What is the definition of “telemedicine” or “telehealth”?

“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.”

NEV. REV. STAT. § 629.515(4)(c).

Are there any licensing requirements specific to telemedicine/telehealth (e.g., requirements to be licensed in the state where the patient is located)?

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. . . .

NEV. REV. STAT. § 629.515(1).

To obtain a special purpose license to practice telehealth in Nevada, “the physician must:

(a) Hold a full and unrestricted license to practice medicine in another state;

(b) Not have had any disciplinary or other action taken against him or her by any state or other jurisdiction; and

(c) Be certified by a specialty board of the American Board of Medical Specialties or its successor.”

NEV. REV. STAT. § 630.261(e)(2).
Appendix A: Nevada Update

What are the criteria for establishing a practitioner-patient relationship via telemedicine/telehealth?

None identified.

However, “[a]n insurer shall not . . . [r]equire 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. . . .” NEV. REV. STAT. § 689A.0463(2)(a).

Additionally, the state, through its administration of the Medicaid program, may not “requir[e] 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. . . .” NEV. REV. STAT. § 422.2721(b)(1).

Does a psychiatrist have prescribing authority? If so, under what conditions/limits may a psychiatrist prescribe via telemedicine/telehealth?

[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.

NEV. REV. STAT. § 639.235(4).

What are the acceptable modalities (e.g., telephone, video) for the practice of psychiatry via telemedicine/telehealth that meet the standard of care for the state?

Acceptable modalities include “the use of information and audio-visual communication technology, not including standard telephone, facsimile or electronic mail.” NEV. REV. STAT. § 629.515(4)(c).
**PSYCHOLOGISTS**

Are there any licensing requirements specific to telemedicine/telehealth (e.g., requirements to be licensed in the state where the patient is located)?

None identified.

However, “the [State of Nevada Board of Psychological Examiners] may issue a license by endorsement . . . if the applicant holds a corresponding valid and unrestricted license as a psychologist . . . in the District of Columbia or any state or territory of the United States.”

NEV. REV. STAT. § 641.195(1).

**SOCIAL WORKERS**

Are there any licensing requirements specific to telemedicine/telehealth (e.g., requirements to be licensed in the state where the patient is located)?

None identified.

However, “[a]n applicant for licensure as a social worker who holds, in another state, at least an equivalent license that is in good standing to engage in the practice of social work . . . may be licensed by endorsement by the [State of Nevada Board of Social Workers] to engage in the practice of social work in this State. . . .”

NEV. ADMIN. CODE § 641B.126(1).

**ADVANCED PRACTICE REGISTERED NURSES (APRNs)**

Are there any licensing requirements specific to telemedicine/telehealth (e.g., requirements to be licensed in the state where the patient is located)?

None identified.

However, “[t]he [Nevada State Board of Nursing] may issue a license to practice as an advanced practice registered nurse to a registered nurse . . . [w]ho is licensed by endorsement . . . and holds a corresponding valid and unrestricted license to practice as
an advanced practice registered nurse in the District of Columbia or any other state or territory of the United States. . . ."

**NEV. REV. STAT. § 632.237(1).**

**Does an APRN have prescribing authority? If so, under what conditions/limits may an APRN prescribe via telemedicine/telehealth?**

“An advanced practice registered nurse may perform the acts described in subsection 2 [which includes the prescribing of controlled substances and other dangerous drugs] 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.”

**NEV. REV. STAT. § 632.237(4).**

**COVERAGE & REIMBURSEMENT**

**Does the state have a parity statute in place mandating coverage by private insurers for telemedicine/telehealth services (including telemental/telebehavioral/telepsychiatric health services) on par with those provided in face-to-face/in-person encounters?**

“It is the public policy of this State to . . . [e]nsure that services provided through telehealth are covered by policies of insurance to the same extent as though provided in person or by other means.”

**NEV. REV. STAT. § 629.510(3)(b).**

**Are there provisions requiring certain reimbursement levels/amounts for telemedicine/telehealth services (including telemental/telebehavioral/telepsychiatric health services)?**

“It is the public policy of this State to . . . [e]nsure that services provided through telehealth are covered by policies of insurance to the same extent as though provided in person or by other means.”

**NEV. REV. STAT. § 629.510(3)(b).**

Appendix A: Nevada Update
Does Medicaid provide coverage for telemental/telebehavioral/telepsychiatric health services? If so, what are the coverage criteria?

The originating site is defined as the location where a patient is receiving telehealth services from a provider of health care located at a distant site (via a HIPAA-compliant telecommunications system).

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

B. If a patient is receiving telehealth services at an originating site without an enrolled Medicaid provider onsite, that 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.

C. 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, then the originating encounter site must bill the telehealth originating HCPCS code and the distant encounter site may bill the encounter code.


The following coverage and limitations pertain to telehealth services:

A. The medical examination of the patient is under the control of the health care professional at the distant site.

B. While the distant physician or provider may request a telepresenter, a telepresenter is not required as a condition of reimbursement.

C. 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. Refer to MSM Chapter 400, Mental Health and Alcohol and Substance Abuse Services, for medical coverage requirements.

D. End Stage Renal Disease (ESRD)

1. 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.

2. Medical records must indicate that at least one of the visits was furnished in-person by a provider. Refer to MSM Chapter 600 Physician Services, for medical coverage requirements.


CONTROLLED SUBSTANCES

How are “controlled substances” defined by the state?

Updated citation: NEV. REV. STAT. § 453.043.