Joe Lombardo,
Governor

NEVADA HEALTH AUTHORITY

NEVADA MEDICAID

4070 Silver Sage Drive
Carson City, Nevada 89701
NVHA.NV.GOV

Stacie Weeks, JD MPH,
Director

Ann Jensen
Administrator

September 30, 2025

Courtney Miller
Director
CMS/Center for Medicaid & CHIP Services
Medicaid & CHIP Operations Group
601 E. 12th St., Room 355
Kansas City, MO 64106

Dear Director Miller:

Enclosed please find Nevada's State Plan Amendment (SPA) 25-0027. This SPA amends Nevada's State Plan effective July 1, 2025. The specific changes being made are as follows:

> The Division intends to reimburse hospitals and birthing centers separately for lab fees associated with state mandated newborn genetic screenings, outside of their established medical encounter rates as required by Senate Bill 348 during the 83rd Legislative Session (2025).

If you have any policy questions regarding this SPA, please contact Casey Angres, Chief of Division Compliance at (775) 684-3667 or cangres@dhcfp.nv.gov.

Sincerely,

Stacie Weeks, Director
Nevada Health Authority

Enclosures

cc: Ann Jensen, Administrator, Nevada Health Authority (NVHA), Nevada Medicaid
Casey Angres, Chief of Division Compliance, NVHA, Nevada Medicaid

PUBLIC NOTICE TO SOLICIT COMMENT ON INTENT TO SUBMIT A STATE PLAN AMENDMENT TO PROVIDE REIMBURSEMENT FOR GENETIC SCREENINGS

June 30, 2025

Name of Organization
Nevada Department of Health and Human Services, Division of Health Care Financing and Policy

Public Comment
General public comments are encouraged to be submitted in writing. You may submit comments in one of two ways found below (please choose one).

> **Electronically:** You may email comments to DocumentControl@dhcfp.nv.gov. Write "State Plan Amendment for reimbursement of Newborn Genetic Screenings lab fee to Hospitals and Birthing Centers" in the subject line.
>
> **Mail:** You may mail written comments to the following address:
> Division of Nevada Medicaid
> ATTN: Document Control
> 4070 Silver Sage Dr.
> Carson City, NV 89701

Purpose:
The purpose of this notice is to provide the public with information and to collect public feedback regarding the state's intent to submit a State Plan Amendment (SPA) for federal approval to implement changes to the reimbursement methodology for hospitals and birthing centers for lab fees associated with newborn genetic screenings. This SPA will be effective July 1, 2025.

The Division is developing a webpage dedicated to SPAs and intends to publish the draft SPA and other supporting materials on this website within the coming months. Emails related to the new SPA webpage and SPA submissions will be sent to individuals who have signed up to receive electronic notifications through the Nevada Medicaid Update ListServ. You can sign up to receive these notifications by visiting: https://dhcfp.nv.gov/Resources/NevadaMedicaidUpdate/NMUListserv/.

Proposed Changes:
The Division of Nevada Medicaid intends to submit a Medicaid State Plan Amendment (SPA) to allow for hospitals and birthing centers to be reimbursed separately for lab fees associated with newborn genetic screenings, outside of their established medical encounter rates. These changes are being made to Attachment 4.19-A page 5 and page 6, and 4.19B Page 2b and are effective July 1, 2025. During the 83rd Legislative Session (2025), Senate Bill 348 was approved by the Nevada Legislature, which mandates that Nevada Medicaid seek federal approval to receive federal funding to provide reimbursement for examinations and tests required for the discovery in infants of preventable or inheritable disorders

and to provide such reimbursement separately from other reimbursement associated with labor, delivery and newborn care services.

Methodology:

The Division intends to continue established medical encounter rates. Additionally, upon implementation of this State Plan Amendment, hospitals and birthing clinics may submit additional claims to be reimbursed separately for examinations and tests required for the discovery in infants of preventable or inheritable disorders at a rate not more than $122 on or after July 1, 2025.

