



March 13, 2024

Nevada Medicaid Web Announcement 3305

Updates Regarding Telehealth for Behavioral Health Services

During the 82nd Nevada Legislative Session (2023), Senate Bill (SB) 119 passed providing for the continuation of certain telehealth services. 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). This change updates information in [Web Announcement 3070](#).
- 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)

Any claims for procedure codes H2014 and H2017 with dates of service on or after November 29, 2023, through claims processed on or before March 12, 2024, that denied with error code 0679 when billed with Place of Service code 02 may be reprocessed automatically at a later date.

Any claims for procedure code H2011 billed with modifier GT with dates service on or after November 29, 2023, through claims processed on or before March 12, 2024, that paid may be reprocessed automatically at a later date to recoup the payments.

Results of any reprocessed claims will appear on a future remittance advice. When claims are reprocessed, please be aware that all system and clinical claim editor edits are applicable. As a result, there may be no additional payment, and other claim denials may be received. Providers have the right to appeal denied claims, including those denied upon reprocessing. Please refer to [Medicaid Services Manual Chapter 100](#) and the [Billing Manual](#) for information concerning the claim appeal process and time frames.

Reminder: Providers are reminded to review the [Telehealth Billing Instructions](#) and [Billing Guides](#) for your provider type for billing information.