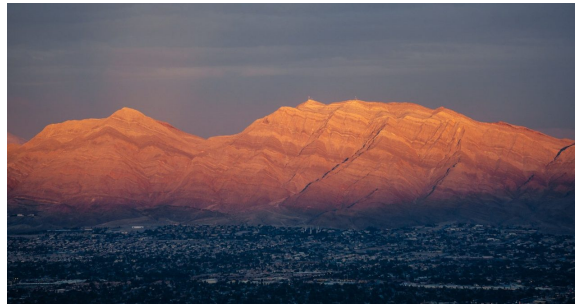


Nevada



At A Glance

MEDICAID REIMBURSEMENT

- Live Video: Yes
- Store-and-Forward: Yes
- Remote Patient Monitoring: No
- Audio Only: Yes

PRIVATE PAYER LAW

- Law Exists: Yes
- Payment Parity: No

PROFESSIONAL REQUIREMENTS

- Licensure Compacts: EMS, IMLC, PSY
- Consent Requirements: Yes

STATE RESOURCES

1. Medicaid Program: Nevada Medicaid
2. Administrator: Division of Health Care Financing and Policy (DHCFP)
3. Regional Telehealth Resource Center: Southwest Telehealth Resource Center

Private Payer

DEFINITIONS

Last updated 07/15/2024

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

SOURCE: NV Revised Statutes Sec. 616C.730.(6)(d), (Accessed Jul. 2024).

“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 facsimile or electronic mail. The term includes, without limitation, the delivery of services from a provider of health care to a patient at a different location through the use of:

- Synchronous interaction or an asynchronous system of storing and forwarding information; and
- Audio-only interaction, whether synchronous or asynchronous.

SOURCE: NV Revised Statutes Sec. 629.515(c), (Accessed Jul. 2024).

REQUIREMENTS

Last updated 07/15/2024

A policy of health insurance must include coverage for services provided to an insured through telehealth to the same extent as though provided in person or by other means.

An insurers shall not:

- Require an insured to establish a relationship in person with a provider of health care or provide any additional consent to or reason for obtaining services through telehealth as a condition to providing the coverage described in subsection 1;
- Require a provider of health care to demonstrate that it is necessary to provide services to an insured through telehealth or receive any additional type of certification or license to provide services through telehealth as a condition to providing the coverage described in subsection 1;
- Refuse to provide the coverage described in subsection 1 because of:

- The distant site from which a provider of health care provides services through telehealth or the originating site at which an insured receives services through telehealth; or
- The technology used to provide the services;
- Require covered services to be provided through telehealth as a condition to providing coverage for such services; or
- Categorize a service provided through telehealth differently for purposes relating to coverage than if the service had been provided in person or through other means.

A policy of health insurance must not require an insured to obtain prior authorization for any service provided through telehealth that is not required for the service when provided in person. A policy of health insurance may require prior authorization for a service provided through telehealth if such prior authorization would be required if the service were provided in person or by other means.

The provisions of this section do not require an insurer to:

- Ensure that covered services are available to an insured 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. 689A.0463; Sec. 689B.0369; Sec. 689C.195; 616C.730 [certain sections don't apply to this provision, see text]; Sec. 695A.265; Sec. 695B.1904; Sec. 695C.1708; Sec. 695D.216; & Sec. 695G.162, [variations exist between the various sections, read carefully]. (Accessed Jul. 2024).

When making any determination concerning the availability and accessibility of the services of any network plan or proposed network plan pursuant to this section, the Commissioner shall consider services that may be provided through telehealth, as defined in NRS 629.515, pursuant to the network plan or proposed network plan to be available services.

SOURCE: NV Revised Statutes Sec. 687B.490(7). (Accessed Jul. 2024).

PARITY

Last updated 07/15/2024

SERVICE PARITY

A policy of health insurance must include coverage for services provided to an insured through telehealth to the same extent as though provided in person or by other means.

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. 695G.162. [variations exist between the various sections, read carefully]. (Accessed Jul. 2024).

PAYMENT PARITY

A policy of health insurance must include coverage for services provided to an insured through telehealth to the same extent as though provided in person or by other means.

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. 695G.162, [variations exist between the various sections, read carefully]. (Accessed Jul. 2024).

Medicaid

OVERVIEW

Last updated 07/15/2024

Nevada Medicaid and the Nevada Check Up (NCU) program reimburse for live video and store-and-forward services under specific conditions. There is no reimbursement for remote patient monitoring. Audio-only is reimbursed if there is medical necessity and its appropriateness is documented in the patient record.

DEFINITIONS

Last updated 07/15/2024

“Telehealth” has the meaning ascribed to it in NRS 629.515.

“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 facsimile or electronic mail. The term includes, without limitation, the delivery of services from a provider of health care to a patient at a different location through the use of:

- Synchronous interaction or an asynchronous system of storing and forwarding information; and
- Audio-only interaction, whether synchronous or asynchronous.

SOURCE: NV Revised Statute 422.2721 & 629.515, (Accessed Jul. 2024).

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.

“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 telecommunication technologies, not including facsimile or electronic mail.

SOURCE: NV Dept. of Health and Human Svcs., Medicaid Services Manual, Telehealth Services Chapter 3400 Section 3400 & 3403, (Nov. 23, 2023), (Accessed Jul. 2024).

Telehealth is the use of a telecommunications system instead of an in-person recipient encounter for professional consultations, office visits, office psychiatry services, and a limited number of other medical services. Please review Medicaid Services Manual (MSM) Chapter 3400 (Telehealth Services) for complete policy, covered services, non-covered services and coverage requirements. The telecommunications system used must be appropriate for the service being provided. Facsimile machines, electronic mail, and text messages do not meet this criteria.

SOURCE: Nevada Dept. of Health and Human Services Billing Guidelines Telehealth Billing Instructions, p. 1 (2/22/23). (Accessed Jul. 2024).

Telehealth is the use of a telecommunications system instead of an in-person recipient encounter for professional consultations, office visits, office psychiatry services, and a limited number of other medical services. Please review Medicaid Services Manual (MSM) Chapter 3400 (Telehealth Services) for complete policy, covered services, non-covered services and coverage requirements. 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. School Health Services Billing Guidelines (8/10/23), pg. 78. (Accessed Jul. 2024).

