



March 16, 2021

Web Announcement 2451

## Attention All Providers: Use DHCFP Fee Schedule to Obtain Current Reimbursement Rates

It has come to the attention of the Division of Health Care Financing and Policy (DHCFP) and Nevada Medicaid that the "Search Fee Schedule" function on the Nevada Medicaid Provider Web Portal is producing some results that are duplicative or erroneous. To assist the provider community in accessing current and accurate Medicaid reimbursement rates, DHCFP suggests that providers, delegates and staff use the DHCFP Fee-For-Service (FFS) Fee Schedules, which are posted in the Microsoft® Excel spreadsheet format. The functionalities of Excel will allow for more effective and efficient search options than allowed with the Provider Web Portal "Search Fee Schedule" function.

Please use the following link to access the Fee Schedules on the DHCFP website:

<http://dhcfp.nv.gov/Resources/Rates/FeeSchedules/>. The fee schedules are listed by provider type.

Please note that the following disclaimers still apply to the DHCFP FFS Fee Schedules:

- The fee displayed to the user as a result of the search may not be the amount the provider receives; information on the claim may affect actual fee amount. The information contained in the schedule is made available to provide information and is not a guarantee by the State or the Department or its employees as to the present accuracy of the information contained herein. For example, coverage as well as an actual rate may have been revised or updated and may no longer be the same as posted on the website.
- Revenue code pricing for inpatient and nursing home provider types 11 (Hospital, Inpatient), 13 (Psychiatric Hospital, Inpatient), 19 (Nursing Facility), 51 (Indian Health Service Hospital, Inpatient, Tribal), 56 (Inpatient Rehabilitation and Long Term Acute Care (LTAC) Specialty Hospitals), 63 (Residential Treatment Centers), 65 (Hospice, Long Term Care), 75 (Critical Access Hospital (CAH), Inpatient) and 78 (Indian Health Service Hospital, Inpatient, Non-Tribal) that is specific to a provider is not available through the Fee Schedule. Provider specific rates override the fee schedule. In addition, fees are not currently available for PT 64 (Hospice).
- Modifier and specialty do not affect Ambulatory Surgery Center (ASC) and End Stage Renal Disease (ESRD) bundled rates, so the modifier and specialty will not be used or displayed in the search results for these rates.

Providers who have questions pertaining to Nevada Medicaid reimbursement rates may contact the DHCFP Rate Analysis and Development unit at [rates@dhcfp.nv.gov](mailto:rates@dhcfp.nv.gov).