



Behavioral Health Outpatient Treatment and Behavioral Health Rehabilitative Treatment

State policy

The Medicaid Services Manual (MSM) is on the DHCFP website at <http://dhcfp.nv.gov> (click *Medicaid Manuals* on the DHCFP Index at left, then select *NV Medicaid Services Manual*).

- MSM [Chapter 400](#) covers policy for behavioral health providers.
- MSM [Chapter 100](#) contains important information applicable to all provider types.

Rates

For current Nevada Medicaid Rates, refer to the [Behavioral Health Provider Type 14 Reimbursement Schedule](#) on the DHCFP website.

Authorization requirements

Authorization is required for most behavioral health services, including those referred through the Early Periodic Screening, Diagnostic and Treatment (EPSDT) program. For questions regarding authorization, call HP Enterprise Services (800) 525-2395 or refer to MSM Chapter 400. Prior authorization may be requested through the HP Enterprise Services website, <http://medicaid.nv.gov>, or by paper form as described below:

- Form FA-9: Outpatient mental health continued services
- Form FA-10A: Psychological testing
- Form FA-10B: Neurological testing
- Form FA-10C: Developmental testing (code 96111)
- Form FA-10D: Neurobehavioral Status Exam (code 96116)
- Form FA-11: Outpatient mental health services initial services
- Form FA-11A: A combination of outpatient mental health and Rehabilitative Mental Health (RMH) services **or** RMH services only (initial and continued requests use this form)
- Form FA-11C: Retrospective authorization for crisis intervention

Incomplete requests will be returned to the submitter unprocessed. When an incomplete request is returned, the submitter has five business days to resubmit complete information or a technical denial will be issued.

Request timelines

- **Initial request for RMH services (*Basic Skills Training, Day Treatment, Peer-To-Peer Support and Psychosocial Rehabilitation*):** Submit no more than 15 *business days before* and no more than 15 *calendar days after* the start date of service.
- **Initial requests for all other services:** Submit 5-15 business days before the anticipated start date of service. Refer to MSM Chapter 400 for the number of sessions allowed before PA is required.
- **Crisis intervention services:** Submit within 7 *calendar days* if initial intervention for each occurrence.
- **Continued service requests:** Submit 5-15 business days prior to the expiration of the current authorized treatment period.



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- **Unscheduled revisions:** Submit whenever a significant change in the recipient’s condition warrants a change to previously authorized services. Must be submitted during an existing authorization period and prior to revised units/services being rendered. The number of requested units should be appropriate for the remaining time in the existing authorization period.
- **Retrospective request:** Submit no later than 90 days from the recipient’s Date of Decision (i.e., the date the recipient was determined eligible for Medicaid benefits). All authorization requirements apply to request that are submitted retrospectively.

Claim form instructions

Use the CMS-1500 claim form or the 837P electronic transaction to submit claims to HP Enterprise Services. Claim requirements are discussed in the CMS-1500 Claim Form Instructions at <http://medicaid.nv.gov>.

Covered services

The following table lists covered codes, code descriptions and billing information as needed. For coverage and limitations, refer to MSM Chapter 400.

Outpatient mental health services	
Assessment	
H0031	Mental health assessment, by non-physician Billing Instructions: Use this code for services provided in a home or community setting.
Screening	
H0002	Behavioral health screening to determine eligibility for admission to treatment program. Billing Instructions: This screening must be conducted face-to-face before the recipient can be determined eligible for Medicaid behavioral health services. After the initial screening, recipients must be re-screened every 90 days to reevaluate their Intensity of Needs (Level of Care). Use this code to bill for the initial screening and any re-screenings as necessary. Bill 1 unit for initial screening or re-screening. This code may be used to bill for an Intensity of Needs Determination which includes a CASII or LOCUS.
Program therapy	
H0035	Mental health partial hospitalization, treatment, less than 24 hours Billing instructions: One unit equals 60 minutes.
S9480	Intensive outpatient psychiatric services, per diem Billing instructions: One unit equals 1 day.