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. “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 telecommunication technology, not including facsimile or electronic mail.

SOURCE: Nevada Dept. of Health and Human Services, Medicaid Services Manual, School Health Services, (11/28/23) (Accessed Jul. 2024).

LIVE VIDEO

Last updated 07/15/2024

POLICY

The Director shall include in the State Plan for Medicaid:

- A requirement that the State shall pay for the nonfederal share of expenses for services provided to a person through telehealth to the same extent and, except for services provided through audio-only interaction, in the same amount as though provided in person or by other means;
- A requirement that the State shall pay the nonfederal share of expenses for services described in paragraph (a) in the same amount as though provided in person or by other means:
 - If the services:
 - Are received at an originating site described in 42 U.S.C. § 1395m(m)(4)(C) or furnished by a federally-qualified health center or a rural health clinic; and
 - Except for services described in subparagraph (2), are not provided through audio-only interaction; or
- For counseling or treatment relating to a mental health condition or a substance use disorder, including, without limitation, when such counseling or treatment is provided through audio-only interaction; and

A provision prohibiting the State from:

- Requiring a person to obtain prior authorization that would not be required if a service were provided in person or through other means, establish a relationship with a provider of health care or provide any additional consent to or reason for obtaining services through telehealth as a condition to paying for services as described in paragraph (a) or (b). The State Plan for Medicaid may require prior authorization for a service provided through telehealth if such prior authorization would be required if the service were provided in person or through other means.
- Requiring a provider of health care to demonstrate that it is necessary to provide services to a person through telehealth or receive any additional type of certification or license to provide services through telehealth as a condition to paying for services as described in paragraph (a) or (b).

- Refusing to pay for services as described in paragraph (a) or (b) because of:
 - The distant site from which a provider of health care provides services through telehealth or the originating site at which a person who is covered by the State Plan for Medicaid receives services through telehealth; or
 - The technology used to provide the services.
- Requiring services to be provided through telehealth as a condition to paying for such services.
- Categorizing a service provided through telehealth differently for purposes relating to coverage or reimbursement than if the service had been provided in person or through other means.

The provisions of this section do not:

- Require the Director to include in the State Plan for Medicaid coverage of any service that the Director is not otherwise required by law to include; or
- Require the State or any political subdivision thereof to:
 - Ensure that covered services are available to a recipient of Medicaid through telehealth at a particular originating site; or
 - Provide coverage for a service that is not included in the State Plan for Medicaid or provided by a provider of health care that does not participate in Medicaid.

SOURCE: NV Revised Statute 422.2721, Similar provisions also apply to Managed Care plans in Sec. 695G.162 (Accessed Jul. 2024).

Services provided via telehealth must be clinically appropriate and within the health care professional's scope of practice as established by its licensing agency. Services provided via telehealth have parity with in-person health care services. Health care professionals must follow the appropriate Medicaid Services Manual (MSM) policy for the specific service they are providing.

- Photographs must be specific to the patient's condition and adequate for rendering or confirming a diagnosis or a treatment plan. Dermatologic photographs (e.g., photographs of a skin lesion) may be considered to meet the requirement of a single media format under this instruction.
- Reimbursement for the DHCFP covered telehealth services must satisfy federal requirements of efficiency, economy, and quality of care.
- All participating providers must adhere to requirements of the Health Insurance Portability and Accountability Act (HIPAA). The DHCFP may not participate in any medium not deemed appropriate for protected health information by the DHCFP's HIPAA Security Officer.

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 delivered via telehealth may require prior authorization. It is the provider's responsibility to refer to the individual medical coverage policies through the MSM for coverage requirements.

ESRD visits must include at least one in-person visit to examine the vascular access site by a provider; however, an interactive audio/video telecommunications system 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, & 3403.7, (Nov. 28, 2023). (Accessed Jul. 2024).

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.

SOURCE: Nevada Dept. of Health and Human Services Billing Guidelines Telehealth Billing Instructions, p. 1 (2/22/23). (Accessed Jul. 2024).

ELIGIBLE SERVICES/SPECIALTIES

Telehealth services are also covered by Nevada Medicaid. See MSM Chapter 3400, Telehealth Services for the complete coverage and limitations for Telehealth.

Medical Nutrition Therapy (MNT): May be provided through Telehealth services. See MSM Chapter 3400 for the Telehealth policy.

Podiatry: Telehealth services are covered when deemed medically necessary; refer to MSM Chapter 3400, Telehealth Services for services and prior authorization requirements.

Provider Office Services: Telehealth services are also covered by Nevada Medicaid. See MSM Chapter 3400, Telehealth Services for the complete coverage and limitations for Telehealth.

SOURCE: NV Dept. of Health and Human Svcs., Physician Medicaid Services Manual, Section (Apr. 30, 2024) (Accessed Jul. 2024).

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., Provider Type 20, 24, and 77 (Physician), (Osteopath) and (APRN) Billing Guide, pgs. 9 & 10 (4/24/23). (Accessed Jul. 2024).

The following services must be provided in-person and are not considered appropriate services to be provided via telehealth:

- Personal care services provided by a Personal Care Attendant (PCA) as identified in provider qualifications found in MSM Chapter 2600, Intermediary Service Organization and MSM Chapter 3500, Personal Care Services;
- Home Health Services provided by a Registered Nurse (RN), Physical Therapist (PT), Occupational Therapist, Speech Therapist, Respiratory Therapist, Dietician or Home Health Aide as identified in provider qualifications found in MSM Chapter 1400, Home Health Agency (HHA); and
- Private Duty Nursing services provided by an RN as identified in provider qualifications found in MSM Chapter 900, Private Duty Nursing.3403.7

SOURCE: NV Dept. of Health and Human Svcs., Medicaid Services Manual, Telehealth Services Chapter 3400 Section 3403.6, p. 3 (Nov. 28, 2023). (Accessed Jul. 2024).

A health maintenance organization [or managed care organization] that provides medical services to recipients of Medicaid under the State Plan for Medicaid or insurance pursuant to the Children's Health Insurance Program pursuant to a contract with the Division of Health Care Financing and Policy of the Department of Health and Human Services shall provide referrals to providers of dental services who provide services through teledentistry.

