

September 24, 2025 Nevada Medicaid Web Announcement 3730

Rate Updates Implemented for Procedure Codes H0035 and H2012

Effective for claims with dates of service on or after July 1, 2025, rate increases for procedure codes H0035 (Mental Health Partial Hospitalization Treatment, Less than 24 Hours) and H2012 (Behavioral Health Day Treatment, per Hour) have been implemented for the provider types (PT) listed below.

The impacted PTs and specialties for procedure code H0035 are:

- 14 (Behavioral Health Outpatient Treatment)
 - Specialty 300 (Qualified Mental Health Professional)
 - o Specialty 305 (Licensed Clinical Social Worker)
 - Specialty 306 (Family Marriage and Family Therapist)
 - Specialty 307 (Clinical Professional Counselor)
- 20 (Physician, M.D., Osteopath, D.O.)
- 24 (Advanced Practice Registered Nurse)
- 26 (Psychologist)
- 74 (Nurse Midwife)
- 77 (Physician's Assistant)
- 82 (Behavioral Health Rehabilitative Treatment) Specialty 300 (Qualified Mental Health Professional)
- 93 (Substance Use Treatment)
 - Specialty 705 (Licensed Clinical Alcohol and Drug Counselor Intern)
 - Specialty 709 (Licensed Clinical Alcohol and Drug Counselor)

The impacted PTs and specialties for procedure code H2012 are:

- 14 (Behavioral Health Outpatient Treatment)
 - Specialty 300 (Qualified Mental Health Professional)
 - Specialty 301 (Qualified Mental Health Associate)
 - Specialty 305 (Licensed Clinical Social Worker)
 - Specialty 306 (Family Marriage and Family Therapist)
 - Specialty 307 (Clinical Professional Counselor)
 - Specialty 308 (Day Treatment Model)
- 26 (Psychologist)

Any claims for procedure code H0035 or H2012 that were submitted by the above PTs and paid the previous rate will be reprocessed automatically. The impacted claims have dates of service on or after July 1, 2025. 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.