

Nevada

Medicaid Program: Nevada Medicaid

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

Regional Telehealth Resource Center: Southwest Telehealth Resource Center <https://southwesttrc.org>

Nevada At-a-Glance

MEDICAID REIMBURSEMENT			PRIVATE PAYER LAW		PROFESSIONAL REQUIREMENTS	
LIVE VIDEO	STORE-AND-FORWARD	REMOTE PATIENT MONITORING	LAW EXISTS	PAYMENT PARITY	LICENSURE COMPACTS	CONSENT REQUIREMENT
✓	✓	✗	✓	✗	IMLC, PSYPACT	✗

Nevada Detailed Policy

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>Source: NV Dept. of Health and Human Svcs., <i>Medicaid Services Manual, Telehealth Services Chapter 3400 Section 3400</i>, p. 1 (Jul. 27, 2017) & Nevada Dept. of Health and Human Services <i>Billing Guidelines Telehealth Billing Instructions</i>, p. 1 (May. 20, 2020); School Health Services (8/6/20), pg. 67. (Accessed Sept. 2020).</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, Telehealth Services Chapter 3400 Section 3403</i>, p. 1 (Jul. 27, 2017). (Accessed Sept. 2020).</p>
	Live Video	Policy



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.

End Stage Renal Disease requires at least one in-person visit to examine the vascular access site by the provider, indicated in the medical records. Interactive audio/video telecommunications systems may be used for providing additional visits.

Source: NV Dept. of Health and Human Svcs., Medicaid Services Manual, Telehealth Services Chapter 3400 Section 3403, p. 1; 3403.5, p. 3; & 3403.7, p. 4 (Jul. 27, 2017). (Accessed Sept. 2020).

Effective December 1, 2015, telehealth may be used by any Nevada Medicaid and Nevada Check Up provider working within their scope of practice to provide services that can be appropriately provided via telehealth. The telecommunications system used must be an interactive audio and video system. Standard telephones, facsimile machines or electronic mail do not meet this criteria.

Source: Nevada Dept. of Health and Human Services Billing Guidelines Telehealth Billing Instructions, p. 1 (May 20, 2020). (Accessed Sept. 2020).

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 as a condition to providing the coverage;
- 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 coverage for telehealth because of the type of the distant site or originating site in which the provider/enrollee 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 Sept. 2020).

Telehealth services are covered in:

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

Source: NV Dept. of Health and Human Svcs., Section 603.2, p. 3; 603.7, p. 20; 604.2, p. 2; & 608.2, p. 3 (Jan. 1, 2020). (Accessed Sept. 2020).



Eligible Services / Specialties

A licensed professional operating within the scope of their practice under state law may provide the following Telehealth services for Medicaid recipients:

- Annual wellness visits;
- Diabetic outpatient self-management;
- Documented psychiatric treatment in crisis intervention (e.g., threatened suicide); and
- Office or other outpatient visits

Source: NV Dept. of Health and Human Svcs., Source: NV Dept. of Health and Human Svcs., Provider Type 20 (Physician), 40 (Osteopath) and 77 (APRN) Billing Guide, pg. 9 (5/4/20). (Accessed Sept. 2020).

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, Telehealth Services Chapter 3400 Section 3403.6, p. 3 (Jul. 27, 2017). (Accessed Sept. 2020).

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 (May 20, 2020). (Accessed Sept. 2020).

Indian Health Services and Tribal Clinics should follow the guidelines in the Telehealth Chapter 3400.

Source: Nevada Dept. of Health and Human Svcs., Medicaid Services Manual, Indian Health Services and Clinics, pg. 1, (5/1/20), (Accessed Sept. 2020).

A distant site provider must be an enrolled Medicaid provider.

Licensed Clinical Psychologist (LCP), Licensed Clinical Social Worker (LCSW) and clinical staff employed and determined by a state mental health agency to meet established class specification qualifications of a Mental Health Counselor, Clinical Social Worker or Psychological Assistant may bill and receive reimbursement for psychotherapy (via a HIPAA-compliant telecommunication system), but may not seek reimbursement for medical evaluation and management services.

Facilities that are eligible for encounter reimbursement (e.g. Indian Health (IH) programs, Federally Qualified Health Centers (FQHCs), Rural Health Centers (RHCs)) may bill for an encounter in lieu of an originating site facility fee, if the distant site is for ancillary services (i.e. consult with specialist). If, for example, the originating site and distant site are two different encounter sites, the originating encounter site must bill the telehealth originating HCFA Common Procedural Coding System (HCPCS) code and the distant encounter site may bill the encounter code.

Source: NV Dept. of Health and Human Svcs., Medicaid Services Manual, Telehealth Services Chapter 3400, Section 3403.1 p. 1-2, 3403.2, p. 2 & Section 3403.5, p. 2 (Jul. 27, 2017). (Accessed Sept. 2020).

Eligible Sites

In order to receive coverage for a telehealth facility fee, the originating site must be an enrolled Medicaid provider.

