



November 25, 2019

Dear Provider,

During the 2017 Nevada Legislative Session, Assembly Bill 108 (AB108) was passed. The passage of this bill requires the State of Nevada, Division of Health Care Financing and Policy (DHCFP) conduct a rate review for each provider enrolled with Nevada Medicaid at a minimum of every four years. If the Division finds the rate of reimbursement for a service or item does not accurately reflect the actual cost of providing the service or item, DHCFP is required to calculate the rate of reimbursement that reflects the actual cost of providing the service or item and recommend the rate to the Director for possible inclusion in the State Plan for Medicaid.

DHCFP has developed a rate review schedule to meet this requirement and, at this time, the billable codes and rates for the following provider type (PT) are under review:

- PT 25 – Optometrist
- PT 41 – Optician, Optical Business
- PT 60 – School Based

If you are an enrolled provider in Nevada Medicaid currently under review, we are encouraging you to complete the survey for your designated provider type. The survey for each provider type will list all codes allowable under that PT. For each CPT/HCPCS code utilized by the provider completing the survey, please indicate the Usual & Customary Charge and the Cost of Providing Service. The Usual & Customary Charge is defined as the rate charged to **all payors**, not Nevada Medicaid specifically. The Cost of Providing Service is defined as the cost of materials, wages, and other expenses that directly impact the cost of providing the service.

As a valued partner with Nevada Medicaid, DHCFP strongly encourages all Provider Types to complete the survey. The information gathered is strictly for internal review. Data gathered from provider responses directly contributes to the analysis of current reimbursement rates and may assist in justifying rate adjustments in the future.

A list of applicable CPT/HCPCS codes can be located on our website at the following link: http://dhcfnv.gov/Resources/Rates/AB_108_Reviews/, click on provider type specific survey link, download the required forms and complete them electronically. Return completed forms via email to Rates@dhcfnv.gov with the subject “**AB108 Review**”, or you may return via U.S. Mail at the address provided on the survey. We ask that the code sheet be returned by Friday, January 31, 2020.

DHCFP appreciates your participation in this review and would like to take this opportunity to thank you for the valuable services you provide to Nevada Medicaid recipients.

November 25, 2019

Sincerely,

Kim Adams
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Division of Health Care Financing and Policy