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NEVADA HEALTH AUTHORITY

NEVADA MEDICAID

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Notice of Meeting to Solicit Public Comments and Intent to Act Upon Amendments to the Medicaid Services Manual (MSM)

Public Hearing October 28, 2025 Summary

Date and Time of Meeting: October 28, 2025, at 10:00 AM

Name of Organization: State of Nevada, Nevada Health Authority (NVHA),
Division of Nevada Medicaid (DNM)

Place of Meeting: Nevada Medicaid
1919 College Parkway, Suite #120
Carson City, Nevada 89706

Teleconference and/or Microsoft Teams Attendees

(Note: This List May Not Include All Participants, Just Those Who Identified Themselves)

Casey Angres, DNM	Carin Fox-Hennessey, DNM
Lauren M. Driscoll, Regulatory Council	Lindsey Bondiek, DNM
Gabriel D. Lither, Senior Deputy Attorney General (SDAG)	Kerisa Weaver, DNM
Jeremey Hays, DNM	Kimberly Smalley, DNM
Joleen Walker, DNM	Marcel Brown, DNM
Darlene Wolff, DNM	Patricia Schille, DNM
Lori Follett, DNM	Sheri Gaunt, DNM
Melody Hall-Ramirez, DNM	Cassandra Davis, DNM
Krisann Taylor, DNM	Shaneka L. Wiley, Elevance Health
Evette Cullen, DNM	Elizabeth Scott, DNM
	Leydis Diaz Echevarria

Introduction:

Casey Angres, Agency Manager, DNM, opened the Public Hearing introducing herself, Lauren M. Driscoll, Regulatory Council, and Gabriel D. Lither, SDAG.

Casey Angres – The notice for this public hearing was published on September 25, 2025, in accordance with Nevada Revised Statute (NRS) 422.2369.

1. **Public Comments:** There were none.

2. **Discussion and Proposed Adoption and Changes to MSM Chapter 1700**

Subject: MSM Chapter 1700 – Therapy

Kerisa Weaver, Program Specialist, Medical and Dental Benefits Coverage Unit, DNM, presented the proposed changes to MSM Chapter 1700. Section 1703.2B is being revised to remove the prior authorization requirements for Speech Language Pathology services provided to a recipient under the age of 26, for the treatment of a stutter. This is in compliance with Assembly Bill (AB) 169 which was passed during the 83rd Legislative Session. Additionally, all references to the Division of Health Care Financing and Policy (DHCFP) were updated to Nevada Medicaid throughout the chapter. Prior Authorization Requirements, Section 1703.2B(1-2), have been reordered, Section 1703.2B(2)(a) was created to add an exception to the prior authorization requirements for the treatment of a stutter for recipients under the age of 26.

The proposed policy updates affect Provider Type (PT) Therapy (PT 34), specifically Speech Language Pathology specialties.

The effective date is January 1, 2026.

Public Comments: There were none.

Lauren M. Driscoll approved the changes pending spelling and grammar changes.

Casey Angres – Closed the Public Hearing for proposed adoption and changes to Chapter 1700 – Therapy.

3. **Discussion and Proposed Adoption and Changes to MSM Chapter 600**

Subject: MSM Chapter 600 – Physician Services

Kerisa Weaver presented that proposed revisions to Section 603.4D are being revised to allow for coverage of cell-free fetal DNA testing in compliance with Senate Bill (SB) 344, which was passed during the 83rd Legislative Session. Additionally, all references to DHCFP were updated to Nevada Medicaid throughout the chapter and all references to MSM Chapter 400 were updated to the correct name of Mental Health Services throughout the chapter. Section 603.4D(1), Prenatal Screening and Diagnostic Testing was updated to include coverage of cell-free fetal DNA screenings. Subsection (a) was removed as it was integrated into the previous section.

The proposed policy updates affect the following PTs: Laboratory (PT 43), Outpatient Hospitals (PT 12), and Rural Emergency Hospitals (PT 96).

The approximate fiscal impact is \$160,069 for State Fiscal Year (SFY) 2026 and \$325,848 for SFY 2027.

