November 16, 2026

Nevada Medicaid Web Announcement 4059

Attention Provider Types 64 (Hospice) and 65 (Hospice, Long Term Care): Billing Guides Updated

The billing guides for provider types (PT) 64 (Hospice) and 65 (Hospice, Long Term Care) have been updated, effective 11/16/2026. The billing guides are available on the Billing Information webpage.

The updates for PT 64 include:

- Updated hospice forms section to include diagnosis requirements on the Plan of Care (POC).
- Added guidance for subsequent and ongoing hospice authorization periods submission timeframes.
- Added clarification of face-to-face visit physician or nurse practitioner signature requirement.

The updates for PT 65 include:

- General updates to formatting and content to align with the PT 64 Billing Guide and current hospice policy.
- Added clarification regarding the following topics:
    - PASRR screening requirements and covered services for hospice recipients residing in nursing facilities.
    - Hospice form requirements, including diagnosis requirements on the POC.
    - Face-to-face visit requirements.
    - Hospice lock-in and use of the FA-91 Hospice Program Action Form.
    - Room and board billing requirements, including use of revenue code 0120 and reimbursement at 95% of the facility-specific per diem rate.
- Added guidance regarding the following topics:
    - Written agreement between the hospice agency and the nursing facility.
    - Initial, subsequent, and ongoing hospice authorization periods, including required forms and timelines.
    - Hospice recipients enrolled in a managed care organization (MCO), including disenrollment requirements and transition to Fee-for-Service Medicaid upon election of hospice services.