

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: NEVADA

Attachment 4.19-B

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End Stage Renal Disease (ESRD) Dialysis Procedure Payment and ESRD Facilities

~~Routine Hemodialysis (HD) and peritoneal dialysis (PD) services, CPT codes 90999 and 90945 respectively, will be paid the lower of 1.) billed charges, or 2.) a fixed fee. Routine dialysis services are all services provided in conjunction with the dialysis treatment as defined in the Medicare ESRD Facility Prospective Payment System Rate.~~

~~The bundled prospective payment system fixed fee rate and effective date will be set according to the most current Centers for Medicare & Medicaid Services (CMS) Medicare ESRD Prospective Payment System base rate. The bundled rate will include all resources used in providing outpatient dialysis treatment, including biological, drugs and laboratory services. Medicare updates their Prospective Payment System rate as needed.~~

The fixed fee for 90999 (HD) will be 100% of the Nevada Medicare ESRD Prospective Payment System (PPS) base rate multiplied by the current ESRD Wage Index Locality Factor for Nevada for independent and hospital-based facilities. The fixed fee for 90945 (PD) is set as an HD-equivalent session. This is accomplished by dividing HD rate by seven, and multiplying the result by three.

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

Assurance: Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of ESRD services. The agency's ~~rate was~~ ESRD rates are set annually ~~as of~~ on January 12, 2013 and ~~is~~ are effective for services on or after that date. All rates are published on the agency's website at: www.dhcfp.nv.gov/Resourses/Rates/RatesMain/.

~~The Prospective Payment System fixed fee and effective date will be set according to the most current Medicare ESRD Prospective Payment System base rate. Medicare updates their Prospective Payment System rate as needed.~~

~~Other services billed by ESRD Facilities using Current Procedural Terminology (CPT) codes will be calculated using the unit values for the Nevada-specific resource-based relative value scale (RBRVS) for the year that the specific CPT code was set in the system and the 2002 Medicare Physician Fee Schedule conversion factor. Payment will be the lower of billed charges, or the amounts specified below:~~

~~Surgical codes 10000—58999 and 60000—69999 will be reimbursed at 85% of the Medicare facility rate.~~

~~Radiology codes 70000—79999 will be reimbursed at 85% of the Medicare facility rate.~~

~~Medicine codes 90000—99199 and Evaluation and Management codes 99201—99499 will be reimbursed at 72.25% of the Medicare non facility rate with the exception of the following: Immunization Administration Codes will be reimbursed at \$7.80 and Vaccine Products will be reimbursed at 85% of the Medicare non facility rate.~~

~~The agency's rates were set as of August 1, 2011 and are effective for services on or after that date. All rates are published on the agency's website at: www.dhcfp.nv.gov.~~

~~Except as otherwise noted in the plan, state developed fee schedule rates are the same for both~~

~~governmental and private providers of ESRD services.~~

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