

Nevada

Medicaid Program: Nevada Medicaid

Program Administrator: Division of Health Care Financing and Policy (DHCFP)

Regional Telehealth Resource Center: Southwest Telehealth Resource Center

Covers the States of: Arizona, Colorado, Nevada, New Mexico, and Utah

<https://southwesttrc.org>

Medicaid Telehealth Reimbursement	Summary	<p>Nevada Medicaid and the Nevada Check Up (NCU) program reimburses for live video and store-and-forward services under specific conditions. There is no reimbursement for remote patient monitoring.</p>
	Definitions	<p>“Telehealth is the use of a telecommunications system to substitute for an in-person encounter for professional consultations, office visits, office psychiatry services, and a limited number of other medical services.”</p> <p>“Telehealth” is defined as the delivery of service from a provider of health care to a patient at a different location through the use of information and audio-visual communication technology, not including standard telephone, facsimile, or electronic mail.</p> <p>Source: NV Dept. of Health and Human Svcs., <i>Medicaid Services Manual, Section 3400, p. 1 (Jul. 27, 2017)</i>. (Accessed Apr. 2019).</p>
	Live Video Policy	<p>Nevada Medicaid and Nevada Check Up program will reimburse for live video, as long as services have parity with face-to-face services and health care professionals follow Medicaid’s policies for specific services they are providing, as well as practice standards established by licensing agencies. Reimbursement must satisfy federal requirements for efficiency, economy, and quality of care.</p> <p>Telehealth services follow the same prior authorization requirements as services provided in-person. Utilization of telehealth services does not require prior authorization. However, individual services may require prior authorization when delivered by telehealth.</p> <p>End Stage Renal Disease requires at least one in-person visit, indicated in the medical records. Interactive audio/video telecommunications systems may be used for providing additional visits.</p> <p>Source: NV Dept. of Health and Human Svcs., <i>Medicaid Services Manual, Section 3403, p. 1; 3403.5, p. 2; & 3403.7, p. 4 (Jul. 27, 2017)</i>. & Nevada Dept. of Health and Human Services <i>Billing Guidelines Telehealth Billing Instructions, p. 1 (Nov. 15, 2018)</i>. (Accessed Mar. 2019).</p>



Medicaid Managed Care plans must include coverage for services provided through telehealth to the same extent as through provided in-person or by other means.

Medicaid Managed Care plans shall not:

- Require an enrollee to establish an in-person relationship with a provider or provide any additional consent to or reason for obtaining services through telehealth;
- Require a provider of health care to demonstrate that it is necessary to provide services to an enrollee through telehealth or receive any additional type of certification or license;
- Refuse to provide services through telehealth because the distant site or originating site provides/receives services via telehealth; or
- Require covered services to be provided through telehealth as a condition of providing coverage for such services.

A Medicaid Managed Care plan may not require an enrollee to obtain prior authorization for any service provided through telehealth that is not required for the service when provided in-person.

Medicaid Managed Care plans are not required to:

- Ensure that covered services are available to an enrollee through telehealth at a particular originating site;
- Provide coverage for a service that is not a covered service or that is not provided by a covered provider of health care; or
- Enter into a contract with any provider of health care or cover any service if the insurer is not otherwise required by law to do so.

Source: NV Revised Statute Sec. 695G.162. (Accessed Apr. 2019).

Telehealth services are covered in:

- Physician Office Services
- Podiatry
- Community Paramedicine Services
- Medical Nutrition Therapy

Source: NV Dept. of Health and Human Svcs., Medicaid Services Manual, Section 603.2, p. 3; 603.7, p. 20; 604.2, p. 2; & 608.2, p. 3 (Jan. 1, 2018) (Accessed Apr. 2019).

Services NOT Covered:

- Basic skills training and peer-to-peer services provided by a Qualified Behavioral Assistant
- Personal care services provided by a Personal Care Attendant
- Home Health Services provided by a RN, occupational therapist, physical therapist, speech therapist, respiratory therapist, dietician or Home Health Aide
- Private Duty Nursing services provided by a RN

Source: NV Dept. of Health and Human Svcs., Medicaid Services Manual, Section 3403.6, p. 3 (Jul. 27, 2017). (Accessed Apr. 2019).

Eligible Providers

Telehealth may be used by any Nevada Medicaid and Nevada Check Up provider working within their scope of practice.