A managed care organization that provides dental services to recipients of Medicaid under the State Plan for Medicaid or insurance pursuant to the Children's Health Insurance Program pursuant to a contract with the Division of Health Care Financing and Policy of the Department of Health and Human Services shall:

- Maintain a list of providers of dental services included in the network of the managed care organization who offer services through teledentistry;
- At least quarterly, update the list and submit a copy of the updated list to the emergency department of each hospital located in this State;

- Allow such providers of dental services to include on claim forms codes for teledentistry services provided through both real-time interactions and asynchronous transmissions of medical and dental information.

SOURCE: NV Revised Statute Ch. 695G.162 and 695C.1708, [slight variations exist between sections] (Accessed Jul. 2024).

Mental Health and Alcohol/Substance Abuse Services

Scope of Services – Nevada shall ensure that Mobile Crisis Response teams respond in person at the location in the community where a crisis arises or a family's location of choice. For individuals 18 years of age and younger, responses in urban Clark and Washoe counties will be conducted face-to-face and in-person, with an average response time within one hour; average response times for these individuals in rural areas are within two hours. For adults, responses in urban areas shall be within one hour and within two hours in rural areas. For adults, responses in urban areas shall be within one hour and within two hours in rural areas. Telehealth responses in these locations shall be initiated as soon as possible, within one hour, with face-to-face and in-person team members arriving within one hour in urban areas and within two hours in rural areas. Nevada identifies these Mobile Crisis Response teams that comply with ARPA and the US SSA as DMCT.

Reference Chapter 3400 related to telehealth modality. The use of telehealth shall be

- Dictated by client preference
- Utilized to include additional member(s) of the team not onsite
- Utilized to provide follow-up services to the individual following an initial encounter with the DMCT
- Utilized to include highly trained members of the team, such as psychiatrists, psychiatric nurse practitioners, or others who can prescribe and/or administer medications

Services not eligible for reimbursement when rendered by a DMCT under Nevada Medicaid include: ...

- Crisis services delivered solely via telehealth without the availability of an in-person response to the individual in crisis

Provider supervision for DMCT can occur in person or via telehealth.

All engaged DMCT staff shall receive training in the following areas prior to participating in a mobile response to a crisis episode: ...

- Use of Telehealth equipment

SOURCE: Nevada Dept. of Health and Human Services, Mental Health and Alcohol/Substance Abuse Manual, (3/24/24) (Accessed Jul. 2024).

HCBS State Plan Option Adult Day Health Care and Habilitation

Assessment: New Referral – If an applicant appears to meet program criteria, a face-to-face assessment or via telehealth under certain circumstances will be scheduled to determine needs-based eligibility using the Comprehensive Social Health Assessment (CSHA) tool. The DHCFP HCC will contact the applicant/representative within seven working days of the referral date to schedule a time to conduct an assessment.

SOURCE: Nevada Dept. of Health and Human Services, HCBS State Plan Option Adult Day Health Care and Habilitation, (1/1/24). (Accessed Jul. 2024).

Certified Community Behavioral Health Center Services

Initial services will not be denied to those who do not live in the CCBHC catchment area (where applicable), including the provision of crisis services and other services, and coordination and follow-up with providers in the recipient's catchment area. Telehealth services may be provided.

Care coordination includes: Ensuring access to high-quality physical health care (both acute and chronic) and behavioral health care, as well as social services, housing, educational systems and employment opportunities as necessary to facilitate wellness and recovery of the whole person. This may include the use of telehealth services.

SOURCE: Nevada Dept. of Health and Human Services, Certified Community Behavioral Health Center Services, (1/1/23) (Accessed Jul. 2024).

School Health Services

Only those services listed in MSM Sections 2803.3 – Preventive Health Screenings and Treatment through 2803.16 – Telehealth of this chapter are covered benefits.

SHS Covered Services include: ...

- Telehealth services when clinically appropriate and within the health care professional's scope of practice as established by its licensing agency. Refer to MSM Sections 2803.2L and 2803.16 of this chapter.

Services provided via telehealth must be clinically appropriate and within the health care professional's scope of practice as established by its licensing agency.

SOURCE: Nevada Dept. of Health and Human Services, School Health Services, (11/28/23) (Accessed Jul. 2024).

ELIGIBLE PROVIDERS

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 distant site is the site where the provider delivering services is located at the time the service is provided via a telecommunications system. The provider at the distant site must use the appropriate Place of Service (POS) code in addition to the appropriate modifier when billing for services provided via telehealth. Note that for distant site services billed under Critical Access Hospital (CAH) method II on institutional claims and billed by outpatient providers on institutional claims, the GT modifier (telehealth service rendered via interactive audio and video telecommunications system) is required.

Note: The distant site may not also be the originating site.

SOURCE: Nevada Dept. of Health and Human Services Billing Guidelines Telehealth Billing Instructions, p.1 (2/22/23) (Accessed Jul. 2024).

Indian Health Services and Tribal Clinics must follow guidelines set forth in MSM Chapter 3400 (Telehealth Services)

Distant site: Use encounter code T1015. Distant site Telehealth services may be reimbursable as encounters (see Encounters below).

SOURCE: Nevada Dept. of Health and Human Svcs., Medicaid Services Manual, Indian Health Services and Clinics, pg. 1, (5/1/20), (Accessed Jul. 2024).

Providers must follow guidelines set forth in Medicaid Services Manual (MSM) Chapter 3400, Telehealth Services. Telehealth may be used by a licensed professional operating within the scope of their practice under state law.

SOURCE: Nevada Dept. of Health and Human Svcs., Medicaid Services Manual, Nurse Midwife, pg. 7, (11/14/22), (Accessed Jul. 2024).

The distant site is defined as the location where a provider of health care is providing telehealth services to a patient located at an originating site. The distant site provider must be an enrolled Medicaid provider.

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 the originating site and distant site are two different encounter sites, the originating site may only bill the telehealth facility fee, and the distant encounter site may bill the encounter code.

A provider is not eligible for payment as both the originating and distant site for the same patient, same date of service.

SOURCE: NV Dept. of Health and Human Svcs., Medicaid Services Manual, Telehealth Services Chapter 3400, Section 3403.1 3403.2, (Nov. 28, 2023). (Accessed Jul. 2024).