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Medication management	
90862	Pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy Billing instructions: One unit equals 30 minutes. Session length is unlimited; however, all services provided must be medically appropriate.
H0034	Medication training and support, per 15 minutes Billing instructions: One unit equals 30 minutes. Session length is unlimited; however, all services provided must be medically appropriate.
H0034 TD	Medication training and support, per 15 minutes Modifier TD indicates that service was provided by a Registered Nurse QMHA.
M0064	Brief office visit for the sole purpose of monitoring or changing drug prescriptions used in the treatment of mental psychoneurotic and personality disorders Billing instructions: One unit equals 30 minutes. Session length is unlimited; however, all services provided must be medically appropriate.
Diagnostic	
96101	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, (e.g., MMPI, Rorschach, WAIS), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report
96102	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, (e.g., MMPI and WAIS), with qualified health care professional interpretation and report, administered by technician, per hour or technician time, face-to-face
96103	Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, (e.g., MMPI), administered by a computer, with qualified health care professional interpretation and report
96110	Developmental testing; limited (e.g., Developmental Screening Test II, Early Language Milestone Screen), with interpretation and report
96111	Developmental testing; extended (includes assessment of motor, language, social, adaptive and/or cognitive function by standardized developmental instruments) with interpretation and report



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Diagnostic (continued)	
96116	Neurobehavioral status exam (clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, language, memory, planning and problem solving, and visual spatial abilities), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report
96118	Neurological testing (e.g., Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), per hour of the psychologist's or physician's time, both face-to-face time with the patient and time interpreting test results and preparing the report
96119	Neurological testing (e.g., Halstead-Reitan Neuropsychological Battery, Wechsler Memory Scales and Wisconsin Card Sorting Test), with qualified health care professional interpretation and report, administered by technician, per hour of technician time, face-to-face
96120	Neurological testing (e.g., Wisconsin Card Sorting Test), administered by a computer, with qualified health care professional interpretation and report
96150	Health and behavior assessment (e.g. health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment
96151	Health and behavior assessment (e.g. health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; reassessment
96152	Health and behavior intervention, each 15 minutes, face-to-face; individual Billing instructions: Qualifying recipients present with primary physical illnesses, diagnoses or symptoms and may benefit from interventions that focus on biopsychosocial factors related to the recipient's health status.
96153	Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more) Billing instructions: Qualifying recipients present with primary physical illnesses, diagnoses or symptoms and may benefit from interventions that focus on biopsychosocial factors related to the recipient's health status.
96154	Health and behavior intervention, each 15 minutes, face-to-face; family (with patient present) Billing instructions: Qualifying recipients present with primary physical illnesses, diagnoses or symptoms and may benefit from interventions that focus on biopsychosocial factors related to the recipient's health status.

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Therapy	
90801	Psychiatric diagnostic interview examination
90802	Interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of communication
90804	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 20-30 minutes face-to-face with the patient
90805	Description for code 90804 with medical evaluation and management services
90806	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 45 to 50 minutes face-to-face with the patient
90807	Description for code 90806 with medical evaluation and management services
90808	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an office or outpatient facility, approximately 75-80 minutes face-to-face with the patient
90809	Description for code 90808 with medical evaluation and management services
90810	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of nonverbal communication, in an office or outpatient facility, approximately 20-30 minutes face-to-face with the patient
90811	Description for code 90810 with medical evaluation and management services
90812	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of nonverbal communication, in an office or outpatient facility, approximately 45-50 minutes face-to-face with the patient
90813	Description for code 90812 with medical evaluation and management services
90814	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of nonverbal communication, in an office or outpatient facility, approximately 75-80 minutes face-to-face with the patient
90815	Description for code 90814 with medical evaluation and management services
90816	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting; approximately 20-30 minutes face-to-face with the patient
90817	Description for code 90816 with medical evaluation and management services



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Therapy (continued)	
90818	Individual psychotherapy, insight oriented, behavior modifying and/or supportive, in an inpatient hospital, partial hospital or residential care setting; approximately 45-50 minutes face-to-face with the patient
90819	Description for code 90818 with medical evaluation and management services
90823	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of nonverbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 20-30 minutes face-to-face with the patient
90824	Description for code 90823 with medical evaluation and management services
90826	Individual psychotherapy, interactive, using play equipment, physical devices, language interpreter, or other mechanisms of nonverbal communication, in an inpatient hospital, partial hospital or residential care setting, approximately 45-50 minutes face-to-face with the patient
90827	Description for code 90826 with medical evaluation and management services
90845	Psychoanalysis
90846	Family psychotherapy (without the patient present)
90847	Family psychotherapy (conjoint therapy) (with patient present)
90849	Multiple-family group psychotherapy
90853	Group psychotherapy (other than of a multiple-family group)
90857	Interactive group psychotherapy
90875	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (e.g., insight oriented, behavioral modifying or supportive psychotherapy); approximately 20-30 minutes . Billing instructions: Medicare does not cover this service. When a recipient is eligible for Medicare and Medicaid, submit the claim to Medicaid first.
90876	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (e.g., insight oriented, behavioral modifying or supportive psychotherapy); approximately 45-50 minutes . Billing instructions: Medicare does not cover this service. When a recipient is eligible for Medicare and Medicaid, submit the claim to Medicaid first.
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular Billing instructions: Bill one unit per injection.



