



Date: 08/31/11

Web Announcement 408

## **Nevada Medicaid Rate Changes Effective Aug. 1, 2011, for Provider Types 10, 22, 32, 33, 45 and 46**

Due to continuing State of Nevada tax revenue declines, the Division of Health Care Financing and Policy (DHCFP) was required to make the following Nevada Medicaid rate changes effective on claims with dates of service on/after Aug. 1, 2011:

**Provider types 10 and 46:** Rates for all services (ASC groupings 1-9) billed by Outpatient Surgery, Hospital Based and Ambulatory Surgical Center providers have been reduced by 15 percent.

**Provider type 22:** Rates for all services billed by dentists have been reduced by 0.7 percent (seven-tenths of a percent).

**Provider type 32:** Rates for all services billed by Ambulance, Air or Ground providers have been reduced by 15 percent.

**Provider type 33:** Rates for all services billed by Durable Medical Equipment, Prosthetics, Orthotics and Disposable Medical Supplies (DMEPOS) providers have been reduced by 0.7 percent (seven-tenths of a percent).

**Provider type 45:** Rates for all services billed by End Stage Renal Disease (ESRD) facility providers have been reduced by 15 percent.

If it is found that any claims affected by these rate changes must be reprocessed, the claim adjudication will be reported on a future remittance advice.