

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nevada

Attachment 4.19-B  
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**3. Laboratory and pathology services deemed to be Nevada Medicaid covered benefits will be paid at:**

- a. For Codes 80000 - 89999, the lower of billed charges not to exceed ~~50%~~47% of the rate allowed by the 2014 Medicare Clinical Diagnostic Laboratory Fee Schedule for Nevada;
- b. Allowed laboratory and pathology codes/services outside of the ranges listed in 3.1 and 3.2 or not listed in the Medicare Clinical Diagnostic Laboratory Fee Schedule for Nevada will be paid in accordance with other sections of this State Plan based on rendering provider type;
- b. For “BR” (by report) and “RNE” (relativity not established) codes that fall within the Code Range 80000 - 89999, the payment will be set at ~~62%~~58% of billed charges; or
- c. Contracted or negotiated amount.

**Assurance:** Except as otherwise noted in the plan, state developed fee schedule rates are the same for both public and private providers of the service. The agency’s physician fee schedule rates were set as of August 15, 2020 and are effective for services provided on or after that date. All rates are published on our website: <http://dhcfp.nv.gov/Resources/Rates/FeeSchedules/>

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