

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nevada

Attachment 4.19-B

Page 1d

6. Medical care and any other type of remedial care provided by licensed practitioners:
- a. Payment for services billed by a Podiatrist 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, using the April 1, 2002 unit values for the Nevada-specific resource based relative value scale (RBRVS) and the 2002 Medicare Physicians Fee Schedule conversion factor. Payment will be the lower of billed charges;~~ or the amount specified below:
 1. Surgical codes (10000–58999) and (60000–69999) will be reimbursed at ~~74~~75% of the Medicare facility rate.
 2. Radiology codes (70000–79999) will be reimbursed at ~~88~~100% of the Medicare facility rate.
 3. Medicine codes (90000–99199) ~~and Evaluation and Management codes~~ will be reimbursed at ~~66~~85% of the Medicare non-facility rate.
 4. 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. ~~will be reimbursed at 85% of the Medicare non-facility rate.~~
 - 3-5. Evaluation and Management codes (99201–99499) will be reimbursed at 90% of the Medicare non-facility rate.
 4. ~~When codes 90465-90468, 90471-90474, 99381-99385 and 99391-99395 are used for EPSDT services, the reimbursement will be 85% of the Medicare non-facility rate.~~
 - b. Payment for services billed by an Optometrist 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, using the April 1, 2002 unit values for the Nevada-specific resource based relative value scale (RBRVS) and the 2002 Medicare Physicians Fee Schedule conversion factor. Payment will be the lower of billed charges;~~ or the amount specified below:
 1. Surgical codes (10000–58999) and (60000–69999) will be reimbursed at 75% of the Medicare non-facility rate.
 2. Radiology codes (70000–79999) will be reimbursed at 100% of the Medicare facility rate.
 - b.3. Medicine codes (90000–99199) and Evaluation and Management codes (99201–99499) will be reimbursed at ~~85~~90% of the Medicare non-facility rate. See also Page 3a, 12.d.;
 - c. Payment for services billed by a Chiropractor 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, using the April 1, 2002 unit values for the Nevada-specific resource based relative value scale (RBRVS) and the 2002 Medicare Physicians Fee Schedule conversion factor. Payment will be the lower of billed charges;~~ or the amount specified below:
 1. Radiology codes (70000–79999) will be reimbursed at 32100% of the Medicare facility rate. ~~Medicine codes and Evaluation and Management codes will be reimbursed at 70% of the Medicare non-facility rate~~
 2. Medicine codes (90000–99199) will be reimbursed at ~~70~~85% of the Medicare non-facility rate.
~~Radiology codes will be reimbursed at 32% of the Medicare facility rate.~~
 3. Evaluation and Management codes (99201–99499) will be reimbursed at ~~70~~90% of the Medicare non-facility rate.

- d. Payment for services billed by an Advanced Practitioner of Nursing/Physician Assistant/Nurse-Midwife will be calculated using the January 1, 2014 unit values for the Nevada specific resource based relative value scale (RBRVS) and the 2014 Medicare Physicians Fee Schedule conversion factor. Payment will be the lower of billed charges, or the amounts specified below:
1. Surgical codes (10000–58999) and (60000–69999) will be reimbursed at 59% of the Medicare facility rate.
 2. Radiology codes (70000—79999) will be reimbursed at 75% of the Medicare facility rate.
 3. Medicine codes (90000–99199) and Evaluation and Management codes (99201–99499) will be reimbursed at 63% of the Medicare non-facility rate.
 4. Obstetrical service codes (59000–59999) will be reimbursed at 75% of the Medicare non-facility rate.
 - ~~5. When codes 90465 90468, 90471 90474, 99381 99385 and 99391 99395 are used for EPSDT services, the reimbursement will be 72% of the Medicare non-facility rate.~~

TN No. 15-012
Supersedes
TN No. 15-004

Approval Date: March 23, 2016

Effective Date: January 1, 2016