DHCFP Begins Rate Reviews per Assembly Bill 108

Attention provider types (PTs): 17 (Special Clinics – all specialties excluding 180, 181, 188, 215); 22 (Dentist/Oral & Maxillofacial Surgery); 23 (Hearing Aid Dispenser & Related Supplies); 27 (Radiology & Non-invasive Diagnostic Centers); 32 (Ambulance, Air or Ground); 43 (Laboratory, Pathology/Clinical); 72 (Nurse Anesthetist); 74 (Nurse Midwife); 76 (Audiologist); and Anesthesia providers (all PTs):

During the 2017 Nevada Legislative Session, Assembly Bill 108 (AB 108) was passed. The passage of this bill requires the State of Nevada, Division of Health Care Financing and Policy (DHCFP) conduct a rate review for each provider enrolled with Nevada Medicaid at a minimum of every four years. The purpose of this bill is to determine whether the rate of reimbursement accurately reflects the actual cost of providing the service or item.

DHCFP has established a rate review schedule, and at this time, the above listed provider types are under review. Beginning November 1, 2018, providers enrolled under the above listed provider types will be able to access surveys online to complete and return to DHCFP. These surveys will request information regarding Current Procedural Terminology (CPT)/Healthcare Common Procedure Coding System (HCPCS)/Revenue Codes billed, the usual and customary charges for those services, and the cost of providing each service/item. Completed surveys may be returned via US Mail at the address provided on the survey or returned via email to Rates@DHCFP.nv.gov. Surveys must be completed and returned by Monday, December 31, 2018.

For more information on AB 108 Rate Reviews, including a full quarterly schedule, surveys for each provider type, and detailed instructions, please visit the AB 108 page on the DHCFP website.

Please note: Rate reviews may or may not result in changes to reimbursement amounts.