

June 3, 2025 Nevada Medicaid Web Announcement 3646

<u>Attention Provider Types (PT) 14 (Behavioral Health Outpatient Treatment), 82 (Behavioral Health Rehabilitative Treatment), and 93 (Substance Use Treatment):</u>

Substance Use Treatment and Behavioral Health Procedure Codes Available for Billing

Effective for claims with dates of service on or after July 1, 2024, the procedure codes listed below for substance use treatment and behavioral health are available for billing by performing or individual provider types (PT) 14 (Behavioral Health Outpatient Treatment), 82 (Behavioral Health Rehabilitative Treatment), and 93 (Substance Use Treatment).

As a reminder, procedure codes H0011, H0018, and H0019 require prior authorization (PA).

- 14 specialty 300 (Qualified Mental Health Professional):
 - o 99408 (Alcohol and/or Substance Abuse Screening And Intervention, 15-30 Minutes)
 - 99409 (Alcohol and/or Substance Abuse Screening And Intervention, More Than 30 Minutes)
 - o H0005 (Alcohol and/or Drug Services; group counseling by a clinician)
 - H0049 (Alcohol and/or Drug Screening)
 - o H0011 (Acute detoxification (residential addiction program inpatient))
 - o H0018 (Short-term residential treatment program)
 - H0019 (Long-term residential treatment program)
 - **Note:** PT 14 specialty 300 must be linked to a PT 93 billing provider when submitting claims for procedure codes H0011, H0018, and H0019.
- 14 specialties 305 (Licensed Clinical Social Worker), 306 (Licensed Marriage and Family Therapist), and 307 (Clinical Professional Counselor)
 - 99408 (Alcohol and/or Substance Abuse Screening And Intervention, 15-30 Minutes)
 - 99409 (Alcohol and/or Substance Abuse Screening And Intervention, More Than 30 Minutes)
- 82 specialty 300 (Qualified Mental Health Professional)
 - o 90785 (Interactive Complexity)
 - o 90791 (Psychiatric diagnostic evaluation)
 - o 90832 (Psychotherapy, 30 mins)
 - o 90834 (Psychotherapy, 45 min)
 - o 90837 (Psychotherapy, 60 mins)
 - o 90846 (Family psychotherapy (without the patient present), 50 mins)
 - o 90847 (Family psychotherapy (conjoint psychotherapy) (with patient present), 50 mins)
 - 90849 (Multiple-family group psychotherapy)
 - o 90853 (Group psychotherapy (other than of a multiple-family group))
 - o 90839 (Psychotherapy for Crisis first 60 mins)
 - o 90840 (Psychotherapy for Crisis each additional 30 mins)
 - o 99406 (Smoking and tobacco cessation counseling 4-10 mins)
 - 99407 (Smoking and tobacco cessation counseling, more than 10 mins)
 - 99408 (Alcohol and/or Substance Abuse Screening And Intervention, 15-30 Minutes)
 - 99409 (Alcohol and/or Substance Abuse Screening And Intervention, More Than 30 Minutes)

- H0005 (Alcohol and/or Drug Services; group counseling by a clinician)
- H0049 (Alcohol and/or Drug Screening)
- H0011 (Acute detoxification (residential addiction program inpatient))
- H0018 (Short-term residential treatment program)
- H0019 (Long-term residential treatment program)
 - **Note:** PT 82 specialty 300 must be linked to a PT 93 billing provider when submitting claims for procedure codes H0011, H0018, and H0019.
- 93 specialties 701 (Certified Alcohol and Drug Counselor), 702 (Licensed Alcohol and Drug Counselor), 703 (Certified Alcohol and Drug Counselor Intern), 705 (Licensed Clinical Alcohol and Drug Counselor Intern), and 709 (Licensed Clinical Alcohol and Drug Counselor)
 - 99408 (Alcohol and/or Substance Abuse Screening And Intervention, 15-30 Minutes)
 - o 99409 (Alcohol and/or Substance Abuse Screening And Intervention, More Than 30 Minutes)

Any claims submitted by PTs 14, 82, or 93 with dates of service on or after July 1, 2024, for the procedure codes above that denied 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 Medicaid Services Manual Chapter 100 and the Billing Manual for information concerning the claim appeal process and time frames.