

MEDICAID SERVICES MANUAL
TRANSMITTAL LETTER

March 29, 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 to add a new provider type (PT), Doulas. This is a result of the passage of Assembly Bill (AB) 256 and Senate Bill (SB) 420 during the 81st Legislative Session.

Doula services include education, emotional and physical support during pregnancy, labor, delivery, and postpartum period.

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 Doula (PT 90), Special Clinics (PT 17) and Specialty 181-Federally Qualified Health Centers.

Financial Impact on Local Government: An estimated decrease in annual aggregate expenditures for Doula services:

SFY 2022:	(\$420,772)
SFY 2023:	(\$848,600)

These changes for Doulas are effective April 1, 2022, pending CMS approval and Nevada Certification Board Doula certification implementation.

MATERIAL TRANSMITTED

MTL OL
MSM 2900 – Federally Qualified Health
Centers

MATERIAL SUPERSEDED

MTL 01/22
MSM 2900 – Federally Qualified Health
Centers

Manual Section	Section Title	Background and Explanation of Policy Changes, Clarifications and Updates
2903D(2)(b)	Policy	Added “Douglas.”
2903.1(A)(1)	Coverage and Limitations	Added “Douglas” to Medical Encounters.
2903.1(A)(2)(i)	Coverage and Limitations	Added reference for Doula services.

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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:
 - a. Physician or Osteopath;
 - b. Dentist;

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- c. Advanced Practice Registered Nurse (APRN);
 - d. Physician Assistant (PA);
 - e. Certified Registered Nurse Anesthetist (CRNA);
 - f. Nurse Midwife (NM);
 - g. Psychologist;
 - h. Licensed Clinical Social Worker (LCSW);
 - i. Registered Dental Hygienist (RDH);
 - j. Podiatrist;
 - k. Radiology;
 - l. Optometrist;
 - m. Optician;
 - n. Registered Dietitian (RD); and
 - o. Clinical Laboratory Services.
2. Certified providers approved to furnish services included in the outpatient encounter are:
- a. Community Health Workers (CHW).
 - b. **Doulas.**

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), **Doulas**, 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.

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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.
- i. **Doula 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