

**MEDICAID SERVICES MANUAL  
TRANSMITTAL LETTER**

February 22, 2022

**TO:** CUSTODIANS OF MEDICAID SERVICES MANUAL

**FROM:** CASEY ANGRES  
MANAGER OF DIVISION COMPLIANCE

**SUBJECT:** MEDICAID SERVICES MANUAL CHANGES  
CHAPTER 2900 – FEDERALLY QUALIFIED HEALTH CENTERS  
(FQHCs)

**BACKGROUND AND EXPLANATION**

Revisions to Medicaid Services Manual (MSM) Chapter 2900 – Federally Qualified Health Centers (FQHCs) are being proposed as a result of the passage of Assembly Bill (AB) 191 and Senate Bill (SB) 420 during the 81<sup>st</sup> (2021) Nevada Legislative Session to add Community Health Workers (CHWs) under the encounter. CHWs are certified health educators who provide services including outreach and the coordination of healthcare.

Throughout the chapter, grammar, punctuation, and capitalization changes were made, duplications removed, acronyms used and standardized, and language reworded for clarity. Renumbering and re-arranging of sections was necessary.

Entities Financially Affected: The proposed change affects all Medicaid-enrolled providers delivering FQHC encounter type of services. Those provider types (PT) include but are not limited to: FQHCs (PT 17, specialty 181) and Community Health Workers (PT 89).

Financial Impact on Local Government: There is no anticipated fiscal impact known at this time.

These changes are effective February 23, 2022, pending CMS approval.

<b>MATERIAL TRANSMITTED</b>	<b>MATERIAL SUPERSEDED</b>
MTL OL MSM 2900 – Federally Qualified Health Centers	MTL 11/21 MSM 2900 – Federally Qualified Health Centers

<b>Manual Section</b>	<b>Section Title</b>	<b>Background and Explanation of Policy Changes, Clarifications and Updates</b>
<b>2901(B)</b>	<b>Authority</b>	Added “NRS Chapter 449 – Medical Facilities and Other Related Entities”.

<b>Manual Section</b>	<b>Section Title</b>	<b>Background and Explanation of Policy Changes, Clarifications and Updates</b>
<b>2903(D)</b>	<b>Policy</b>	Added “and/or certified provider” to be inclusive of CHWs.
<b>2903(D)(1)</b>	<b>Policy</b>	Added subsections to differentiate between licensed and certified providers.
<b>2903(D)(2)</b>	<b>Policy</b>	Added description for certified providers.
<b>2903(D)(2)(a)</b>	<b>Policy</b>	Added “Community Health Workers (CHWs)”.
<b>2903.1(A)(1)</b>	<b>Coverage and Limitations</b>	Added “Community Health Worker” to Medical Encounters.
<b>2903.1(A)(2)(h)</b>	<b>Coverage and Limitations</b>	Added reference for CHW services.

<b>DRAFT</b>	<b>MTL-11/21OL</b>
DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: 2901
MEDICAID SERVICES MANUAL	Subject: AUTHORITY

2901 AUTHORITY

- A. Medicaid is provided in accordance with the requirements of Title 42 Code of Federal Regulation (CFR) Part 440, Subpart A – Definitions, Subpart B and Sections 1861, 1929(a), 1902(e), 1905(a), 1905(p), 1915, 1920 and 1925 of the Social Security Act (SSA) and Section 4161 of the Omnibus Budget Reconciliation Act of 1990. Physician’s services are mandated as a condition of participation in the Medicaid Program Nevada Revised Statute (NRS) 630A.220.
- B. The Nevada State Legislature sets forth scopes of practice for licensed professionals in the NRS for the following Specialists:
1. **NRS Chapter 449 – Medical Facilities and Other Related Entities;**
  - ~~1.2.~~ NRS Chapter 630 – Physicians, Physician Assistants, Medical Assistants, Perfusionists and Practitioners of Respiratory Care;
  - ~~2.3.~~ NRS Chapter 631 – Dentistry, Dental Hygiene and Dental Therapy;
  - ~~3.4.~~ NRS Chapter 632 – Nursing;
  - ~~4.5.~~ NRS Chapter 633 – Osteopathic Medicine;
  - ~~5.6.~~ NRS Chapter 635 –Podiatric Physicians and Podiatry Hygienists;
  - ~~6.7.~~ NRS Chapter 636 – Optometry;
  - ~~7.8.~~ NRS Chapter 637 – Dispensing Opticians;
  - ~~8.9.~~ NRS Chapter 640E –Dietitians;
  - ~~9.10.~~ NRS Chapter 641 – Psychologists;
  - ~~10.11.~~ NRS Chapter 641B – Social Workers;
  - ~~11.12.~~ NRS Chapter 652 – Medical Laboratories.

