

## December 5, 2024 Nevada Medicaid Web Announcement 3496

## <u>Attention Provider Types 20 (Physician, M.D., Osteopath, D.O.), 24 (Advanced Practice Registered Nurse), 74 (Nurse Midwife) and 77 (Physician's Assistant):</u>

## **Behavioral Health Integration Codes Open for Billing**

During the 82nd Nevada Legislative Session (2023), Assembly Bill (AB) 138 was passed, which requires the Division of Health Care Financing and Policy (DHCFP) to reimburse for behavioral health integration services. This will support the expansion of behavioral health access by integrating behavioral health into primary care settings.

Effective for claims with dates of service on or after July 31, 2024, the following provider types (PT) can bill the approved behavioral health integration codes utilizing the Collaborative Care Model:

- 20 (Physician, M.D., Osteopath, D.O.)
- 24 (Advanced Practice Registered Nurse)
- 74 (Nurse Midwife)
- 77 (Physician's Assistant)

## The approved codes are:

- 99492 (Initial Psychiatric Collaborative Care Management, first 70 minutes in the first calendar month)
- 99493 (Subsequent Psychiatric Collaborative Care Management, first 60 minutes in a subsequent month)
- 99494 (Add-on code) (Initial or Subsequent Psychiatric Collaborative Care Management, each additional 30 minutes in a calendar month)
- G2214 (Initial or Subsequent Psychiatric Collaborative Care Management, first 30 minutes in a month)

Any claims submitted by PT 20, 24, 74 or 77 for the above procedure codes with dates of service on or after July 31, 2024, that denied with error code 4801 (No billing rule for procedure) will be reprocessed automatically. Results of the 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 <a href="Medicaid Services Manual Chapter 100">Medicaid Services Manual Chapter 100</a> and the <a href="Billing Manual">Billing Manual</a> for information concerning the claim appeal process and time frames.