Estimated Expenditures:
Below is the estimated change in annual aggregate expenditure is as follows.

SFY 2026 : $2,153,341
SFY 2027: $2,153,341

Notice Information
This notice has been posted online at http://dhcfp.nv.gov, as well as Carson City, Las Vegas, Elko, and Reno District Offices for DHCFP. Email notice has been made to such individuals as have requested notice of State Plan Amendments To request notifications or a physical copy of this notice, please contact DocumentControl@dhcfp.nv.gov, or visit your local Nevada Medicaid office at:
1919 College Parkway, Suite 120, Carson City, Nevada 89701
1010 Ruby Vista Drive, Suite 103, Elko, Nevada 89801
1210 S. Valley View, Suite 104, Las Vegas, Nevada 89102
745 W. Moana Lane, Suite 200, Reno, Nevada 89509

A copy of this notice has also been sent to the following local agencies in each Nevada county for public review.

Carson City Library
900 North Roop Street
Carson City, NV 89702
https://carsoncitylibrary.org/

Churchill County Library
553 South Main Street
Fallon, NV 89406
https://churchillcountylibrary.org/

Clark County District Library
833 Las Vegas Boulevard North
Las Vegas, NV 89101
https://thelibrarydistrict.org/

Douglas County Library
1625 Library Lane
Minden, NV 89423
https://library.douglascountynv.gov/

Elko County Library
720 Court Street
Elko, NV 89801
https://www.exploremybrary.org/

Esmeralda County Library
(Corner of Crook and 4th Street)
PO Box 430
Goldfield, NV 89013
(No Website)

Eureka Branch Library
210 South Monroe Street
Eureka, NV 89316-0283
(No Website)

Henderson District Public Library
100 West Lake Mead Parkway
Henderson, NV 89105
https://www.hendersonlibraries.com/

Lander County Library
625 South Broad Street
Battle Mountain, NF 89820-0141
https://www.landercountynv.org/

Lincoln County Library
63 Maine Street
Pioche, NV 89043-0330
(No Website)

Lyon County Library
20 Nevin Way
Yerington, NV 89447-2399
https://www.lyon-county.org/238/Library

Mineral County Library
110 1st Street
Hawthorne, NV 89415-1390
https://mineralcountylibrary.com/

Pahrump Community Library
701 East Street
Pahrump, NV 89041-0578
https://www.pahrumplibrary.org/

Pershing County Library
1125 Central Avenue
Lovelock, NV 89419-0781
https://pershingcounty.net/community/county_library/

Storey County Library
175 Carson Street
Virginia City, NV 89440-0014
https://storeycountycommunitylibrary.com/

Tonopah Public Library
167 Central Street
Tonopah, NV 89049-0449
https://www.tonopahnevada.com/tonopahlibrary/

Washoe County Library
301 South Center Street
Reno, NV 89505-2151
https://www.washoecountylibrary.us/

White Pine County Library
950 Campton Street
Ely, NV 89301-1965
https://www.whitepinecounty.net/284/Library

For services performed for claims with an admission date on or after January 1, 2020, the reimbursement methodology described above will apply only to Revenue Codes 0170 and 0171.

For services performed for claims with an admission date on or after January 1, 2020, the newborn per diem rate will be determined by multiplying a factor of 1.25 times the July 9, 2015 per diem rate.

1. This increase applies only to Revenue Code 0172.

For services performed on or after July 1, 2025, hospitals will be reimbursed for the fee associated with the newborn screening panel in addition to the newborn per diem rate. The rate will be reviewed and updated annually as necessary.

C. Neonatal Intensive Care Rate Calculation

For admissions prior to September 8, 2008:

A separate rate is used for patients admitted to Level III Neonatal Intensive Care Units. The current rate was developed from historical costs pursuant to Section II, Prospective Rate Development. The calculated cost per day of each neonatal unit was arrayed from highest to lowest. The prospective per diem rate was then calculated at the 55th percentile and indexed.

