

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Nevada

Attachment 4.19-B  
Page 3a

12. a. Dentures: lower of a) billed charge, or b) fixed fee per unit value. See also 10.
- b. Prosthetic devices: (1) hearing aids: wholesale cost plus fixed fee; (2) all others: retail charge less negotiated discount.
- c. 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 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. Medical Nutrition Therapy

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 63% of the Medicare non-facility rate.

2. Doula

Effective for dates of service on or after ~~April 1, 2022~~ **October 1, 2023**, doula services provided during labor and delivery (includes antepartum and postpartum period) are reimbursed at the lower of billed charges or the amounts specified below:

i. Codes 59409, 59514, 59612 and 59620; ~~\$150~~**\$900.00**

ii. Code S9445; ~~\$50~~**\$100.00**

iii. **A 10 Percent increase to rates identified in i.-ii. will be provided for services rendered to recipients residing outside of urban Washoe and urban Clark counties.**

- 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, Medical Nutrition Therapy (MNT) services,

TN No.: ~~21-001223-0016~~  
**2024October 1, 2023**

Approval Date: ~~July 7, 2022~~

Effective Date: ~~August 27,~~

Supersedes

TN No.: ~~17-01921-0012~~

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Nevada

Attachment 4.19-B  
Page 3a (Continued)

Doula services and rehabilitative services. The Agency's fee schedule rates for MNT services were set as of January 1, 2018 and are effective for services provided on or after that date. The Agency's fee schedule rates for Doula services rates were set as of April 1, 2022 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/>

---

TN No.: ~~21-001223-0016~~  
2024 October 1, 2023

Approval Date: ~~July 7, 2022~~

Effective Date: ~~August 27,~~

Supersedes

TN No.: ~~17-01921-0012~~