

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nevada

Attachment 4.19-B

Page 1

PAYMENT FOR MEDICAL CARE AND SERVICES

1. This paragraph intentionally left blank.

2. Outpatient Hospital

a. Payments for services billed by Outpatient Hospitals using Current Procedural Terminology (CPT) codes will be calculated using the January 1, 2014 unit values for the Nevada-specific resource based relative value scale (RBRVS) and the 2014 Medicare Physician Fee Schedule conversion factor. Payment will be the lower of billed charges, or the amounts specified below:

- i. Surgical codes (10000–58999) and (60000–69999) will be reimbursed at 90% of the Medicare facility rate.
- ii. Radiology codes (70000–79999) will be reimbursed at 100% of the Medicare facility rate.
Effective February 15, 2012, Radiopharmaceutical and Contrast codes will be reimbursed at the 2012 Medicare Mean Unit Cost plus 5%.
- iii. Medicine codes (90000–99199) will be reimbursed at 85% of the Medicare facility rate.
- iv. Vaccine Products require a National Drug Code (NDC) and will be reimbursed according to the drug reimbursement algorithm set forth on page 3 of Attachment 4.19-B.
- v. Evaluation and Management codes (99201–99499) will be reimbursed at 90% of the Medicare facility rate.
- vi. Obstetrical service codes (59000–59999) will be reimbursed at 90% of the Medicare facility rate.
- vii. 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.
- viii. prescribed drugs (page 3, paragraph 12a);
- ix. outpatient laboratory and pathology services (page 1a, paragraph 3);
- x. dental services (CDT codes, page 2c, paragraph 10);
- xi. durable medical equipment; prosthetics and orthotics (page 2, paragraph 7c); and disposable supplies (page 2, paragraph 7d).

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 outpatient hospital 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/>.

b. (This paragraph intentionally left blank.)

~~1. a. Outpatient hospital services: as indicated for specific services listed elsewhere in this attachment Physicians' services (page 1c, paragraph 5); prescribed drugs (page 3, paragraph 12a); outpatient laboratory and pathology services (page 1a, paragraph 3); dental services (CDT codes, page 2c,~~

~~paragraph 10); durable medical equipment; prosthetics and orthotics (page 2, paragraph 7c); and disposable supplies (page 2, paragraph 7d).~~
~~b. (This paragraph intentionally left blank.)~~

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