If a patient is receiving telehealth services at an originating site not enrolled in Medicaid, the originating site is not eligible for a facility fee from the DHCFP. Examples of this include, but are not limited to, cellular devices, home computers, kiosks and tablets.



Eligible Sites

Facilities that are eligible for encounter reimbursement (e.g. Indian Health (IH) programs, Federally Qualified Health Centers (FQHCs), Rural Health Centers (RHCs)) may bill for an encounter in lieu of an originating site facility fee, if the distant site is for ancillary services (i.e. consult with specialist). If, for example, the originating site and distant site are two different encounter sites, the originating encounter site must bill the telehealth originating HCFA Common Procedural Coding System (HCPCS) code and the distant encounter site may bill the encounter code.

Source: NV Dept. of Health and Human Svcs., Medicaid Services Manual, Telehealth Services Chapter 3400, Section 3403.1 p. 1-2, (Jul. 27, 2017). (Accessed Sept. 2020).

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 (May 20, 2020) (Accessed Sept. 2020).

Geographic Limits

A Medicaid Managed Care Organization may not refuse to provide coverage of telehealth services because where the distant or originating site providing/receiving services via telehealth is located.

Source: NV Revised Statute Sec. 695G.162. (Accessed Sept. 2020).

Facility/Transmission Fee

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, Telehealth Services Chapter 3400, Section 3403.1, p. 1-2 (Jul. 27, 2017). (Accessed Sept. 2020).

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. 2 (May 20, 2020). (Accessed Sept. 2020).



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 Sept. 2020).

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 (May 20, 2020). (Accessed Sept. 2020).

If the originating site is enrolled as a Nevada Medicaid provider, they may bill HCPCS code Q3014. If the telecommunication system used is a recipient's smart phone or home computer, the facility fee may not be billed.

Source: Nevada Dept. of Health and Human Services, School Health Services, pg. 67 (8/6/20). (Accessed Sept. 2020).

Asynchronous telehealth services, also known as Store-and-Forward, are defined as the transmission of a patient's medical information from an originating site to the health care provider distant site without the presence of the recipient.

Reimbursement is available for services delivered via asynchronous telehealth, however, these services are not eligible for originating site facility fees. 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, Telehealth Services Chapter 3400, Section 3403, p. 1 & Section 3403.4, p. 2 (Jul. 27, 2017). (Accessed Sept. 2020).

No reference found.



Medicaid Telehealth Reimbursement

Store-and-Forward	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., <i>Medicaid Services Manual, Telehealth Services Chapter 3400, Section 3403.4</i>, p. 9 (Jul. 27, 2017). (Accessed Sept. 2020).</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 <i>Billing Guidelines Telehealth Billing Instructions</i>, p. 1 (May 20, 2020). (Accessed Sept. 2020).</p>
Remote Patient Monitoring	Policy	No reference found.
	Conditions	No reference found.
	Provider Limitations	No reference found.
	Other Restrictions	No reference found.



Medicaid Telehealth Reimbursement

Email / Phone / Fax

No reimbursement for email.
No reimbursement for telephone.
No reimbursement for FAX
No reimbursement for text messages.

Source: NV Dept. of Health and Human Svcs., Medicaid Services Manual, Telehealth Services Chapter 3400, Section 3403.6, p. 3 (Jul. 27, 2017). (Accessed Sept. 2020).

Medicaid does not reimburse physicians for telephone calls between physicians and patients (including those in which the physician gives advice or instructions to or on behalf of a patient) except documented psychiatric treatment in crisis intervention (e.g. threatened suicide).

Source: NV Dept. of Health and Human Svcs., Medicaid Services Manual, Section, Physician Services Chapter, Section 603.2, p. 4 (Jan. 1, 2020). (Accessed Sept. 2020).

For crisis intervention, modifier GT includes telephonic services.

Source: NV Dept. of Health and Human Svcs., Medicaid Services Manual, Behavioral Health Outpatient Treatment, p. 9 (2/24/20). (Accessed Sept. 2020).

Consent

No reference found.

Out of State Providers

No reference found.

Miscellaneous

No reference found.