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Therapy (continued)	
H0004	Behavioral health counseling and therapy, per 15 minutes
H0004 HQ	Behavioral health counseling and therapy, per 15 minutes Modifier HQ indicates group services.
Evaluation and management, biofeedback and observation	
Biofeedback	
90901	Biofeedback training by any modality
90911	Biofeedback training, perineal muscles, anorectal sphincter, including EMG and/or manometry
Observation	
99233	<p>Subsequent hospital care, per day, for the evaluation and management of a patient, which requires at least two of these three key components: a detailed interval history; a detailed examination; medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the patient is unstable or has developed a significant complication or a significant new problem. Physicians typically spend 35 minutes at the bedside and on the patient's hospital floor or unit.</p> <p>Billing instructions: Bill 1 unit per visit.</p>
99234	<p>Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date which requires these three key components: a detailed or comprehensive history; a detailed or comprehensive examination; and medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) requiring admission are of low severity.</p> <p>Billing instructions: Bill 1 unit per visit.</p>

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Observation (continued)	
99235	<p>Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) requiring admission are of moderate severity.</p> <p>Billing instructions: Bill 1 unit per visit.</p>
99236	<p>Observation or inpatient hospital care, for the evaluation and management of a patient including admission and discharge on the same date, which requires these 3 key components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the presenting problem(s) requiring admission are of high severity.</p> <p>Billing instructions: Bill 1 unit per visit.</p>
Evaluation and management	
99201	<p>Office or other outpatient visit for the evaluation and management of a new patient, which requires these three key components: a problem focused history; a problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.</p> <p>Billing instructions: Bill 1 unit per visit.</p>
99212	<p>Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a problem focused history; a problem focused examination; straightforward medical decision making. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are self-limited or minor. Physicians typically spend 10 minutes face-to-face with the patient and/or family.</p> <p>Billing instructions: Bill 1 unit per visit.</p>



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Evaluation and management (continued)	
99213	<p>Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. Physicians typically spend 15 minutes face-to-face with the patient and/or family.</p> <p>Billing instructions: Bill 1 unit per visit.</p>
99214	<p>Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed history; a detailed examination; medical decision making of moderate complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 25 minutes face-to-face with the patient and/or family.</p> <p>Billing instructions: Bill 1 unit per visit.</p>
99215	<p>Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a comprehensive history; a comprehensive examination; medical decision making of high complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Physicians typically spend 40 minutes face-to-face with the patient and/or family.</p> <p>Billing instructions: Bill 1 unit per visit.</p>
99217	<p>Observation care discharge day management</p> <p>Billing Instructions: This code is to be utilized by the physician to report all services provided to a patient on discharge from <i>observation status</i> if the discharge is on other than the initial date of <i>observation status</i>.</p>
99218	<p>Initial observation care, per day, for the evaluation and management of a patient which requires these three key components: a detailed or comprehensive history; a detailed or comprehensive examination; and medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to <i>observation status</i> are of low severity.</p>



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Evaluation and management (continued)	
99219	Initial observation care, per day , for the evaluation and management of a patient which requires these three key components: a comprehensive history; a comprehensive examination; and medical decision making of moderate complexity . Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the problem(s) requiring admission to <i>observation status</i> are of moderate severity .
99220	Initial observation care, per day , for the evaluation and management of a patient, which requires these three components: a comprehensive history; a comprehensive examination; and medical decision making of high complexity . Counseling and/or coordination of care with other providers or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually the problem(s) requiring admission to <i>observation status</i> are of high severity .
Crisis intervention and case management	
Case management	
T1016	Case management, each 15 minutes
Crisis intervention	
H2011	Crisis intervention service, per 15 minutes
H2011	Crisis intervention service, per 15 minutes
GT	Modifier GT indicates telephonic services.
H2011	Crisis intervention service, per 15 minutes
HT	Modifier HT indicates team services.

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Rehabilitative mental health services	
H0038	Self-help /peer services, per 15 minutes (<i>Peer-to-Peer Services</i>)
H0038	Self-help /peer services, per 15 minutes (<i>Peer-to-Peer Services</i>)
HQ	Modifier HQ indicates group services.
H2012	Behavioral health day treatment, per hour
H2014	Skills training and development, per 15 minutes (<i>Basic Skills Training</i>)
H2014	Skills training and development, per 15 minutes (<i>Basic Skills Training</i>)
HQ	Modifier HQ indicates group services.
H2017	Psychosocial rehabilitation services, per 15 minutes
H2017	Psychosocial rehabilitation services, per 15 minutes
HQ	Modifier HQ indicates group services.