Source: Nevada Dept. of Health and Human Services Billing Guidelines Telehealth Billing Instructions, p.1 (Nov. 15, 2018) (Accessed Apr. 2019).

A distant site provider must be an enrolled Medicaid provider.

Licensed Clinical Psychologists, Licensed Clinical Social Workers and clinical staff may bill and receive reimbursement for psychotherapy, but not for medical evaluation and management services.

Source: NV Dept. of Health and Human Svcs., Medicaid Services Manual, Section 3403.2, p. 2 & Section 3403.5, p. 2 (Jul. 27, 2017). (Accessed Apr. 2019).

Eligible Sites

Eligible sites:

- Office of provider
- Critical Access Hospital (CAH)
- Rural Health Clinic (RHC)
- Federally Qualified Health Center (FQHC)
- Hospital
- End Stage Renal Disease (ESRD) Facility
- Skilled Nursing Facility (SNF)
- Community Mental Health Centers (CMHC)
- Indian Health Services/Tribal Organization/Urban Indian Organization
- School-Based Health Centers
- Schools
- Family Planning Clinics
- Public Health Clinics
- Comprehensive Outpatient Rehabilitation Facilities
- Community Health Clinics (State Health Division)
- Special Children’s Clinics
- Human Immunodeficiency Virus (HIV) Clinics
- Therapy offices
- Chiropractic offices
- Emergency Medical Services (EMS) performing Community Paramedic Services
- Recipient’s smart phone (no facility fee)
- Recipient’s home computer (no facility fee)

Source: Nevada Dept. of Health and Human Services Billing Guidelines Telehealth Billing Instructions, p. 1-2 (Nov. 15, 2018) (Accessed Apr. 2019).

Geographic Limits

A Medicaid Managed Care Organization may not refuse to provide coverage of telehealth services because the distant or originating site provides/receives services via telehealth.

Source: NV Revised Statute Sec. 695G.162. (Accessed Apr. 2019).



Originating site is qualified to receive a facility fee if they are an enrolled Medicaid provider. If a patient is receiving telehealth services at a site not enrolled in Medicaid, the originating site is not eligible to receive a facility fee.

Facilities that are eligible for encounter reimbursement may bill for an encounter in lieu of an originating site facility fee, if the distant site is for ancillary services.

Source: NV Dept. of Health and Human Svcs., Medicaid Services Manual, Section 3403.1, p. 1-2 (Jul. 27, 2017). (Accessed Apr. 2019).

A facility fee is not billable if the telecommunication system used is a recipient’s smart phone or home computer.

Source: Nevada Dept. of Health and Human Services Billing Guidelines Telehealth Billing Instructions, p. 1 (Jun. 27, 2018) (Accessed Apr. 2019).

Some provider types that may bill for an originating site facility fee include:

- Some Special Clinic provider types
- Some Applied Behavior Analysis provider types
- Therapists
- Chiropractors
- Providers at End-Stage Renal Disease Facilities

Source: NV Dept. of Health and Human Svcs. Announcement 1048 & 1202. (Accessed Apr. 2019).

Sites eligible for an originating site facility fee include:

- Office of provider
- Critical Access Hospital (CAH)
- Rural Health Clinic (RHC)
- Federally Qualified Health Center (FQHC)
- Hospital
- End Stage Renal Disease (ESRD) Facility
- Skilled Nursing Facility (SNF)
- Community Mental Health Centers (CMHC)
- Indian Health Services/Tribal Organization/Urban Indian Organization
- School-Based Health Centers
- Schools
- Family Planning Clinics
- Public Health Clinics
- Comprehensive Outpatient Rehabilitation Facilities
- Community Health Clinics (State Health Division)
- Special Children’s Clinics
- Human Immunodeficiency Virus (HIV) Clinics
- Therapy offices
- Chiropractic offices
- Emergency Medical Services (EMS) performing Community Paramedic Services

Source: Nevada Dept. of Health and Human Services Billing Guidelines Telehealth Billing Instructions, p. 1-2 (Nov. 15, 2018) (Accessed Apr. 2019).

Reimbursement is available for services delivered via asynchronous telehealth. Photographs must be specific to the patient’s condition and adequate for rendering or confirming a diagnosis or a treatment plan.

