



Special Clinics: Certified Community Behavioral Health Center (CCBHC)

Program Overview

Effective July 1, 2019, Special Clinics (provider type 17) may enroll in Nevada Medicaid under a new specialty: Certified Community Behavioral Health Center (CCBHC) (specialty 188). CCBHCs meet the psychosocial and physical health needs of the recipient, adult and child, through the provision of direct services and through effective case management and care coordination. CCBHCs may collaborate with a Designated Collaborating Organization (DCO) that is an extension of the CCBHC delivery model. DCOs may not bill Medicaid independently for services. All CCBHC and contracted DCO services must be billed to Medicaid through the enrolled CCBHC and include the CCBHC specified National Provider Identifier (NPI).

Federal Medicaid regulations allow State Medicaid agencies to pay CCBHCs providing services under a contract with a Medicaid Managed Care Organization (MCO; also known as a Managed Care Entity [MCE]) additional payments for furnishing such services. This concept is referred to as the Quality Incentive/Bonus payment. MCOs are required to follow Nevada Medicaid's State Plan and Medicaid Services Manual (MSM) guidelines.

State Policy

The Medicaid Services Manual (MSM) is on the Division of Health Care Financing and Policy (DHCFP) website at <http://dhcfnv.gov> (select "Manuals" from the "Resources" webpage).

[MSM Chapter 2700](#) covers policy for CCBHCs.

[MSM Chapter 400](#) covers Mental Health and Alcohol and Substance Abuse Services.

[MSM Chapter 100](#) contains important information applicable to all provider types.

Authorization Requirements

All services must be medically necessary as defined in MSM Chapter 100. Authorization is not required for CCBHC services.

Claim Submission Instructions

Effective January 1, 2022, CCBHC services will be billed through all Medicaid delivery models to include Fee-for-Service (FFS) and Medicaid MCOs.

Use Direct Data Entry (DDE) to submit claims to Nevada Medicaid on the Provider Web Portal or an approved Trading Partner. Claim submission instructions are available in the Electronic Verification System (EVS) User Manual Chapter 3 Claims on the [EVS User Manual](#) webpage and the Transaction 837P Companion Guides on the [Electronic Claims/EDI](#) webpage.

For each day in which services are provided to a recipient, the CCBHC will bill one unit of the Encounter Code, T1040 (Medicaid-certified community behavioral health clinic services, per diem), without a modifier, for that recipient. This code will be paid at the Prospective Payment System (PPS) rate that is specific to each individual CCBHC.

In order to identify the nature of the services rendered, the CCBHC must submit each appropriate Current Procedural Terminology (CPT) and/or Healthcare Common Procedure Coding System (HCPCS) code (from the CCBHC Allowable Services grid or the FQHC CCBHC Allowable Services grid – see the links below) on a separate claim line using the Q2 modifier. Each of those claim lines must have the charge and number of units indicated. Due to the variety of services and the need of identifying each service rendered, span dating is not permitted for this provider type.

Covered Services

The following links to the CCBHC Allowable Services grid and the FQHC CCBHC Allowable Services grid provide covered codes, code descriptions and billing information as needed. **Only the services listed on the Allowable Services grids are reimbursable for the CCBHC program.** Please note that CCBHCs are only able to provide Partial Hospital Program (PHP)



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services if certified through Substance Abuse Prevention and Treatment Agency (SAPTA) and are meeting the appropriate provider qualifications to provide a PHP program. For coverage and limitations, refer to [MSM Chapter 2700](#).

Nevada CCBHC Allowable Services:

<https://www.medicaid.nv.gov/Downloads/provider/CCBHC-Allowable-Services-Grid.pdf>

Nevada FQHC/CCBHC Allowable Services (for CCBHC providers who also provide FQHC services):

<https://www.medicaid.nv.gov/Downloads/provider/FQHC-CCBHC-Allowable-Services-Grid.pdf>

Prior Authorization (PA) Requirements

For specialty 188 (CCBHC), no PAs are required for eligible encounters. Please refer to MSM Chapter 2700 for policy limitations.