

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nevada

Attachment 4.19-B

Page 1d

6. Medical care and any other type of remedial care provided by licensed practitioners:
- a. Payment for services billed by a Podiatrist will be calculated using the January 1, 2014 unit values for the Nevada-specific resource based relative value scale (RBRVS) and the 2014 Medicare Physician Fee Schedule conversion factor. Payment will be the lower of billed charges, or the amount specified below:
 1. Surgical Codes 10000 – 58999 and 60000 – 69999 will be reimbursed at ~~75%~~71% of the Medicare facility rate.
 2. Radiology Codes 70000 – 79999 will be reimbursed at ~~100%~~94% of the Medicare facility rate.
 3. Medicine Codes 90000 – 99199 will be reimbursed at ~~85%~~80% of the Medicare non-facility rate.
 4. 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.
 5. Evaluation and Management Codes 99201 – 99499 will be reimbursed at ~~90%~~85% of the Medicare non-facility rate.
 - b. Payment for services billed by an Optometrist will be calculated using the January 1, 2014 unit values for the Nevada-specific RBRVS and the 2014 Medicare Physician Fee Schedule conversion factor. Payment will be the lower of billed charges, or the amount specified below:
 1. Surgical Codes 10000 – 58999 and 60000 – 69999 will be reimbursed at ~~75%~~71% of the Medicare non-facility rate.
 2. Radiology Codes 70000 – 79999 will be reimbursed at ~~100%~~94% of the Medicare facility rate.
 3. Medicine Codes 90000 – 99199 and Evaluation and Management Codes 99201 – 99499 will be reimbursed at ~~90%~~85% of the Medicare non-facility rate. See also Page 3a, 12.d.
 - c. Payment for services billed by a Chiropractor will be calculated using the January 1, 2014 unit values for the Nevada-specific RBRVS and the 2014 Medicare Physician Fee Schedule conversion factor. Payment will be the lower of billed charges, or the amount specified below:
 1. Radiology Codes 70000 – 79999 will be reimbursed at ~~100%~~94% of the Medicare facility rate.
 2. Medicine Codes 90000 – 99199 will be reimbursed at ~~85%~~80% of the Medicare non-facility rate.
 3. Evaluation and Management Codes 99201 – 99499 will be reimbursed at ~~90%~~85% of the Medicare non-facility rate.
 - d. Payment for services billed by an Advanced Practitioner of Nursing/Physician Assistant/Nurse-Midwife will be calculated using the January 1, 2014 unit values for the Nevada specific resource based relative value scale (RBRVS) and the 2014 Medicare Physicians Fee Schedule conversion factor. Payment will be the lower of billed charges, or the amounts specified below:

TN No. ~~17-00320-0013~~
2017 August 15, 2020

Approval Date: ~~June 1, 2017~~

Effective Date: ~~January 1,~~

Supersedes

TN No. ~~15-01217-003~~

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State: Nevada

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1. Surgical Codes 10000 – 58999 and 60000 – 69999 will be reimbursed at ~~59%~~~~56%~~ of the Medicare facility rate.
2. Radiology Codes 70000 – 79999 will be reimbursed at ~~75%~~~~71%~~ of the Medicare facility rate.
3. Medicine Codes 90000 – 99199 and Evaluation and Management Codes 99201 – 99499 will be reimbursed at ~~63%~~~~60%~~ of the Medicare non-facility rate.
4. Obstetrical Service Codes 59000 – 59999 will be reimbursed at ~~75%~~~~71%~~ of the Medicare non-facility rate.

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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