For admissions on or after September 8, 2008:

1. Charges submitted for claims paid in SFY 2007 were used from the Nevada Medicaid claims data.

2. The number of days admitted (the length of stay) for claims paid in SFY 2007 was used to calculate each claim's billed charges per day.

3. The per diem rate will be 34% of the median of billed charges per day for Nevada in-patient hospital services for Neonatal Intensive Care.

This rate will be used as a prospective rate until rebased as directed by the Department of Health and Human Services. There will be no cost settlement.

For services performed for claims with an admission date on or after January 1, 2020, the per diem rate for Neonatal Intensive Care services will be determined by multiplying a factor of 1.25 times the September 8, 2008 per diem rates.

1. This increase applies only to Revenue Codes 0173 and 0174.

For services performed on or after July 1, 2025, hospitals will be reimbursed for the fee associated with the newborn screening panel in addition to the per diem rate for Neonatal Intensive Care services. The rate will be reviewed and updated annually as necessary.

9. Special clinic services: as indicated for specific services listed elsewhere in this attachment, e.g., physicians' services, prescribed drugs, therapy. Payment will be the lower of billed charges, or the amounts specified below:
   a. Surgical Codes will be reimbursed at 69% of the Medicare facility rate.
   b. Radiology Codes will be reimbursed at 100% of the Medicare facility rate.
   c. Medicine Codes and Evaluation and Management codes will be reimbursed at 60% of the Medicare non-facility rate. Vaccine Products will be reimbursed at 85% of the Medicare non-facility rate.
   d. When Codes 90465 – 90468, 90471 – 90474, 99381 – 99385 and 99391 – 99395 are used for EPSDT services, the reimbursement will be 85% of the Medicare non-facility rate.
   e. Obstetrical Service Codes will be reimbursed at 88% of the Medicare non-facility rate.
   f. Medicine Codes 90281 – 90399, and all other pharmaceuticals that are not identified above, will be reimbursed according to the drug reimbursement algorithm set forth on Page 3 of Attachment 4.19-B with the exception of the pharmacy dispensing fee component of the algorithm.
   g. Freestanding Obstetrical/Birth Centers will be reimbursed an all-inclusive (one time) rate for Procedure Code 59409 that shall not exceed 80% of the Hospital In-patient Maternity daily rate. The rate will be reviewed and updated annually as necessary at the FFY (Oct. – Sept.). For services performed on or after July 1, 2025, Freestanding Obstetrical/Birth Centers will be reimbursed for the fee associated with the newborn screening panel in addition to the all-inclusive rate. The rate will be reviewed and updated annually as necessary.
   h. Effective for dates of service on or after October 1, 2023, special clinics that primarily provide services to children with cancer or other rare diseases will be reimbursed for all medical services via an all-inclusive encounter visit rate.
      1. The all-inclusive encounter visit rate is billed as a daily rate. Only one encounter may be billed by the clinic per recipient, per day. The bundled daily rate does not include room and board or other unallowable facility costs.
      2. The all-inclusive encounter visit rate includes the following services:
         a. Evaluation and management, anesthesia, surgery, radiology procedures, pathology and laboratory procedures, and medicine services and procedures.
         ~~b. Anesthesia~~
         ~~c. Surgery~~
         ~~d. Radiology Procedures~~
         ~~e. Pathology and Laboratory Procedures~~
         ~~f. Medicine Services and Procedures~~
         ~~g.~~b. Procedures, services, and supplies billed via HCPCS codes, including Medical and Surgical Supplies; Enteral and Parenteral Therapy; Other Therapeutic Procedures; Durable Medical Equipment; Procedures/Professional Services; Components, Accessories, and Supplies; Orthotic Procedures and Services; Prosthetic Procedures; Screening Procedures; Pathology and Laboratory Services; Diagnostic Radiology

Services; Vision Services; Hearing Services.

~~h.~~c. Any other service determined to be necessary for treatment of cancer or other rare diseases that would be rendered by a physician, advanced practice registered nurse, physician assistant, nurse anesthetist, psychologist, licensed clinical social worker, radiology, clinical laboratory and other