



October 15, 2021

Web Announcement 2607

Attention All Providers: DHCFP Fee-For-Service (FFS) Fee Schedule Update

It has come to the attention of the Division of Health Care Financing and Policy (DHCFP) and Nevada Medicaid that the previously posted Fee-For-Service (FFS) Fee Schedules contained at least one discrepancy for one provider type, but there may be additional errors not yet discovered.

Discrepancy Found

The FFS Fee Schedule for provider type 33 (Durable Medical Equipment (DME), Prosthetics, Orthotics and Supplies) contained a rate for code E0255 in the amount of \$168.10. The extract used to create the Fee Schedules produced erroneous results. The correct rate in the Medicaid Management Information System (MMIS), and paying on claims, is \$879.20, but displayed incorrectly on the FFS Fee Schedule. The Provider Search Fee Schedule tool recently updated with [Web Announcement 2588](#) was displaying the correct rate. The DHCFP Rate Analysis and Development Unit has corrected this issue by producing updated FFS Fee Schedules and has posted them online.

Quarterly Update

In addition, beginning **October 15, 2021**, FFS Fee Schedules will be updated and posted online quarterly, along with a web announcement including any discrepancies found in the interim. As a valued partner with Nevada Medicaid providers, DHCFP strongly encourages that all providers review the FFS Fee Schedules and inform DHCFP of any discrepancies.

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

Fee Schedules on DHCFP Website

Please use the following link to access the Fee Schedules, listed by provider type, on the DHCFP website:

<http://dhcfp.nv.gov/Resources/Rates/FeeSchedules/>.

The following link can be used to access the "Search Fee Schedule" feature by clicking on the link or copying and pasting the link to your browser address bar:

<https://www.medicaid.nv.gov/hcp/provider/Resources/SearchFeeSchedule/tabid/528/Default.aspx>

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 the 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 Division 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.