



November 25, 2015

Announcement 1018

Attention Provider Types 11 and 46: Prior Authorization and Billing Requirements for Cornea Procurement; Maximum All-Inclusive Procurement Rate Established

Nevada Medicaid has established a maximum reimbursement rate for provider types (PT) 11 (Inpatient Surgery-Hospital Based) and 46 (Free-Standing Ambulatory Surgical Centers) for Cornea Procurement. The established rate is for Cornea Procurement only; all other services associated with the transplant will continue to be reimbursed under current methodologies. Cornea Procurement is reimbursed the lower of 1) billed charges or 2) the maximum all-inclusive facility procurement rate set forth below.

To receive the reimbursement rate for Cornea Procurement, the facility is required to obtain a prior authorization (PA) from Medicaid's QIO-like vendor (Hewlett Packard Enterprise) for the Cornea Transplant, and a letter of agreement (LOA) from the Division of Health Care Financing and Policy (DHCFP). The LOA will be issued until the Nevada State Plan is amended to add Cornea Procurement to the Hospital and ASC sections. The PA will identify the CPT code authorized for the Cornea Transplant. The LOA for the Cornea Procurement will be issued by DHCFP, and will identify the following: provider name and National Provider Identifier (NPI); recipient name and Medicaid identification number; and the established reimbursement rate for the procurement. Medicaid will not provide an LOA for the Cornea Procurement until/unless a PA for the Cornea Transplant has been issued to the facility by Hewlett Packard Enterprise.

Service	All-inclusive facility procurement rate
Cornea Procurement	\$2,500.00