The distant site is the site where the provider delivering services is located at the time the service is provided via a telecommunications system. The provider at the distant site must use Place of Service (POS) Code 02 when billing for services provided via telehealth. Use of the POS code certifies the service meets telehealth requirements. Note that for distant site services billed under Critical Access Hospital (CAH) method II on institutional claims, the GT modifier (telehealth service rendered via interactive audio and video telecommunications system) is required.

SOURCE: Nevada Dept. of Health and Human Services, School Health Services, pg. 77 (8/10/23), (Accessed Jul. 2024).

An FQHC 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 Healthcare Common Procedural Coding System (HCPCS) code and the distant encounter site may bill the encounter code. Refer to MSM Chapter 3400 – Telehealth Services.

SOURCE: NV Dept. of Health and Human Svcs., Medicaid Services Manual, Federally Qualified Health Centers, Jan. 31, 2024, pg. 11, (Accessed Jul. 2024).

A licensed professional operating within the scope of their practice under state law may provide Telehealth services. Providers must follow guidelines set forth in MSM Chapter 3400 (Telehealth Services).

- **Originating Site:** The FQHC may bill an encounter rate in lieu of the originating site fee, if the distant site (provider) is providing ancillary services. The originating site code, Q3014, must be used when billing in lieu of an encounter code.
- **Distant Site:** FQHCs providing services for a recipient from a distant site may bill the appropriate encounter rate with Place of Service (POS) Code 02. Use of the POS code certifies the service meets telehealth requirements.

SOURCE: Nevada Dept. of Health and Human Services Billing Guidelines Federally Qualified Health Centers Billing Instructions, p. 1 (8/30/2019). (Accessed Jul. 2024).

ELIGIBLE SITES

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

A provider is not eligible for payment as both the originating and distant site for the same patient, same date of service.

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.

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 site may only bill the telehealth facility fee, 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, (11/28/23). (Accessed Jul. 2024).

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)
- Recipient's home (no facility fee)

SOURCE: Nevada Dept. of Health and Human Services Billing Guidelines Telehealth Billing Instructions, p. 1-2 (2/22/23) (Accessed Jul. 2024).

Originating site: Use procedure code Q3014. Originating site Telehealth services are not reimbursable as encounters.

SOURCE: Nevada Dept. of Health and Human Services Billing Guidelines, Indian Health Services (IHS) and Tribal Clinics, (05/01/2020) (Accessed Jul. 2024).

The following services can be provided within a community paramedicine provider's scope of practice as part of a community paramedicine visit when requested in plan of care: ...

- Telehealth originating site

SOURCE: NV Dept. of Health and Human Services, Medicaid Services Manual, Physician Services Chapter 600 Section 604.2, (Apr. 30, 2024), (Accessed Jul. 2024).

The originating site is the location where an eligible Medicaid/Nevada Check Up recipient is at the time the service is provided via a telecommunications system.

SOURCE: Nevada Dept. of Health and Human Services, School Health Services, pg. 77 (8/10/23), (Accessed Jul. 2024).

An FQHC 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 Healthcare Common Procedural Coding System (HCPCS) code and the distant encounter site may bill the encounter code. Refer to MSM Chapter 3400 – Telehealth Services.

SOURCE: NV Dept. of Health and Human Svcs., Medicaid Services Manual, Federally Qualified Health Centers, Jan. 31, 2024, pg. 11, (Accessed Jul. 2024).

A licensed professional operating within the scope of their practice under state law may provide Telehealth services. Providers must follow guidelines set forth in MSM Chapter 3400 (Telehealth Services).

- **Originating Site:** The FQHC may bill an encounter rate in lieu of the originating site fee, if the distant site (provider) is providing ancillary services. The originating site code, Q3014, must be used when billing in lieu of an encounter code.
- **Distant Site:** FQHCs providing services for a recipient from a distant site may bill the appropriate encounter rate with Place of Service (POS) Code 02. Use of the POS code certifies the service meets telehealth requirements.

SOURCE: Nevada Dept. of Health and Human Services Billing Guidelines Federally Qualified Health Centers Billing Instructions, p. 1 (8/30/2019). (Accessed Jul. 2024).

GEOGRAPHIC LIMITS

A Medicaid Managed Care Organization shall not refuse to provide the coverage described in subsection 1 or the reimbursement described in subsection 2 because of:

- The distant site from which a provider of health care provides services through telehealth or the originating site at which an insured receives services through telehealth; or
- The technology used to provide the services

SOURCE: NV Revised Statute Sec. 695G.162. (Accessed Jul. 2024).

FACILITY/TRANSMISSION FEE

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

A provider is not eligible for payment as both the originating and distant site for the same patient, same date of service.

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.

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 the originating site and distant site are two different encounter sites, the originating site may only bill the telehealth facility fee, 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, (11/28/23). (Accessed Jul. 2024).

Q3014 – Telehealth originating site facility fee.

In order to bill the Q3014 facility fee, an originating site must be enrolled as a Nevada Medicaid provider. Eligible sites 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 Paramedicine Services

Originating sites that cannot bill the facility fee (Q3014):

- Recipient smart phones
- Recipient home computers
- Recipient's home

Providers that bill per diem or encounter rates may bill an encounter rate in lieu of the originating site fee. Per diem or encounter-based providers would not bill HCPCS code Q3014 and an encounter code, as the facility fee is already included in the per diem/encounter rates. 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 Billing Guidelines Telehealth Billing Instructions, p. 2 (2/22/23) (Accessed Jul. 2024).

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 Jul. 2024).

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. 77 (8/10/23), (Accessed Jul. 2024).

Q3014 is listed as an allowable service for FQHC/CCBHC and CCBHC.

SOURCE: NV Medicaid, CCBHC Allowable Services and FQHC/CCBHC Allowable Services, (Accessed Jul. 2024).

An FQHC 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 Healthcare Common Procedural Coding System (HCPCS) code and the distant encounter site may bill the encounter code. Refer to MSM Chapter 3400 – Telehealth Services.

SOURCE: NV Dept. of Health and Human Svcs., Medicaid Services Manual, Federally Qualified Health Centers, Jan. 31, 2024, pg. 11, (Accessed Jul. 2024).

Q3014 Telehealth Services is listed as an eligible CPT service for registered dietitians, community paramedics, community health workers, residential substance use treatment in an institution for mental disease, substance use treatment clinic and opioid treatment program.

