

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nevada

Attachment 4.19-B
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1. Physician Assistants:
 - a. Surgical Codes 10000 – 58999 and 60000 – 69999 will be reimbursed at 59% of the Medicare facility rate.
 - b. Radiology Codes 70000 – 79999 will be reimbursed at 75% of the Medicare facility rate.
 - c. Medicine Codes 90000 – 99199 and Evaluation and Management Codes 99201 – ~~99491 and 99495~~ - 99499 will be reimbursed at 63% of the Medicare non-facility rate. When Community Health Worker (CHW) services are provided under the supervision of a Physician's Assistant, effective for dates of service on or after February 1, 2022, payment for services will be calculated using the January 1, 2014 unit values for the Nevada-specific RBRVS and the 2014 Medicare Physician Fee Schedule conversion factor or the first year the applicable code appears on the Medicare fee schedule, whichever is later. Payment will be the lower of billed charges, or the amounts specified below:
Medicine Codes 90000 – 99199 will be reimbursed at 60% of the Medicare non-facility rate.
 1. **Effective for dates of service on or after July 31, 2024, the rates for these codes will be:**
 - a. Code 99492; \$107.30
 - b. Code 99493; \$85.93
 - c. Code 99494; \$44.39
 - d. Code G2214; \$42.09
 - d. Obstetrical Service Codes 59000 – 59999 will be reimbursed at 75% of the Medicare non-facility rate.
 - e. When a Physician Assistant practicing within their scope of practice renders a service intended to test for, prevent or treat human immunodeficiency virus (HIV) or hepatitis C, the Physician Assistant will be paid at a reimbursement rate equal to the reimbursement rates for Physicians described on pages 1d-1d (continued).
2. Advanced Practice Registered Nurse/Nurse Midwife:
 - a. Surgical Codes 10000 – 58999 and 60000 – 69999 will be reimbursed at 99.75% of the Medicare facility rate.
Pediatric enhancement for recipients under the age of 21 will be the lesser of billed charges or 115% of the currently established Medicaid rates for Surgical Codes 10000 – 58999 and 60000 – 69999.
 - b. Radiology Codes 70000 – 79999 will be reimbursed at 105% of the Medicare facility rate.
 - c. Medicine Codes 90000 – 99199 will be reimbursed at 89.25% of the Medicare non-facility rate.
Pediatric enhancement for recipients under the age of 21 will be the lesser of billed charges or 115% of the currently established Medicaid rates for

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Procedure Codes 93000 – 93350.

When Community Health Worker (CHW) services are provided under the supervision of an Advanced Practice Registered Nurse, effective for dates of service on or after February 1, 2022, payment for services will be calculated using the January 1, 2014 unit values for the Nevada-specific RBRVS and the 2014 Medicare Physician Fee Schedule conversion factor or the first year the applicable code appears on the Medicare fee schedule, whichever is later. Payment will be the lower of billed charges, or the amounts specified below:

Medicine Codes 90000 – 99199 will be reimbursed at 60% of the Medicare non-facility rate

- d. Evaluation and Management Codes 99201 – ~~99491~~ and ~~99495~~ - 99499 will be reimbursed at 99.75% of the Medicare non-facility rate.
 - 1. ~~Effective for dates of service on or after July 1, 2024, the rates for these codes will be:~~
 - a. ~~Code 99492; \$107.30~~
 - b. ~~Code 99493; \$85.93~~
 - c. ~~Code 99494; \$44.39~~
 - d. ~~Code G2214; \$42.09~~
- e. Obstetrical Service Codes 59000 – 59999 will be reimbursed at 99.75% of the Medicare non-facility rate.

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