Steve Sisolak

Governor



Richard Whitley

Director

#### State of Nevada

# Department of Health and Human Services

Medicaid Services Manual, Chapter 600 – Physician Services

Division of Health Care Financing and Policy Erin Lynch, MPH, Chief of Medical Programs Unit





## Agenda

- Introductions
- Presentation of proposed changes
- Public comment
- Questions





- Public workshop being conducted via WebEx.
   Please keep your computer or phone on mute to prevent background noise.
- Do not place your phone on hold as your hold music will cause a significant disruption.



### MSM 600 – Proposed Updates

See attached MSM Chapter 600 with proposed updates in track changes.

The purpose of this workshop is to solicit feedback from providers and stakeholders regarding proposed updates throughout the chapter. This includes, but is not limited to the following proposed updates:

- Section 600(G) Allow physician assistants who possess a National Commission on Certification Physician Assistant certification and who also work in a military treatment facility to not have to be licensed in their state of practice;
- Section 603.1A(2)(b) Clarification of incident-to billing;
- Section 603.2(B)(8) Add reference of medication-assisted treatment services with DATA 2000 waiver for new and established patients;
- Section 603.2(I) Add information on ordering, prescribing, and referring of services/supplies;
- Section 603.3(A) Clarification of family planning services including birth control and FA-56 Sterilization Consent form;





## MSM 600 – Proposed Updates Continued

- Section 603.4 Clarification of maternity care services throughout section with specific clarification on home births, obstetric centers, allowance of chromosome microarray analysis, and clarification of FA-54, 55, 57 forms for abortion services;
- Section 603.5 Moved hysterectomy services out of maternity care services and into its own section along with clarification of FA-50 hysterectomy acknowledgement form;
- Section 603.11(F) Moved organ transplant services into its own section (now Section 605);
- Section 604.2 Clarification of plan of care requirements and
- non-covered services in community paramedicine services; Section 607.1(E)(d) Clarification on gender reassignment services to allow for any licensed qualified mental health care professional within their scope of their license to provide authentic letters for surgery.
- Throughout the chapter, grammar, punctuation and capitalization changes were made, duplications removed, acronyms used and standardized, and language reworded for clarity. Renumbering and re-arranging of sections is necessary.





Erin Lynch, MPH
Division of Health Care Financing and Policy
Chief of Medical Programs Unit
Work Cell (775) 350-0786

erin.lynch@dhcfp.nv.gov

