

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nevada

Attachment 4.19-B
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1. Surgical Codes 10000 – 58999 and 60000 – 69999 will be reimbursed at 59% of the Medicare facility rate.
2. Radiology Codes 70000 – 79999 will be reimbursed at 75% of the Medicare facility rate.
3. Medicine Codes 90000 – 99199 and Evaluation and Management Codes 99201 – 99499 will be reimbursed at 63% of the Medicare non-facility rate.
4. Obstetrical Service Codes 59000 – 59999 will be reimbursed at 75% of the Medicare non-facility rate.

e. **Doula Services**

Effective for dates of service on or after January 1, 2022, doula services provided during labor and delivery (includes antepartum and postpartum period) are reimbursed at the lower of billed charges or the amounts specified below:

1. Codes 59400, 59510, 59610 and 59618; \$350.00
2. Codes 59409, 59514, 59612 and 59620; \$150.00
3. Code S9445; \$50.00

f. **Community Health Workers**

Effective for dates of service on or after January 1, 2022, Community Health Worker (CHW) services will be reimbursed for specific services as listed elsewhere in this Attachment for CHWs working within their scope of practice as outlined by Nevada Medicaid. Payment for services billed by a CHW will be calculated using the January 1, 2014 unit values for the Nevada-specific RBRVS and the 2014 Medicare Physician Fee Schedule conversion factor. Payment will be the lower of billed charges, or the amounts specified below:

1. Medicine Codes 90000 – 99199 and Evaluation and Management Codes 99201 – 99499 will be reimbursed at 60% of the Medicare non-facility rate.

g. **Pharmacists**

Effective for dates of service on or after January 1, 2022, Pharmacist services will be reimbursed for specific services as listed elsewhere in this Attachment for Pharmacists working within their scope of practice as outlined by Nevada Medicaid. Payment for services billed by a Pharmacist will be calculated using the January 1, 2014 unit values for Nevada specific resource based relative value scale (RBRVS) and the 2014 Medicare Physicians Fee Schedule conversion factor. Payment will be the lower of billed charges, or the amount specified below:

1. Evaluation and Management Codes 99201 – 99499 will be reimbursed at 63% of the Medicare non-facility rate.

Assurances: Except as otherwise noted in the plan, state developed fee schedule rates are the same for both public and private providers of the service. The agency's Doula, Community Health Workers and Pharmacists fee schedule rates were set as of January 1, 2022, and are effective for services provided on or after that date. All rates are published on our website: <http://dhcfp.nv.gov/Resources/Rates/FeeSchedules>

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