DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: **04-012**

2. STATE: **NEVADA**

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
September 14, 2004

5. TYPE OF PLAN MATERIAL *(Check One)*:

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION:
3.1 (12) B & D

7. FEDERAL BUDGET IMPACT:
a. FFY ~~N/A~~ 2004 $(#4,259) PJD
b. FFY 2005 $(102,207)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 3.1-A Page 5c
Attachment 3.1-A page 4a PJD

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
Attachment 3.1-A Page 5c
Attachment 3.1-A page 4a PJD

10. SUBJECT OF AMENDMENT:
Ocular Services and Dental Services

11. GOVERNOR'S REVIEW *(Check One)*:
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☒ OTHER, AS SPECIFIED:
The Governor's Office does not wish to review the State Plan Amendment.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:
Michael J. Willden

14. TITLE:
DHR

15. DATE SUBMITTED: AUG 0 9 2004

16. RETURN TO:
John A. Liveratti, Chief
DHCFP/Medicaid
1100 East William Street, Suite 101
Carson City, NV 89701

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
August 9, 2004

18. DATE APPROVED: November 2, 2004

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
September 14, 2004

20. SIGNATURE OF REGIONAL OFFICIAL:
Pat Daley for Linda Minamoto

21. TYPED NAME:
Linda Minamoto

22. TITLE: Associate Regional Administrator
Division of Medicaid & Children's Health

23. REMARKS:
Blocks 8 & 9: Pen & ink change made to reflect material submitted by the State on October 25, 2004.

Block 7: Pen & ink change to reflect State's revised Federal Budget Impact statement.

9. Clinic services are subject to the same limitations listed elsewhere in this attachment, e.g., limits on prescriptions and physician office visits.

10. Dental services are limited to emergency care only. Requirements for prior authorization for oral surgery are specified in the Medicaid Services Manual, Chapter 1000, Addendum A. For those individuals referred for diagnosis/treatment under the Early Periodic Screening, Diagnosis and Treatment Program dental services are not so limited, and the full range of dental care is provided without authorization. Orthodontics through EPSDT require prior authorization.

11. Physical therapy and related services must be prescribed by a physician, and, are limited to services required for restitution and/or rehabilitation as contrasted with maintenance or palliation. Hospital inpatient therapy is limited to the same range of services that Medicare covers for its beneficiaries. Long-term-care facility inpatient therapy and therapy provided outpatients, other than emergencies or initial evaluations, require prior authorization from the Nevada Medicaid Office on form NMO-3.

4. The Medicaid program restricts coverage of certain covered outpatient drugs through the operation of a prior authorization program. The prior authorization process provides for a turn-around response by either telephone or other telecommunications device within twenty-four hours of receipt of a prior authorization request. In emergency situations, providers may dispense at least a seventy-two hour supply of medication in accordance with the provisions of §1927 (d)(5) of the Social Security Act.

5. Pursuant to Section 1927(d)(6) the State has established a maximum quantity of medication per prescription as a 34-day supply.

   a) In those cases where less than a 30-day supply of maintenance drug is dispensed without reasonable medical justification, the professional fee may be disallowed.

   b) In nursing facilities if the prescriber fails to indicate the duration of therapy for maintenance drug, the pharmacy must estimate and provide at least a 30-day supply.

12. b. Dentures are allowed every 5 years.

c. Prosthetic devices must be prescribed by a physician or osteopath and must be prior authorized by the Nevada Medicaid Office on Form NMO-3.

d. Eyeglasses are limited to those prescribed to correct a visual defect of at least 0.5 diopters or 10 degrees in axis deviation once in 12 months. In addition, they are available on the periodicity schedule established for EPSDT.