Medicaid Non-Covered Codes

Protocol: MSC041
Effective Date: March 1, 2019

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INSTRUCTIONS FOR USE

This protocol provides assistance in interpreting UnitedHealthcare benefit plans. When deciding coverage, the enrollee specific document must be referenced. The terms of an enrollee's document (e.g., Certificate of Coverage (COC) or Evidence of Coverage (EOC)) may differ greatly. In the event of a conflict, the enrollee's specific benefit document supersedes this protocol. All reviewers must first identify enrollee eligibility, any federal or state regulatory requirements and the plan benefit coverage prior to use of this Protocol. Other Protocols, Policies and Coverage Determination Guidelines may apply. UnitedHealthcare reserves the right, in its sole discretion, to modify its Protocols, Policies and Guidelines as necessary. This protocol is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. The MCG™ Care Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.

MEDICAID BENEFIT INTERPRETATION GUIDELINE

The Medicaid member handbook states, “Services that are not allowed by the State of Nevada Medicaid Program are excluded from coverage.”

In accordance with the Medicaid member handbook, HPN will not approve requests or service claims with CPT/HCPCS codes that are not allowed by the State of Nevada Medicaid Program.

The Nevada Medicaid webpage provides a fee-schedule search option to view a list of services the State of Nevada Medicaid Program covers. The website can be accessed here: Fee Schedule Search.

The Medicaid codes are updated monthly. If there are any questions about service coverage, contact a Provider Advocate for clarification.
DEFINITIONS


Division of Health Care Financing and Policy (DHCFP): A part of The Nevada Department of Health and Human Services (DHHS) that works in partnership with the Centers for Medicare & Medicaid Services (CMS) to assist in providing quality medical care for eligible individuals and families with low incomes and limited resources.

Managed Care Organization (MCO): A company contracted with the DHCFP to ensure the provision of covered, medically necessary services to its eligible population. MCOs are paid a risk-based capitated rate for each eligible enrolled recipient. Each MCO contracts individually with certain providers to provide services in accordance with the standards and policies of Nevada Medicaid and Nevada Check Up.

REFERENCES

Nevada Medicaid Member Handbook. Benefits section. 2019

POLICY HISTORY/REVISION INFORMATION

<table>
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<tr>
<th>Date</th>
<th>Action/Description</th>
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<tr>
<td>03/01/2019</td>
<td>Corporate Medical Affairs Committee</td>
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The foregoing Health Plan of Nevada/Sierra Health & Life Healthcare Operations protocol has been created from existing State of Nevada Medicaid Program coverage guidelines.