BRIAN SANDOVAL Governor



RICHARD WHITLEY, MS Director

CODY PHINNEY
Acting Administrator

## DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF HEALTH CARE FINANCING AND POLICY

1100 East William Street, Suite 101 Carson City, Nevada 89701 Telephone (775) 684-3676 • Fax (775) 687-3893 <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a>

November 1, 2018

## 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 17- Special Clinics (all specialties excluding 180, 181, 188 & 215)

PT 32- Ambulance

PT 72- Nurse Anesthetist

PT 74- Nurse Midwife

PT 22- Dentist/Oral and Maxillofacial Surgery

PT 23- Hearing Aid Dispenser & Related Supplies

PT 27- Radiology & Noninvasive Diagnostic Centers

PT 43- Laboratory, Pathology/Clinical

PT 76- Audiologist

All PTs Anesthesia

If you are an enrolled provider in Nevada Medicaid currently under review, we are requesting your assistance in the rate review process. Review the list of applicable procedure codes and indicate which codes you currently provide, the usual and customary charges associated with each of the codes when you bill NV Medicaid, and the estimated cost for you to provide each service or item.

A list of applicable CPT/HCPCS codes can be located on our website at the following link: <a href="http://dhcfp.nv.gov/Resources/Rates/AB\_108\_Reviews/">http://dhcfp.nv.gov/Resources/Rates/AB\_108\_Reviews/</a>, click on provider type specific survey link, download the required forms and complete them electronically. Return completed forms via

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email to <u>Rates@dhcfp.nv.gov</u> with the subject "<u>AB108 Review</u>", or you may return via U.S. Mail at the address provided on the letterhead. We ask that the code sheet be returned by December 31, 2018.

The 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.

Sincerely,

Jared Davies Chief of Rate Analysis and Development Division of Health Care Financing and Policy