Source: NV Dept. of Health and Human Svcs., Medicaid Services Manual, Section 3403, p. 2 & Section 3403.4, p. 9 (Jul. 27, 2017). (Accessed Apr. 2019).



Medicaid Telehealth Reimbursement

Store-and-Forward	Eligible Services/Specialties	No reference found.
	Geographic Limits	No reference found.
	Transmission Fee	<p>Store-and-forward services are not eligible for originating site facility fees.</p> <p>Source: NV Dept. of Health and Human Svcs., Medicaid Services Manual, Section 3403.4, p. 9 (Jul. 27, 2017). (Accessed Apr. 2019).</p> <p>A facility fee is not billable if the telecommunication system used is a recipient’s smart phone or home computer.</p> <p>Source: Nevada Dept. of Health and Human Services Billing Guidelines Telehealth Billing Instructions, p. 1 (Nov. 15, 2018) (Accessed Apr. 2019).</p>
Remote Patient Monitoring	Policy	No reference found.
	Conditions	No reference found.
	Provider Limitations	No reference found.



Medicaid Telehealth Reimbursement

Remote Patient Monitoring	Other Restrictions	No reference found.
Email / Phone / Fax		<p>No reimbursement for email. No reimbursement for telephone, except psychiatric treatment in crisis intervention. No reimbursement for FAX.</p> <p>Source: NV Dept. of Health and Human Svcs., Medicaid Services Manual, Section 3403, p. 1 (Jul. 27, 2017) & NV Medicaid Services Manual Transmission Letter (Dec. 21, 2017), p. 15. (Accessed Apr. 2019).</p>
Consent		No reference found.
Out of State Providers		No reference found.
Miscellaneous		No reference found.



Definitions

“Telehealth” means the delivery of services from a provider of health care to a patient at a different location through the use of information and audio-visual communication technology, not including standard telephone, facsimile or electronic mail.

Source: NV Revised Statutes Sec. 616C.730.(6)(d) & Sec. 629.515(4)(c). (Accessed Apr. 2019).

Requirements

Insurers shall not:

- Require an enrollee to establish an in-person relationship with a provider or provide any additional consent to or reason for obtaining services through telehealth
- Require a provider of health care to demonstrate that it is necessary to provide services to an enrollee through telehealth or receive any additional type of certification or license
- Refuse to provide services through telehealth because the distant site or originating site; or
- Require covered services to be provided through telehealth as a condition of providing coverage for such services.

A policy may not require an enrollee to obtain prior authorization for any service provided through telehealth that is not required for the service when provided in-person.

Insurers are not required to:

- Ensure that covered services are available to an enrollee through telehealth at a particular originating site;
- Provide coverage for a service that is not a covered service or that is not provided by a covered provider of health care; or
- Enter into a contract with any provider of health care or cover any service if the insurer is not otherwise required by law to do so.

These requirements also apply to state employee health insurance policies.

Prepaid limited health service organizations are also subject to these requirements to the extent reasonably acceptable.

Source: NV Revised Statute Sec. 689A.0463; Sec. 689B.0369; Sec. 689C.195; Sec. 616C.730; Sec. 695A.265; Sec. 695B.1904; Sec. 695C.1708; Sec. 695D.216; Sec. 695F.090(i); & Sec. 695G.162. (Accessed Apr. 2019).

When making any determination concerning the availability and accessibility of the services of any network health plan, the Commissioner of Insurance shall consider services that may be provided through telehealth.

Source: NV Revised Statutes Sec. 687B.490(7). (Accessed Apr. 2019).

Parity

Service Parity

Every health plan policy issued must include coverage for services provided through telehealth to the same extent as though provided in-person or by other means. This also applies to state employee health insurance policies.

This also applies to prepaid limited health service organizations to the extent reasonably acceptable.

Source: NV Revised Statute Sec. 689A.0463(1); Sec. 689B.0369(1); Sec. 689C.195(1); Sec. 616C.730(1); Sec. 695A.265(1); Sec. 695B.1904(1); Sec. 695C.1708(1); Sec. 695D.216(1); Sec. 695F.090(i); & Sec. 695G.162(1). (Accessed Apr. 2019).