SOURCE: Nevada Dept. of Health and Human Services Billing Guidelines Registered Dietitians Billing Instructions, (12/19/2019), Community Paramedics, Billing Instructions, (11/4/2019), Community Health Workers Billing Guide, (2/1/2022), residential substance use treatment in an institution for mental disease billing guide, (7/3/24), substance use treatment clinic (7/3/24), opioid treatment program (7/3/24). (Accessed Jul. 2024).

STORE-AND-FORWARD

Last updated 07/15/2024

POLICY

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.

The DHCFP reimburses for services delivered via asynchronous telehealth, however, these services are not eligible for originating site facility fees.

SOURCE: NV Dept. of Health and Human Svcs., Medicaid Services Manual, Telehealth Services Chapter 3400, (Nov. 28, 2023). (Accessed Jul. 2024).

ELIGIBLE SERVICES/SPECIALTIES

No Reference Found

GEOGRAPHIC LIMITS

No Reference Found

TRANSMISSION FEE

Store-and-forward services are not eligible for originating site facility fees.

SOURCE: NV Dept. of Health and Human Svcs., Medicaid Services Manual, Telehealth Services Chapter 3400, Section 3403, p. 1 & Section 3403.4, (Nov. 28, 2023). (Accessed Jul. 2024).

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 (2/22/23). (Accessed Jul. 2024).

REMOTE PATIENT MONITORING

Last updated 07/15/2024

POLICY

No Reference Found

CONDITIONS

No Reference Found

PROVIDER LIMITATIONS

No Reference Found

OTHER RESTRICTIONS

No Reference Found

EMAIL, PHONE & FAX

Last updated 07/15/2024

Per Nevada Senate Bill (SB) 5 passed during the 81st (2021) Nevada Legislative Session, telehealth visits may be performed using only audio outside of the COVID-19 Public Health Emergency. Effective on claims with dates of service on or after October 1, 2022, the telephone evaluation and management (E&M) codes listed have been opened to allow audio-only telehealth services to be billed by the provider types (PT) listed. No claims will be reprocessed automatically as these are go-forward changes.

SOURCE: NV Medicaid, Audio-Only Services Allowed. Web Announcement 3006. Feb. 13, 2023, (Accessed Jul. 2024).

The telecommunications system used must be appropriate for the service being provided. Facsimile machines, electronic mail, and text messages do not meet this criteria.

SOURCE: NV Medicaid. Telehealth Billing Instructions. 2/22/23. (Accessed Jul 2024).

The following coverage and limitations pertain to telehealth services: ...

- Audio only telehealth must be delivered based on medical necessity and clinical appropriateness for the recipient as documented within the recipient's medical record.

Non-Covered Services

- Images transmitted via facsimile machines (faxes)
- Text messages
- Electronic mail (email)

SOURCE: NV Dept. of Health and Human Svcs., Medicaid Services Manual, Telehealth Services Chapter 3400, Section 3403.6, (Nov. 28, 2023). (Accessed Jul. 2024).

Per the updated authority, the Division of Health Care Financing and Policy (DHCFP) is making the following changes to allow all behavioral health services to be delivered through audio-only delivery. The following updates are effective with dates of service on or after November 29, 2023:

- Procedure codes H2014 (Skills Training and Development [Basic Skills Training]) and H2017 (Psychosocial Rehabilitation Services) will no longer deny with error code 0679 (This service is not covered under telehealth) when billed with Place of Service code 02 (Telehealth provided in a location other than in a recipient's home).

- Procedure code H2011 (Crisis Intervention service) cannot be billed with modifier GT (Interactive audio and video telecommunication systems [Institutional claims – Critical Access Hospital only]) by the following provider types (PTs) as the rate does not align with the updated payment authority:
 - PT 14 (Behavioral Health Outpatient Treatment) specialties 300 (Qualified Mental Health Professional (QMHP), 305 (Licensed Clinical Social Worker), 306 (Licensed Marriage and Family Therapist), 307 (Clinical Professional Counselor)
 - PT 17 (Special Clinics) specialties 188 (Certified Community Behavioral Health Center [CCBHC]) and 215 (Substance Use Agency Model [SUAM])
 - PT 20 (Physician, M.D., Osteopath, D.O.)
 - PT 26 (Psychologist)
 - PT 60 (School Health Services)
 - PT 82 (Behavioral Health Rehabilitative Treatment)

See announcement for additional billing instructions.

SOURCE: NV Medicaid Web Announcement 2205, Mar. 13, 2024, (Accessed Jul. 2024).

Time spent in activities that occur outside of the unit or off the floor (e.g., telephone calls, whether taken at home, in the office, or elsewhere in the hospital) may not be reported as critical care since the physician is not immediately available to the patient.

SOURCE: NV Dept. of Health and Human Svcs., Medicaid Services Manual, Physician Services Chapter, Section 603, (May 1, 2024) (Accessed Jul. 2024).

Case management services are reimbursable when provided to Medicaid eligible recipients, on a one-to-one (telephone or face-to-face) basis.

Monitoring and follow-up activities include making necessary adjustments in the care plan and service arrangements with providers. Monitoring may involve either face-to-face or telephone contact, at least annually.

SOURCE: NV Dept. of Health and Human Svcs., Medicaid Services Manual, Case Management Section 2500, (May 30, 2023) (Accessed Jul. 2024).

Person centered contacts must include ... If an LRI is chosen by the recipient to provide paid personal care-like services in their private home, the case manager will conduct more frequent home visits (no less than bi-annually in person and quarterly by telephone) to ensure the recipient is satisfied with the waiver services and caregiver.

NOTE: The link to the manual on the Medicaid Services Manual webpage appears to be broken to this manual. **It seems to be working now – should we delete this note?**

SOURCE: NV Dept. of Health and Human Svcs., Medicaid Services Manual, Home and Community Based Services (HCBS) Waiver for Persons with Physical Disabilities, Dec. 26, 2023, (Accessed Jul. 2024).

Person-centered contacts must be documented in the recipient's electronic record and must include at a minimum: ...

