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# Proposed Policy Updates to: MSM 200; MSM 400, and State Plan Attachment 3.1-A



# Housekeeping

- Please silence phones for those in the audience.
- For those on the phone, please do not place the call on hold, rather disconnect and call back if you must take another call.
- When speaking, please state your name for the record.



# Agenda

- Please see attached public notice.
- Public workshop will go in the order of the agenda, but can be taken out of order if necessary.



## a) Authorization Requirements for Emergency Inpatient Services

- Proposal to allow for five business days instead of one business days for emergency inpatient admissions/transfers/ changes in level of care that require authorization.
- This impacts:
  - MSM 200, Section 203.1 - Hospital Services (PT 11 – inpatient hospitals), Page 7, 9, 18
  - MSM 400, Section 403.9, 403.10 - Mental Health and Alcohol and Substance Abuse Services (PT 13 – psychiatric hospitals)
  - State Plan - Attachment 3.1-A, Pages 6d and 7a



## b) CAH – Outpatient & Inpatient on the Same Day

- MSM 200, Section 203.1.B.7.f.1 and 2, Page 8;
  - Current policy = outpatient observation, ancillary services, and Emergency Department are included in the first inpatient day per diem rate.
  - Proposal to allow for Critical Access Hospitals to be able to submit separate claims for these services when the patient is admitted into inpatient.
- Attachment A – Outpatient Observation Services, #B, Page 9
  - See 3<sup>rd</sup> paragraph. Same language.



c) All inpatient admissions must be authorized except for:

- MSM 200, Section 203.1.B.8.a & b, Page 8 & 9
  - QMB language taken directly from MSM 100.
  - Length of stays for vaginal delivery and medically necessary cesarean delivery that do not exceed the standard 3 days for vaginal and 4 days for cesarean.



## d) Elective vs. Medically Necessary Cesareans

- Received feedback from public workshops conducted on July 26 and 30, 2019 regarding this topic.
- Will be adding Medically Necessary Repeat Cesareans to “ICD-10 Diagnosis Codes Accepted by Nevada Medicaid Supporting Medical Necessity for Cesarean Section.”
- Updated language to be consistent throughout chapter for:
  - Non-medically necessary / elective cesareans that must be prior authorized before procedure is conducted vs. medically necessary cesareans.
  - MSM 200, Section 203.1, Page 4, 5, 7, 9



## e) Patient Liability

- MSM 200, Section 203.1B, Page 10 - 11
  - Patient liability has already been removed from PT 11 – Inpatient Hospitals.
  - WA 1775 was published on 12/13/2018.
  - This MSM change is to implement the change in policy.
  - PT 19 Nursing Facilities and PT 65 Hospice, Long Term Care will still collect Patient Liability.





## f) FA 100 Form

- MSM 200, Attachment A, Policy # 02-02
- Page = Attachment A, Page 4 - 5
  - FA 100 – Initial Emergency Dialysis Case Certification Form not required for initial claims anymore. Must still keep form in patient record.
  - WA 1954 was published on 8/20/2019.
  - This MSM change is to implement the change in policy.
  - Also updated all of Policy #02-02 for clarification.



## g) Miscellaneous Updates

- Various updates throughout MSM, Chapter 200 for clarification, grammar, punctuation, and numerical changes.
- Please note – based upon feedback received at the July 26 & July 30, 2019 public workshop, we will not be adding information from the Billing Manual.



# Contact Information

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