

DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: 609
MEDICAID SERVICES MANUAL	Subject: POLICY

D. MNT is only covered for the management of diabetes, obesity, heart disease and hypertension-related conditions.

E. MNT may be provided through Telehealth services. See MSM Chapter 3400 for the Telehealth policy.

608.3 PRIOR AUTHORIZATION REQUIREMENTS

Prior authorization is required when recipients require additional or repeat training sessions beyond the permitted maximum number of hours of treatment. This can occur if there is a change of diagnosis, medical condition or treatment regimen related to a nutritionally related disease state.

608.4 PROVIDER QUALIFICATIONS

In order to be recognized and reimbursed as an MNT provider, the provider must meet the following requirements:

A. Licensed and RD under the qualifications of NRS 640E.150. An RD is an individual who has earned a bachelor's degree or higher education from an accredited college or university in human nutrition, nutrition education or equivalent education, has completed training and holds a license from the Nevada State Board of Health.

608.5 PROVIDER RESPONSIBILITY

A. The provider will allow, upon request of proper representatives of the DHCFP, access to all records which pertain to Medicaid recipients for regular review, audit, or utilization review.

B. The provider will ensure services are consistent with applicable professional standards and guidelines relating to the practice of MNT as well as state Medicaid laws and regulations and state licensure laws and regulations.

C. The provider will ensure caseload size is within the professional standards and guidelines related to the practice of MNT.

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609 REGISTERED PHARMACIST SERVICES

A registered pharmacist is a health care professional licensed to engage in pharmacy duties including dispensing prescription drugs, monitoring drug interactions, and counseling patients regarding the effects and proper usage of drugs and dietary supplements. Billable services are specified within section 609.2.

609.1 REGISTERED PHARMACIST QUALIFICATIONS

Registered pharmacist qualifications are defined per NRS 639.015 as a person whose name has been entered in the registry of pharmacists by the Nevada State Board of Pharmacy (BOP) and to whom a valid certificate or certificate by endorsement as a registered pharmacist or valid renewal thereof has been issued.

609.2 COVERAGE AND LIMITATIONS

- A. Nevada Medicaid reimburses registered pharmacists for the following services:
 - 1. The dispensing of self-administered hormonal contraceptive based on the protocols established by the BOP regardless of whether a patient has obtained a prescription from a practitioner.
 - 2. The prescribing, dispensing and administration of drugs to prevent the acquisition of HIV and ordering and conducting certain HIV laboratory tests based on protocols established by the BOP.
- B. Nevada Medicaid does not reimburse separately for registered pharmacist services listed in section 609.2(A) when provided in an inpatient or outpatient hospital, emergency department, or inpatient psychiatric facility of service.
- C. Prior authorization is not required.
- D. For a list of covered procedure codes please refer to the PT _?_ - Registered Pharmacist Billing Guide at: >enter link<