- Case managers must demonstrate due diligence to hold ongoing contacts as outlined in the POC (frequency and method). Ongoing contacts are required, and every attempt to contact the recipient should be documented. At least three telephone calls must be completed on separate days, if no response is received after the third attempt, a letter must be sent to the recipient requesting a return contact. If the recipient fails to respond by the date indicated in the letter, the recipient may be terminated.
- If an LRI is chosen by the recipient to provide paid personal care like services in their private home, the case manager will conduct more frequent home visits (no less than bi-annually in person and quarterly by telephone) to ensure the recipient is satisfied with the waiver services and caregiver.

SOURCE: NV Dept. of Health and Human Svcs., Medicaid Services Manual, Home and Community Based Services (HCBS) Waiver for Frail and Elderly, Dec. 26, 2023, (Accessed Jul. 2024).

A telephonic risk assessment can be used to determine if a recipient is at risk of losing or being unable to return to a community setting because of the need for PCS.

SOURCE: NV Dept. of Health and Human Svcs., Medicaid Services Manual, Personal Care Services Program, Dec. 26, 2023, (Accessed Jul. 2024).

Care coordination includes:

- Ensuring access to high-quality physical health care (both acute and chronic) and behavioral health care, as well as social services, housing, educational systems and employment opportunities as necessary to facilitate wellness and recovery of the whole person. This may include the use of telehealth services.

CCBHC and DCO providers must ensure access to high quality behavioral and physical health care. This includes having policies in place that ensure: ...

- Initial services will not be denied to those who do not live in the CCBHC catchment area (where applicable), including the provision of crisis services and other services, and coordination and follow-up with providers in the recipient's catchment area. Telehealth services may be provided;

Crisis behavioral health services include but are not limited to: ...

- Telephonic crisis services. The CCBHC must ensure, once the emergency has been resolved, the recipient is seen in-person at the next encounter and the initial evaluation is reviewed

SOURCE: NV Dept. of Health and Human Svcs., Medicaid Services Manual, Certified Community Behavioral Health Center Services, Dec. 27, 2022, (Accessed Jul. 2024).

Telephonic services codes are reimbursable for residential substance use treatment in an institution for mental disease, substance use treatment clinic and opioid treatment program.

SOURCE: Nevada Dept. of Health and Human Services Billing Guidelines, Residential substance use treatment in an institution for mental disease billing guide, (7/3/24), substance use treatment clinic (7/3/24), opioid treatment program (7/3/24). (Accessed Jul. 2024).

CONSENT REQUIREMENTS

Last updated 07/15/2024

The Director shall include in the State Plan for Medicaid: ...

A provision prohibiting the State from:

- Requiring a person to obtain prior authorization that would not be required if a service were provided in person or through other means, establish a relationship with a provider of health care or provide any additional consent to or reason for obtaining services through telehealth as a condition to paying for services as described in paragraph (a) or (b). The State Plan for Medicaid may require prior authorization for a service provided through telehealth if such prior authorization would be required if the service were provided in person or through other means.

SOURCE: NV Revised Statute 422.2721, (Accessed Jul. 2024).

OUT OF STATE PROVIDERS

Last updated 07/15/2024

Payments for items or services provided under the Medicaid/NCU State Plans to financial institutions or entities such as provider bank accounts or business agents located outside of the U.S. are prohibited by this provision. Further, this Section prohibits payments to telemedicine providers located outside of the U.S. Additionally; payments to pharmacies located outside of the U.S. are not permitted.

Any payments for items or services provided under the Medicaid/NCU State Plan or under a waiver to any financial institution or entity located outside of the U.S. may be recovered by the State from the MCO.

SOURCE: NV Dept. of Health and Human Svcs., Medicaid Services Manual, Managed Care Organization Chapter 3600 Section 3603, p. 50, (Jan. 28, 2023). (Accessed Jul. 2024).

MISCELLANEOUS

Last updated 07/15/2024

Records must be legible, with all original content visible, and should include, at a minimum: ...

- Modality, such as telehealth audio-visual, audio-only, in-person

SOURCE: NV Dept. of Health and Human Svcs., Medicaid Services Manual, Introduction Chapter 100 Section 10.13, p. 61, (Apr. 26, 2023). (Accessed Jul. 2024).

Professional Requirements

DEFINITIONS

Last updated 07/15/2024

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 facsimile or electronic mail. The term includes, without limitation, communication between a provider of health care who is providing in-person services to a patient and a provider of health care at a different location and the delivery of services from a provider of health care to a patient at a different location through the use of:

- Synchronous interaction or an asynchronous system of storing and forwarding information; and
- Audio-only interaction, whether synchronous or asynchronous.

SOURCE: NV Revised Statutes Sec. 629.515 as amended by AB 276 (2023 Session), (Accessed Jul. 2024).

“Veterinary telemedicine” means the use of medical information exchanged from one site to another via electronic communications regarding the health status of an animal or a group of animals and includes, without limitation, communication via telephone, video, a mobile application or an online platform on an Internet website.

SOURCE: NV Revised Statute Ch. 638.014, (Accessed Jul. 2024).

“Teledentistry” means the use of telehealth by a licensee described in subsection 1 of section 7 of this act who is located at a distant site to facilitate the diagnosis, treatment,

education, care management and self-management of or consultation with a patient who is located at an originating site.

The term includes, without limitation:

- Real-time interactions between a patient at an originating site and a licensee at a distant site;
- The asynchronous transmission of medical and dental information concerning a patient from an originating site to a licensee at a distant site;
- Interaction between a licensee who is providing dental services to a patient at an originating site and another licensee at an originating site; and
- Monitoring of a patient at an originating site by a licensee at a distant site.

SOURCE: NV Revised Statute Ch. 631, Sec. 107 as added by AB 147 (2023 Session), (Accessed Jul. 2024).

“Asynchronous optometric telemedicine” means a form of optometric telemedicine in which data that is collected from an examination of a patient that is conducted in person is later transmitted to an optometrist for review.

“Optometric telemedicine” means the use of telehealth, as defined in NRS 629.515, by a licensee who is located at a distant site to deliver health care services to a patient who is located at an originating site. The term includes, without limitation, synchronous optometric telemedicine and asynchronous optometric telemedicine.

“Synchronous optometric telemedicine” means a form of optometric telemedicine in which information is exchanged via electronic communication in real time and includes, without limitation, communication via telephone, video, a mobile application or an online platform on an Internet website.

