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Governor

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Division of Health Care Financing and Policy

NEVADA MEDICAID COMMUNITY PARAMEDICINE POLICY

Introduction

The Division of Health Care Financing and Policy (DHCFP) reimburses for medically necessary community paramedicine services which are designed to provide health care services to the medically underserved. Community Paramedicine services fill patient care gaps in a local health care system and prevent duplication of services while improving the healthcare experience for the recipient. Prevention of unnecessary ambulance responses, emergency room visits, and hospital admissions and hospital readmissions can result in a cost reduction for the DHCFP

Community Paramedicine Provider Qualifications

- Must be an Emergency Medical Technician (EMT), Advanced Emergency Technician (AEMT), Paramedic, or Community Paramedic licensed in the state of Nevada.
- Have the required Community Paramedicine endorsement from either the Nevada Division of Public and Behavioral Health, Office of Emergency Medical Services OR Southern Nevada Health District's Board of Health.
- Must enroll as a Nevada Medicaid Provider and employed by a permitted Emergency Medical Systems (EMS) agency.

Community Paramedicine Provider Qualifications (continued)

- Must possess a scope of service agreement, based upon the provider's skills, with the Medical Director of the EMS agency under which they are employed.
- The Medical Director of the EMS agency providing community paramedicine services must be an enrolled Nevada Medicaid Provider.

Coverage and Limitations

The following services can be provided within the Community Paramedicine's scope of practice as part of a visit when requested by a primary care provider's care plan:

- Evaluation/health assessment
- Chronic disease prevention, monitoring, and education
- Medication compliance
- Immunizations and vaccinations
- Laboratory specimen collection and point of care lab tests

Coverage and Limitations (continued)

- Hospital discharge follow-up care
- Minor medical procedures within their scope of practice and as approved by the EMS agency's Medical Director
- Home safety assessment
- Telehealth originating site

Coverage and Limitations (continued)

The following services are Non-covered services:

- Travel time
- Mileage
- Services related to a hospital-acquired condition or treatment
- Emergency response; for recipients requiring emergency response, the EMS transport will be billed under the ambulance medical emergency code
- Duplicated services
- Personal care services

See billing manual for covered procedure and diagnosis codes

Community Paramedicine services do not require a prior authorization

Policy Timeline

- Provider enrollment trainings will be held May 3rd for the North and May 23rd for the South, with a morning and afternoon session on each day
- Public hearing is set for June 9th
- State Plan Amendment (SPA) will be sent to CMS following the public hearing
- Policy becomes effective July 1st

Questions?