

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nevada

Attachment 7.7-B

Page 1

COVID-19 Testing at section 1905(a)(4)(F) of the Social Security Act

During the period starting March 11, 2021 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period described in section 1135(g)(1)(B) of the Social Security Act (the Act):

Coverage

X The state assures coverage of COVID-19 testing consistent with the Centers for Disease Control and Prevention (CDC) definitions of diagnostic and screening testing for COVID-19 and its recommendations for who should receive diagnostic and screening tests for COVID-19.

X The state assures that such coverage:

1. Includes all types of FDA authorized COVID-19 tests;
2. Is provided to all categorically needy eligibility groups covered by the state that receive full Medicaid benefits;
3. Is provided to the optional COVID-19 group if applicable; and
4. Is provided to beneficiaries without cost sharing pursuant to section 1916(a)(2)(I) and 1916A(b)(3)(B)(xiii) of the Act; reimbursement to qualified providers for such coverage is not reduced by any cost sharing that would otherwise be applicable under the state plan.

Please describe any limits on amount, duration or scope of COVID-19 testing consistent with 42 CFR 440.230(b).

<p>All COVID-19 diagnostic and serology antibody testing has no limits on utilization. COVID-19 over-the-counter (OTC) screening tests will be limited to eight tests per month per beneficiary and may be exceeded based upon medical necessity.</p> <p>EPSDT eligible beneficiaries may exceed the eight OTC screening tests per month per beneficiary limit based upon medical necessity.</p>
--

X
Applies to the state's

approved Alternative Benefit Plans, without any deduction, cost sharing, or similar charge, pursuant to section 1937(b)(8)(B) of the Act.

X The state assures compliance with the HHS COVID-19 PREP Act declarations and authorizations, including all of the amendments to the declaration.

Additional Information (Optional):

<p>Coverage of the optional COVID-19 group will end on the last day of the emergency period.</p>
--

TN No.: 22-0013
Supersedes
TN No.: NEW

Approval Date: _____

Effective Date: June 1, 2022

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nevada

Attachment 7.7-B

Page 2

Reimbursement

The state assures that it has established state plan rates for COVID-19 testing consistent with the CDC definitions of diagnostic and screening testing for COVID-19 and its recommendations for who should receive diagnostic and screening tests for COVID-19.

List references to Medicaid state plan payment methodologies that describe the rates for COVID-19 testing for each applicable Medicaid benefit:

Starting June 1, 2022 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period, reimbursement rates for COVID-19 diagnostic and serology testing established in Disaster SPA #20-0009, Section E – Payments, #2, will no longer be reimbursed at 100% of Medicare. Rather, Nevada Medicaid will allow for 50% of the rate allowed by the 2014 Medicare Clinical Diagnostic Laboratory Fee Schedule for Nevada for COVID-19 laboratory diagnostic and serology antibody testing procedure codes such as: U0001, U0002, U0003, U0004, 87426, 87635, 87636, 87637, 87811, 87428, 86328, 86413, 86769, and other associated COVID-19 testing codes. This reimbursement methodology is located in Nevada Medicaid State Plan, Section 4.19, Attachment 4.19-B, Page 1a, 3 – Laboratory and pathology services deemed to be Nevada Medicaid covered benefits will be paid at.

The state is establishing rates for COVID-19 testing pursuant to sections 1905(a)(4)(F) and 1902(a)(30)(A) of the Act.

The state's rates for COVID-19 testing are consistent with Medicare rates for testing, including any future Medicare updates at the:

Medicare national average, OR

Associated geographically adjusted rate.

The state is establishing a state specific fee schedule for COVID-19 testing pursuant to sections 1905(a)(4)(F) and 1902(a)(30)(A) of the Act.

The state's rate is as follows and the state's fee schedule is published in the following location :

Starting June 1, 2022 and ending on the last day of the first calendar quarter that begins one year after the last day of the emergency period, COVID-19 OTC screening tests, purchased through a provider type 28 Pharmacy, will be reimbursed up to the maximum allowable cost of \$12.00 per unit.

The state's fee schedule is the same for all governmental and private providers.

TN No.: 22-0013

Approval Date: _____

Effective Date: June 1, 2022

Supersedes

TN No.: NEW

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nevada

Attachment 7.7-B

Page 3

____ The below listed providers are paid differently from the above rate schedules and payment to these providers for COVID-19 testing is described under the benefit payment methodology applicable to the provider type:

Additional Information (Optional):

____ The payment methodologies for COVID-19 testing for providers listed above are described below:

PRA Disclosure Statement Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 # 75). Public burden for all of the collection of information requirements under this control number is estimated to take up to 1 hour per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN No.: 22-0013

Approval Date: _____

Effective Date: June 1, 2022

Supersedes

TN No.: NEW