SOURCE: NV Revised Statute Ch. 636 as added by AB 432 (2023 Session), (Accessed Jul. 2024).

CONSENT REQUIREMENTS

Last updated 07/15/2024

Before providing services to a patient through teledentistry, a licensee shall: ...

Obtain:

- Informed verbal or written consent that meets the requirements of subsection 4 from a patient who is an adult or a minor authorized by law to provide consent; or

- Informed written consent that meets the requirements of subsection 4 from the parent or guardian of a patient who is a minor and is not authorized by law to provide consent; and
- Document the informed consent provided pursuant to paragraph (d) in the record of the patient.

See statute for consent details.

SOURCE: NV Revised Statute Ch. 631 as added by AB 147 (2023 Session), (Accessed Jul. 2024).

ONLINE PRESCRIBING

Last updated 07/15/2024

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.

A provider of health care may establish a relationship with a patient using telehealth when it is clinically appropriate to establish a relationship with a patient in that manner. The State Board of Health may adopt regulations governing the process by which a provider of health care may establish a relationship with a patient using telehealth.

SOURCE: NV Revised Statutes Sec. 629.515, (Accessed Jul. 2024).

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 Jul. 2024).

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 Jul. 2024).

Before prescribing a controlled substance listed in schedule II, III or IV to continue the treatment of pain of a patient who has used the controlled substance for 90 consecutive days or more, a practitioner, other than a veterinarian, must: ...

- Meet with the patient, in person or using telehealth, to review the treatment plan established pursuant to paragraph (c) of subsection 1 of NRS 639.23911 to determine whether continuation of treatment using the controlled substance is medically appropriate

SOURCE: NV Revised Statutes Sec. 639.23913. (Accessed Jul. 2024).

An advanced practice registered nurse may perform the acts described in paragraphs (a), (b) and (c) of subsection 2 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, as defined in NRS 629.515, from within or outside this State or the United States.

SOURCE: NV Revised Statutes Sec. 632.237(4). (Accessed Jul. 2024).

Veterinarians

A veterinarian-client-patient relationship is not established solely through veterinary telemedicine. However, once established, a veterinarian-client-patient relationship may be maintained via veterinary telemedicine between:

- Medically necessary examinations; or
- Visits, within periods of time that are appropriate for the medical issue in question, to the premises where the animal is kept.

Advice and recommendations may be provided via veterinary telemedicine in an emergency, but only until the animal can be examined in person by a licensed veterinarian. See statute for additional requirements related to a veterinarian-client-patient relationship.

SOURCE: NV Revised Statutes Sec. 638.1521(4), (Accessed Jul. 2024).

Dentistry

A licensee who provides dental services through teledentistry, including, without limitation, providing consultation and recommendations for treatment, issuing a prescription, diagnosing, correcting the position of teeth and using orthodontic appliances, shall provide such services in accordance with the same standards of care and professional conduct as when providing those services in person or by other means.

A licensee shall not:

- Provide treatment for any condition based solely on the results of an online questionnaire; or
- Engage in activity that is outside his or her scope of practice while providing services through teledentistry.

SOURCE: NV Revised Statute Ch. 631, (Accessed Jul. 2024).

A licensee may:

Use teledentistry to examine an existing patient for the purpose of providing a new diagnosis, or to examine a new patient if the examination is sufficient, in accordance with evidence-based standards of practice, to provide an informed diagnosis.

Collaborate in real time through teledentistry with a person who is not licensed pursuant to this chapter, including, without limitation, a community health worker, provider of health care or student who is enrolled in a program of study in dentistry, dental therapy or dental hygiene, to provide diagnostic services or plan treatment for a dental emergency.

SOURCE: NV Revised Statute Ch. 631, (Accessed Jul. 2024).

Except as otherwise provided in this subsection, a licensee must establish a bona fide relationship, as defined by regulation of the Board, with a patient before providing

services to the patient through teledentistry. A licensee may establish such a relationship through teledentistry only:

- For the purpose of emergent care;
- In connection with a public health program; or
- To make an initial diagnosis of a malposition of teeth and a determination of the need for an orthodontic appliance. Such an initial diagnosis and determination must be confirmed through an in-person visit before the patient begins using the orthodontic appliance.

SOURCE: NV Revised Statute Ch. 631, (Accessed Jul. 2024).

Optometry

Except as otherwise provided in subsection 3, a licensee may engage in synchronous or asynchronous optometric telemedicine to provide health care services to a patient only if the licensee has completed a comprehensive examination on the patient within the immediately preceding 2 years.

A licensee may engage in synchronous optometric telemedicine to perform a non-comprehensive examination of a new patient if the licensee has access to all the information obtained from a comprehensive examination of the patient that was conducted by an optometrist or ophthalmologist within the immediately preceding 2 years.

A licensee may engage in asynchronous optometric telemedicine to conduct a consultation regarding a patient on whom the licensee has not completed a comprehensive examination within the immediately preceding 2 years if:

- An optometrist, ophthalmologist or primary care physician providing care to the patient requests that the licensee conduct the consultation and provides the licensee with all the information about the patient that is necessary to determine whether the patient requires a comprehensive examination; and
- The consultation performed by the licensee is limited to a determination of whether the patient requires a comprehensive examination and does not involve any diagnosis, recommendation for or treatment of the patient or a prescription for the patient.

A licensee may engage in remote patient monitoring of a patient on whom the licensee has completed a comprehensive examination within the immediately preceding 2 years for the purposes of:

- Acquiring data about the health of the patient;
- Assessing changes in previously diagnosed chronic health conditions;

- Confirming the stability of the health of the patient; or
- Confirming expected therapeutic results.

A licensee may engage in optometric telemedicine to provide health care services to a patient who is located at an originating site outside this State if the licensee has completed a comprehensive examination of the patient within the immediately preceding 2 years and such action is permitted by the laws of the state in which the patient is located.

A licensee shall not engage in optometric telemedicine to provide any health care service to the patient that the licensee has determined should be provided in person.

A licensee engaging in optometric telemedicine or remote patient monitoring shall not:

- Conduct himself or herself in a manner that violates the standard of care required of an optometrist who is treating a patient in person, including, without limitation, by issuing a prescription for ophthalmic lenses based solely upon one or more of the following:
 - Answers provided by a patient in an online questionnaire;
 - The application of lensometry; or
 - The application of auto-refraction; or
- Condition the provision of optometric telemedicine or remote patient monitoring on the patient consenting to receiving a standard of care below the previous bullet.

