the Southern Nevada Health District's Board of Health.
3. Must be enrolled as a Nevada Medicaid Provider.
4. Must possess a service scope agreement, based upon the paramedic's skills, with the Medical Director of the ambulance service under which they are employed.

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## 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) following an appropriate assessment. Either the PCP or the ambulance service's medical director must coordinate the care plan with all local community health providers and the local public health agencies, including home health and waiver services, to avoid duplication of services to the recipient. If a recipient requires more than five visits (encounters) in the home during a one month period, they will be referred to the Care Management Organization (CMO).

1. The following in-person services can be provided within a community paramedic's scope of practice as part of a community paramedicine visit when requested in a primary care provider's care plan:
  - a. Evaluation/health assessment;
  - b. Disease prevention, monitoring and education;
  - c. Medication compliance;
  - d. Immunizations and vaccinations;
  - e. Laboratory specimen collection;
  - f. Hospital discharge follow-up care; and
  - g. Minor medical procedures within their scope of practice.
  
2. Non-covered services:
  - a. Travel time;
  - b. Mileage;
  - c. Facility fees;
  - d. Services related to hospital-acquired conditions or treatment;
  - e. Medical response to a medical emergency (to be billed by the responding ambulance); and
  - f. Duplicated services;

For a list of covered procedure and diagnosis codes, please refer to the billing manual.

3. Prior authorization is not required for community paramedicine services.