The effective date is January 1, 2026.

Public Comments: There were none.

Lauren M. Driscoll approved the changes pending spelling and grammar changes.

Casey Angres – Closed the Public Hearing for proposed adoption and changes to MSM Chapter 600 - Mental Health Services.

4. Discussion and Proposed Adoption and Changes to MSM Chapter 200

Subject: MSM Chapter 200 – Hospital Services

Kerisa Weaver presented revisions to Attachment A, Policy 02-02 – Federal Emergency Services (FES) Program, are being proposed to clarify the limited scope of reimbursable services available to Emergency Medicaid Only (EMO) recipients.

Weaver outlined the following changes. Section A, Introduction, language was added to clarify what services are allowable under the FES program; Section B, Definitions, the definition of the “FES Program” was revised and the CFR language was moved into a new subsection titled “Emergency Medical Condition.” The definition of “Stabilized” was placed into a new subsection, and the definition was revised for clarity. Based on these changes, other subsections were renumbered accordingly; Section C, Coverage and Limitations, Subsections 1 and 2 were combined, and the reference to the EMO Billing Instructions was added; Section D, Prior Authorization, the CFR reference was removed and replaced with FES program for readability; and Section E, Non-Covered Services, the list of non-covered services was expanded upon to give clarity the types of services that are not allowable under EMO coverage. Additionally, verbiage related to provider required forms was removed from the section and is now located in Section F, End Stage Renal Disease (ESRD), Provider Requirements.

The proposed changes affect all Medicaid-enrolled providers delivering services to EMO recipients.

There is no anticipated fiscal impact at this time.

The effective date is October 29, 2025.

Public Comments: There were none.

Lauren M. Driscoll approved the changes pending spelling and grammar changes.

Casey Angres – Closed the Public Hearing for proposed adoption and changes to Chapter 200 – Hospital Services.

5. Discussion and Proposed Adoption and Changes to MSM Chapter 800

Subject: MSM Chapter 800 – Laboratory Services

Carin Fox-Hennessey, Program Specialist, Medical and Dental Benefits Coverage Unit, DNM, presented the proposed updates in accordance with AB 360, passed during the 83rd Legislative Session. The updates allow for rapid or point-of-care testing of a consenting pregnant individual who seeks treatment at certain medical facilities (regardless of the reason), who has or has not received prenatal services and testing for syphilis. In addition to the policy updates, DHCFP has been updated to DNM.

Hennessey presented the following changes: Section 803.1A(1)(m), language added for rapid or point-of-care testing and language revised to allow testing during a pregnancy, or soon thereafter, in accordance with the new language in NRS 442.010, as a result of AB 360.

The proposed policy updates may affect the following PTs including, but not limited to:

Special Clinics (PT 17); Laboratory, Pathology Clinical (PT 43); Hospital, Outpatient (PT 12); Pharmacy (PT 28), Pharmacist (PT 91); Physician, M.D., Osteopath, D.O. (PT 20); Advanced Practice Registered Nurse (APRN) (PT 24); and Physician's Assistant (PA) (PT 77).

There is no anticipated fiscal impact at this time.

The effective date is October 29, 2025.

Public Comments: There were none.

Lauren M. Driscoll approved the changes pending spelling and grammar.

Casey Angres – Closed the Public Hearing for proposed adoption and changes to MSM Chapter 800 - Laboratory Services.

6. Discussion and Proposed Adoption and Changes to MSM Chapter 400

Subject: MSM Chapter 400 – Mental Health Services

Lindsey Bondiek, Program Specialist, Behavior Health Benefits Coverage Unit, DNM, advised the changes were made for improved readability and clarity as well as aligning with updates to the State Plan Amendments (SPA) and future updates to PTs. Throughout the chapter, references to DHCFP have been changed to DNM in order to align policy with SB 494 which was passed during Nevada's 83rd Legislative Session.