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: NV Revised Statutes Sec. 616C.730.(6)(d) cites: Sec. 629.515(4)(c). (Accessed Sept. 2020).</p>	
	<p>Insurers shall not:</p> <ul style="list-style-type: none"> • 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. <p>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 or by other means.</p> <p>Insurers are not required to:</p> <ul style="list-style-type: none"> • 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. <p>Source: NV Revised Statute Individual Sec. 689A.0463; Group and Blanket Sec. 689B.0369; Small Employers Sec. 689C.195; Industrial Sec. 616C.730; Fraternal Sec. 695A.265; Nonprofit Sec. 695B.1904; HMO Sec. 695C.1708; Dental- Prepaid Sec. 695D.216; & Managed Care Sec. 695G.162. (Accessed Sept. 2020).</p> <p>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.</p> <p>Source: NV Revised Statutes Sec. 687B.490(7). (Accessed Sept. 2020).</p>	
Requirements	<p>Insurers shall not:</p> <ul style="list-style-type: none"> • 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. <p>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 or by other means.</p> <p>Insurers are not required to:</p> <ul style="list-style-type: none"> • 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. <p>Source: NV Revised Statute Individual Sec. 689A.0463; Group and Blanket Sec. 689B.0369; Small Employers Sec. 689C.195; Industrial Sec. 616C.730; Fraternal Sec. 695A.265; Nonprofit Sec. 695B.1904; HMO Sec. 695C.1708; Dental- Prepaid Sec. 695D.216; & Managed Care Sec. 695G.162. (Accessed Sept. 2020).</p> <p>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.</p> <p>Source: NV Revised Statutes Sec. 687B.490(7). (Accessed Sept. 2020).</p>	
	<p>Every health plan policy issued must include coverage for services provided through telehealth to the same extent as through provided in-person or by other means.</p> <p>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. 695G.162(1). (Accessed Sept. 2020).</p>	
Parity	Service Parity	<p>Every health plan policy issued must include coverage for services provided through telehealth to the same extent as through provided in-person or by other means.</p> <p>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. 695G.162(1). (Accessed Sept. 2020).</p>
	Payment Parity	<p>No explicit payment parity.</p>



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. 629.515(4)(c). (Accessed Sept. 2020).

Consent

No reference found.

Online Prescribing

Before a provider of health care who is located at a distant site may use telehealth to direct or manage the care or render a diagnosis of a patient who is located at an originating site in this State or write a treatment order or prescription for such a patient, the provider must hold a valid license or certificate to practice his or her profession in this State, including, without limitation, a special purpose license issued pursuant to NRS 630.261. The requirements of this subsection do not apply to a provider of health care 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, as defined in 25 U.S.C. § 1603.

Source: NV Revised Statutes Sec. 629.515(1). (Accessed Sept. 2020).

A bona fide relationship between the patient and the person prescribing the controlled substance shall be deemed to exist if the patient was examined in person, electronically, telephonically or by fiber optics, including, without limitation, through telehealth, within or outside this State or the United States by the person prescribing the controlled substances within the 6 months immediately preceding the date the prescription was issued.

Source: NV Revised Statutes Sec. 639.235(4). (Accessed Sept. 2020).

Before issuing an initial prescription for a controlled substance listed in schedule II, III or IV for the treatment of pain, a practitioner, other than a veterinarian, must:

- Have established a bona fide relationship, as described in subsection 4 of NRS 639.235, with the patient;
- Perform an evaluation and risk assessment of the patient that meets the requirements of subsection 1 of NRS 639.23912;
- Establish a preliminary diagnosis of the patient and a treatment plan tailored toward treating the pain of the patient and the cause of that pain;
- Document in the medical record of the patient the reasons for prescribing the controlled substance instead of an alternative treatment that does not require the use of a controlled substance; and
- Obtain informed consent to the use of the controlled substance.

If a practitioner, other than a veterinarian, prescribes a controlled substance listed in schedule II, III or IV for the treatment of pain, the practitioner shall not issue more than one additional prescription that increases the dose of the controlled substance unless the practitioner meets with the patient, in person or using telehealth, to reevaluate the treatment plan.

Source: NV Revised Statutes Sec. 639.23911. (Accessed Sept. 2020).



Online Prescribing

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 (among other requirements) 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.

Source: *NV Revised Statutes Sec. 639.23913. (Accessed Sept. 2020).*

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.

Source: *NV Revised Statutes Sec. 632.237(4). (Accessed Sept. 2020).*

Cross-State Licensing

Before a provider of health care who is located at a distant site may use telehealth to direct or manage the care or render a diagnosis of a patient who is located at an originating site in this State or write a treatment order or prescription for such a patient, the provider must hold a valid license or certificate to practice his or her profession in this State, including, without limitation, a special purpose license. The requirements of this subsection do not apply to a provider of health care 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 Sept. 2020).*

The Board may issue a special purpose license to a physician who is licensed in another state by using equipment that transfers information concerning the medical condition of a patient in this State electronically, telephonically or by fiber optics, including, without limitation, through telehealth, from within or outside this State or the United States.

Source: *NV Revised Statutes Sec. 630.261(e). (Accessed Sept. 2020).*

Member of the Interstate Medical Licensure Compact.

Source: *The IMLC. Interstate Medical Licensure Compact. (Accessed Sept. 2020).*

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

Source: *Legislative Updates. Psypact. (Accessed Sept. 2020).*

Miscellaneous

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 Sept. 2020).*

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 Sept. 2020).*

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

Source: *NV Revised Statutes Sec. 639.0727. (Accessed Sept. 2020).*



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

Source: *NV Revised Statutes Sec. 637B.244. (Accessed Sept. 2020).*

Professional Board Telehealth-Specific Regulations

- Board of Nursing (Telenursing) (**Source:** *NV Admin. Code Sec. 632.249. (Accessed Sept. 2020).*)
- Board of Pharmacy (Telepharmacy) (**Source:** *NV Admin Code Sec. 639.391-.399. (Accessed Sept. 2020).*)

