STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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12. b. Dentures: lower of a) billed charge, or b) fixed fee per unit value. See also 10.

- c. Prosthetic devices: (1) hearing aids: wholesale cost plus fixed fee; (2) all others: retail charge less negotiated discount.
- d. Eyeglasses: (1) frames: wholesale cost to a fixed maximum; (2) lenses: laboratory invoice cost; (3) material services: lower of a) billed charge, or b) fixed fee per Medicaid assigned unit value.

Assurance: State developed fee schedule rates are the same for both public and private providers for dentures, prosthetic devices and eyeglasses. The Agency's fee schedule rates were set as of August 15, 2020 January 1, 2017 and are effective for services provided on or after that date. All rates are published on the Agency's website at: http://dhcfp.nv.gov/Resources/Rates/FeeSchedules/

- 13. a. Other diagnostic services: lower of a) billed charges, or b) fixed fee per unit value.
 - b. Other screening services: lower of a) billed charges, or b) fixed fee per unit value.
 - c. Other preventive services: lower of a) billed charges, or b) fixed fee per unit value.
 - 1. Payment for medical nutrition therapy services billed by a Licensed and Registered Dietician 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 for Medicine Codes 90000 99199 will be reimbursed the lower of billed charges or 605763% of the Medicare non-facility rate.
 - d. Other rehabilitative services: PROVIDED WITH LIMITATIONS

Assurance: State developed fee schedule rates are the same for both public and private providers for other diagnostic, screening, preventive and rehabilitative services. The Agency's fee schedule rates were set as of August 15, 2020 January 1, 2018 and are effective for services provided on or after that date. All rates are published on the Agency's website at:

http://dhcfp.nv.gov/Resources/Rates/FeeSchedules/

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