Bondiek outlined the following changes: Section 403.4(A), revisions have been made to the assessments and screenings section to provide improved readability and clarity. These revisions include separating and clarifying the definitions for assessments and screenings; Section 403.4(A)(1), added a section for Eligible Providers for assessments and screenings; Section 403.4(A)(2), Covered Services, assessments and screenings have been separated into two distinct definitions. Service limitations for specific assessments were removed as these limitations will be based on the service code. The service code limitations can be found in the Medicaid Billing Guidelines and now in the billing grid which was added to the section; Section 403.4(A)(3), added an Authorization Requirements section to clarify the requirements for assessments and screenings; Section 403.4(A)(4), added a Billing section to include a billing grid, which displays the available codes for assessments and screenings, including a description and service limitation for each code; and Section 403.4(C), service limitations have been standardized for mental health therapies, including neurotherapy. This change was made due to the removal of the Intensity of Services Grid. Mental health therapies will now be allowed for 18 units for adults and 26 units for children annually before a prior authorization is required.

Bondiek continued with the following section revisions: Section 403.4(C)(4), Neurotherapy, removed language that based neurotherapy service limitations on diagnostic codes, as these limits have been standardized to align with other mental health therapy limits; Section 403.4(D)(1)(d), removed the

reference to “face-to-face.” This has been removed throughout the chapter. The authority for telehealth services is found in MSM Chapter 3400 – Telehealth Services. Licensed Professional, Certified Professional, and Qualified Mental Health Professionals (QMHP) language was added. QMHPs will be limited to interns only moving forward pending further internal updates. Appropriate provider language was added, where needed to prepare for this change throughout the chapter; Section 403.4(D)(3), removed the definition of medication management as this service functions under PTs specific to medical services. There will no longer be a service limitation or prior authorization requirement for this service; Section 403.5(B), removed the exclusion of independent psychologists and psychiatrists from the service limitations; and Section 403.5(C), removed the Utilization Management section including the Intensity of Services Grid. Service limitations will no longer be based on Child and Adolescent Screening Intensity Instrument (CASII) or Level of Care Utilization System (LOCUS) scores. These limitations have been standardized and are now listed within the service grouping rather than within the grid.

These changes were presented to stakeholders at a Public Workshop on August 18, 2025.

There is no anticipated fiscal impact at this time.

The effective date is November 1, 2025.

Public Comments: Shaneka L. Wiley asked when it is expected to have the rates updated for licensed providers for all the codes that a QMHP may be owed for.

Bondiek replied this is something Nevada Medicaid is working on internally and there have been weekly meetings regarding this. However, there is no proposed date yet when those rates will be updated. Bondiek advised that she can go back to the team and get that information. Right now there is no proposed date when the rates will be updated. Nevada Medicaid is working on some web announcements to inform the public of these changes.

Leydis Diaz Echevarria inquired when Nevada Medicaid is going to start counting units in regard to the narrative now being part of the 18 units per calendar year for psychotherapy and for an adult being allowed 18 units per calendar year and if Nevada will be going to the beginning of the year or start counting on the effective date of November 1, 2025.

Marcel Brown, Behavior Health Benefits Coverage Unit, DNM, advised the therapy sessions will be counted the same way that the regular mental health therapies are counted and Brown believes that is at the beginning of the calendar year.

Lori Follett, Behavior Health Benefits Coverage Unit, DNM, asked if the question was whether Nevada Medicaid is going to go forward based on the effective date of November 1, 2025.

Leydis Diaz Echevarria advised that was correct.

Lori Follett advised that yes Nevada Medicaid will be going forward from November 1, 2025, and will not be calculating backwards.

A caller, who did not state a name, asked if moving forward will a prior authorization be needed for anything over 18 units for therapy, family therapy, and neurofeedback.

Bondiek advised that was correct.

Lauren M. Driscoll approved the changes pending spelling and grammar changes.

Casey Angres – Closed the Public Hearing for proposed adoption and changes to MSM Chapter 400 - Mental Health Services.

7. Adjournment

There were no further comments, and Casey Angres closed the Public Hearing at 10:22 AM.

****A video version of this meeting is available through the Nevada Medicaid Compliance office. For more detailed information on any of the handouts, submittals, testimony, and or comments please contact Jenifer Graham at documentcontrol@nvha.nv.gov with any questions.***