SOURCE: NV Revised Statute Ch. 636, (Accessed Jul. 2024).

CROSS-STATE LICENSING

Last updated 07/15/2024

Except as otherwise provided in this subsection, 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 Jul. 2024).

Except as otherwise provided in NRS 630.161, the Board may issue: ...

- A special purpose license to a physician who is licensed in another state to perform any of the acts described in subsections 1 and 2 of NRS 630.020 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. See statute for details.

SOURCE: NV Revised Statutes Sec. 630.261(e). (Accessed Jul. 2024).

A person shall not provide dental services through teledentistry to a patient who is located at an originating site in this State unless the person:

- Is licensed to practice dentistry, dental hygiene or dental therapy in this State; and
- Has complied with subsection 2 of NRS 631.220.

A licensee who provides dental services through teledentistry to patients located at an originating site in this State must possess and maintain a policy of professional liability insurance which insures the licensee against any liability arising from the provision of dental services.

SOURCE: NV Revised Statute Ch. 631, Dental, (Accessed Jul. 2024).

Except as otherwise provided in subsection 5, a person shall not engage in optometric telemedicine to provide health care services to a patient located at an originating site in this State unless the person is licensed to practice optometry pursuant to this chapter.

A person who holds a valid, active and unrestricted license issued by the District of Columbia or any state or territory of the United States to practice optometry may conduct a consultation through asynchronous optometric telemedicine described in subsection 4 in the same manner as a licensee pursuant to that subsection without holding a license to practice optometry in this State.

SOURCE: NV Revised Statute Ch. 636, (Accessed Jul. 2024).

Social Work

A licensee shall not provide services through telehealth to a client located outside the State of Nevada unless the licensee is authorized to do so under the laws of the jurisdiction where the client is located.

SOURCE: NV Admin Code 641B.192, (Accessed Jul. 2024).

LICENSURE COMPACTS

Last updated 07/15/2024

Member of Emergency Medical Services Compact.

SOURCE: The EMS Commission, States and Commissions, (Accessed Jul. 2024).

Member of the Interstate Medical Licensure Compact.

SOURCE: The IMLC. Interstate Medical Licensure Compact. (Accessed Jul. 2024).

Member of the Psychology Interjurisdictional Compact.

SOURCE: Psychology Interjurisdictional Compact. (Accessed Jul. 2024).

* See Compact websites for implementation and license issuing status and other related requirements.

PROFESSIONAL BOARDS STANDARDS

Last updated 07/15/2024

Board of Nursing (Telenursing)

SOURCE: NV Admin. Code Sec. 632.249. (Accessed Jul. 2024).

Board of Pharmacy (Telepharmacy)

SOURCE: NV Admin Code Sec. 639.391-.399. (Accessed Jul. 2024).

Physical Therapy – A licensee may use telehealth in accordance with the provisions of NRS 629.515.

SOURCE: NV Admin Code 640.040, (Accessed Jul. 2024).

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 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. 630.275(10). (Accessed Jul. 2024).

The NV Board of Pharmacy – The Board shall adopt regulations:

- As are necessary for the safe and efficient operation of remote sites, satellite consultation sites and telepharmacies
- To define the terms “dispensing practitioner” and “dispensing technician,” to provide for the registration and discipline of dispensing practitioners and dispensing technicians, and to set

forth the qualifications, powers and duties of dispensing practitioners and dispensing technicians;

- To authorize registered pharmacists to engage in the practice of pharmacy electronically, telephonically or by fiber optics, including, without limitation, through telehealth, from within or outside this State; and
- To authorize prescriptions to be filled and dispensed to patients as prescribed by practitioners 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. 639.0727. (Accessed Jul. 2024).

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

SOURCE: NV Revised Statutes Sec. 637B.244. (Accessed Jul. 2024).

See statute for teledentistry requirements, and requirement for the Board to adopt regulations.

SOURCE: NV Revised Statute Ch. 631 as added by AB 147 (2023 Session), (Accessed Jul. 2024).

See Optometry statute for requirements for optometrists, including instances where an in person visit may be required.

SOURCE: NV Revised Statute Ch. 636 as added by AB 432 (2023 Session), (Accessed Jul. 2024).

A provider of health care who is located at an originating site and is conducting a forensic medical examination of an apparent victim of sexual assault or strangulation may use telehealth to connect to an appropriately trained physician, physician assistant or registered nurse who is located at a distant site for the purpose of obtaining instructions and guidance on conducting the examination. The provisions of this subsection must not be construed to prohibit the use of telehealth for communication between providers of health care in other circumstances authorized by law.

SOURCE: NV Revised Statute Ch. 629.515, (Accessed Jul. 2024).

MISCELLANEOUS

Last updated 07/15/2024

To the extent money is available, the Department shall establish a data dashboard that allows for the analysis of data relating to access to telehealth by different groups and populations in this State. The data dashboard must, to the extent authorized by federal law:

- Include, without limitation, data concerning health care services, behavioral health services and dental services provided through telehealth; and
- Allow for the user to sort data based on the race, ethnicity, ancestry, national origin, color, sex, sexual orientation, gender identity or expression, mental or physical disability, income level or location of residence of the patient, type of telehealth service and any other category determined useful by the Department; and
- Make the data dashboard available on an Internet website maintained by the Department.

SOURCE: NV Revised Statutes Ch. 439.245, (Accessed Jul. 2024).

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, as defined in NRS 629.515, to patients at the hospital in the manner prescribed in 42 C.F.R. §§ 482.12, 482.22 and 485.616.

SOURCE: NV Revised Statutes Sec. 449.1925. (Accessed Jul. 2024).

Supervising Physicians

At least once a month, the supervising physician shall spend part of a day at any location where the physician assistant provides medical services to act as a consultant to the physician assistant and to monitor the quality of care provided by the physician assistant. The requirements of this subsection are satisfied if the supervising physician spends part of a day at any location where the physician assistant uses telehealth to provide medical services.

SOURCE: NV Admin Code, Sec. 630.370, (Accessed Jul. 2024).