Private Payer Laws	Parity	Payment Parity	No explicit payment parity.
Professional Regulation/Health & Safety	Definitions	<p>Telehealth means the delivery of services from a provider of health care to a patient at a different location through the use of information and audio-visual communication technology, not including standard telephone, facsimile or electronic mail.</p> <p>Source: <i>NV Revised Statutes Sec. 629.515(4)(c). (Accessed Apr. 2019).</i></p>	
	Consent	No reference found.	
	Online Prescribing	<p>A provider of health care who is located at a distant site and uses telehealth to direct or manage the care or render a diagnosis of a patient who is located in Nevada or write a treatment order or prescription for such a patient must comply with all state and federal laws that would apply if the provider was located within the state including holding a valid license or certificate to practice in Nevada.</p> <p>Source: <i>NV Revised Statutes Sec. 629.515(3) (Accessed Apr. 2019).</i></p> <p>A physician-patient relationship, required to fill prescriptions that call for schedule II, III, or IV controlled substances, may be established in-person, electronically, telephonically, or by fiber optics, including without limitation via telehealth within or outside Nevada or the United States within 6 months preceding the date the prescription is issued.</p> <p>Source: <i>NV Revised Statutes Sec. 639.235(4). (Accessed Apr. 2019).</i></p> <p>If a practitioner prescribes a schedule II, III, or IV controlled substance for the treatment of pain, they may not prescribe more than one additional prescription that increases the dose unless they meet with the patient in-person or through telehealth to reevaluate the treatment plan.</p> <p>Source: <i>NV Revised Statutes Sec. 639.23911(2). (Accessed Apr. 2019).</i></p> <p>Before prescribing a schedule II, III, or IV controlled substance to continue the treatment of pain of a patient who has used the controlled substance for 90 consecutive days or more, a practitioner must meet with the patient in-person or through telehealth to review the treatment plan and determine whether continuation of treatment using the controlled substance is medically appropriate, in addition to other requirements.</p> <p>Source: <i>NV Revised Statutes Sec. 639.23913. (Accessed Apr. 2019).</i></p> <p>An advanced practice registered nurse authorized to prescribe controlled substances may do so electronically, telephonically or by fiber optics, including telehealth, from within or outside Nevada or the United States.</p> <p>Source: <i>NV Revised Statutes Sec. 639.23911(2). (Accessed Apr. 2019).</i></p>	



A practitioner must hold a valid Nevada License or certificate to practice his or her profession, including a special purpose license before providing services via telehealth unless he or she is a provider of health care services who is providing services within the scope of his or her employment by or pursuant to a contract entered into with an urban Indian organization.

Source: *NV Revised Statutes Sec. 629.515(1) (Accessed Apr. 2019).*

A physician licensed in another state may be issued a special purpose license to deliver services electronically, telephonically or by fiber optics, including, without limitation, through telehealth, from within or outside Nevada or the United States.

Source: *NV Revised Statutes Sec. 630.261(e) (Accessed Apr. 2019).*

Member of the Interstate Medical Licensure Compact.

Source: *The IMLC. Interstate Medical Licensure Compact. (Accessed Apr. 2019).*

Member of the Psychology Interjurisdictional Compact of the Association of State and Provincial Psychology Boards.

Source: *Legislative Updates. Psypact. (Accessed Apr. 2019).*

The Board of Medicine is required to adopt regulations regarding a physician assistant's use of equipment that transfers information concerning the medical condition of a patient electronically, telephonically or by fiber optics, including, without limitation, through telehealth, from within or outside Nevada or the United States.

Source: *NV Revised Statutes Sec. 630.275(10). (Accessed Apr. 2019).*

A hospital may grant staff privileges to a provider of health care who is at another location for the purpose of providing services through telehealth.

Source: *NV Revised Statutes Sec. 449.1925. (Accessed Apr. 2019).*

The NV Board of Pharmacy is required to adopt regulations regarding the practice of telepharmacy.

Source: *NV Revised Statutes Sec. 639.0727. (Accessed Apr. 2019).*

There are specific standards for telepractice for speech-language pathology and audiology.

Source: *NV Revised Statutes Sec. 637B.244. (Accessed Apr. 2019).*

Professional Board Telehealth-Specific Regulations

- Board of Nursing (Telenursing) (**Source:** *NV Admin. Code Sec. 632.249. (Accessed Apr. 2019).*)
- Board of Pharmacy (Telepharmacy) (**Source:** *NV Admin Code Sec. 639.391-.399. (Accessed Apr. 2019).*)