<b>DRAFT</b>	<b>MTL-11/21OL</b>
DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: 2903
MEDICAID SERVICES MANUAL	Subject: POLICY

2903 POLICY

- A. The Division of Health Care Financing and Policy (DHCFP) reimburses FQHCs an outpatient encounter rate. DHCFP reimburses for medically necessary services provided at FQHCs.
- B. Encounters must include preventive and/or primary health services and are categorized as:
1. Medical;
  2. Mental/Behavioral Health; or
  3. Dental.
- C. FQHCs that have more than one Service Specific Prospective Payment Systems (SSPPS) rate established may bill for each reimbursable service type once per patient/per day.
1. An FQHC that has one established SSPPS encounter rate, only one reimbursable encounter may be billed per day.
  2. An FQHC that has two established SSPPS encounter rates, the FQHC may bill up to two reimbursable encounters per patient per day.
  3. An FQHC that has three established SSPPS encounter rates, the FQHC may bill up to three reimbursable encounters per patient per day.
  4. For information about Rate Development, Prospective Payment Systems, SSPPS, Change in Scope of Services, and Supplemental Payments, please refer to the Nevada Medicaid State Plan, Attachment 4.19B.
- D. For the purposes of reimbursement, an encounter is defined as:
- A face-to-face “visit” or an “encounter” between a patient and one or more approved licensed Qualified Health Professional **and/or certified provider** that takes place on the same day with the same patient for the same service type; this includes multiple contacts with the same provider.
1. Licensed Qualified Health Professionals approved to furnish services included in the outpatient encounter are:
    - ~~1~~a. Physician or Osteopath;
    - ~~2~~b. Dentist;

<b>DRAFT</b>	<b>MTL-11/21OL</b>
DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: 2903
MEDICAID SERVICES MANUAL	Subject: POLICY

~~3.c.~~ Advanced Practice Registered Nurse (APRN);

~~4.d.~~ Physician Assistant (PA);

~~5.e.~~ Certified Registered Nurse Anesthetist (CRNA);

~~6.f.~~ Nurse Midwife (NM);

~~7.g.~~ Psychologist;

~~8.h.~~ Licensed Clinical Social Worker (LCSW);

~~9.i.~~ Registered Dental Hygienist (RDH);

~~10.j.~~ Podiatrist;

~~11.k.~~ Radiology;

~~12.l.~~ Optometrist;

~~13.m.~~ Optician;

~~14.n.~~ Registered Dietitian (RD); and

~~15.o.~~ Clinical Laboratory Services.

2. Certified providers approved to furnish services included in the outpatient encounter are:

a. Community Health Workers (CHW).

## 2903.1 COVERAGE AND LIMITATIONS

A. Medical Encounter(s):

1. May be provided by an employed or contracted Physician or Osteopath, Advanced Practice Registered Nurse (APRN), Physician Assistant (PA), Nurse Midwife (NM), Certified Registered Nurse Anesthetist (CRNA), Podiatrist, Optometrist, Optician, **Community Health Worker (CHW)**, or Registered Dietitian (RD) under the FQHCs HRSA approved scope of services and the practitioners applicable state regulatory board's scope of practice. Encounters are to be billed as applicable with the FQHC encounter reimbursement methodology.

<b>DRAFT</b>	<b>MTL-11/21OL</b>
DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: 2903
MEDICAID SERVICES MANUAL	Subject: POLICY

2. Services may include:

- a. Primary care services medical history, physical examination, assessment of health status, treatment of a variety of conditions amenable to medical management on an ambulatory basis by an approved provider and related supplies;
  - 1. Vital signs including temperature, blood pressure, pulse, oximetry and respiration;
  - 2. Integral laboratory and radiology services conducted during the visits are included in the encounter as they are built into the established encounter rate and are not to be billed separately.
- b. Early and Periodic Screening, Diagnosis and Treatment (EPSDT) screening policy and periodicity recommendations; Refer to Medicaid Services Manual (MSM) Chapter 1500 – Healthy Kids.
- c. Preventive health services recommended with a grade of A or B by the United States Preventive Services Task Force (USPSTF) and education Refer to MSM Chapter 600 – Physicians Services;
- d. Home visits;
- e. Family planning services including contraceptives;
 

Up to two times a calendar year, the FQHC may bill for additional reimbursement for family planning education on the same date of service as the encounter. Refer to Billing Guide, Provider Type 17, Specialty 181 for more information.
- f. For women: annual preventive gynecological examination, clinical breast examination, thyroid function test, and maternity care services which includes antepartum, labor and delivery, and postpartum care services;
- g. Vision and hearing screening;
- h. **CHW services as defined in MSM Chapter 600 – Physician Services.**

B. Behavioral/Mental Health Encounter(s):

- 1. May be provided by employed or contracted Psychiatrist, Psychologist, APRN, PA, or LCSW who is authorized to provide mental/behavioral health services by the FQHC under the FQHC’s HRSA approved scope of services and the practitioner’s

	MTL 11/21
DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: 2903
MEDICAID SERVICES MANUAL	Subject: POLICY

applicable state regulatory board's scope of practice.

2. Conditions may include behavioral/mental health, and/or substance use disorders including co-occurring disorders. Services may include:
  - a. Screening, assessments, diagnosis, and/or treatment.
  - b. Treatments may include clinically appropriate evidence-based practices such as therapy, counseling, and medication management.
  - c. Refer to MSM Chapter 400 – Mental Health and Alcohol and Substance Abuse Services.