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Web Announcement 212

Nevada Medicaid and Nevada Check Up Policy Changes Effective Sept. 8, 2008

Due to State of Nevada tax revenue declines, the Division of Health Care Financing and Policy (DHCFP) was required to reduce some Nevada Medicaid and Nevada Check Up services and rates. **The following changes are in effect for an outpatient claim with a date of service on or after Sept. 8, 2008, and for an inpatient claim with an Admission date or From date of service on or after Sept. 8, 2008.**

Pediatric Enhancement Rates: Rates are no longer enhanced for pediatric recipients under the age of 21 for the following CPT code ranges: surgery codes 10000-58999 and 60000-69999; radiology codes 70000-79999; and medicine and evaluation codes 90000-99199 and 99500-99999. Rates for services provided to recipients under the age of 21 will no longer be enhanced (at rates greater than 100 percent of Medicare rates) and shall be reimbursed at the same level as adults. **This change affects any provider who bills the above codes.**

Nevada Medicaid Ocular Services: Glasses, frames, lenses, spectacles, etc., are no longer covered for adults age 21 and older **and children enrolled in Nevada Check Up**. However, **annual** exams and medical/ocular services such as glaucoma screenings, eye infections, cataract surgery, etc., will still be covered for adults **and Nevada Check Up children** when medically necessary. There is no change in the ocular service policy for Nevada Medicaid recipients under 21 years of age.

Obstetric Rates: Rates for obstetric services in CPT code range 59000-59999 have been reduced from 128 percent to 100 percent of the 2002 Medicare non-facility rate for outpatient physician services. This change affects provider types 12 and 20.

Inpatient Hospital Services Rates: Rates for inpatient hospital services rendered by Provider Types 11 (Hospital, Inpatient), 56 (Medical Hospital, Rehabilitation or Specialty, Inpatient) and 75 (Critical Access Hospital CAH, Inpatient) have been reduced by 5 percent.

Nevada Medicaid Provider Type 13: The provider specific per diem rates for private Psychiatric Hospitals, Inpatient, have been reduced by 5 percent.

Please review this website and the [Medicaid Services Manual](#) for any additional notices regarding policy changes.