

April 1, 2026

Nevada Medicaid Web Announcement 3879

Medicaid Services Manual Chapters Updated

The following Medicaid Services Manual (MSM) chapters have been updated and posted on the Nevada Medicaid website:

- MSM Chapter 400 – Mental Health Services (effective February 25, 2026)

<https://www.nevadamedicaid.nv.gov/resources/medicaid-services-manual/chapter-400-mental-health-services/>

Revisions to Medicaid Services Manual (MSM) Chapter 400 – Mental Health Services to revise Section 403.4(D)(3), Coordinated Specialty Care. The changes include updating the First Episode Psychosis (FEP) definition, requiring teams to have unique National Provider Identifiers (NPI), revising team roles and composition, and clarifying team meeting requirements. Service updates include replacing primary care coordination and case management with care coordination, supportive employment and education with psychosocial supports, and removing psychiatry and crisis services as a part of the bundle. The reimbursement structure is being revised from a weekly rate to a tiered (partial and full) monthly rate. Finally, the assessment service limitation is being updated to allow for four units per calendar year before prior authorization is required.

- MSM Chapter 600 – Physician Services (effective February 25, 2026)

<https://www.nevadamedicaid.nv.gov/resources/medicaid-services-manual/chapter-600-physician-services/>

Revisions to Medicaid Services Manual (MSM) Chapter 603 – Section 603.12, Services in the Acute Hospital Setting, to clarify policy concerning critical care services furnished on the same date of service as a hospital inpatient, emergency department, or office/outpatient evaluation and management service.

- MSM Chapter 1200 – Prescribed Drugs (effective March 2, 2026)

<https://www.nevadamedicaid.nv.gov/resources/medicaid-services-manual/chapter-1200-prescribed-drugs/>

Revisions to Medicaid Services Manual (MSM) Chapter 1200 – Prescribed Drugs to include addition of clinical indications for non-solid formulations, removal of Lucemyra™ criteria from the Substance Abuse Agents section, updated trial-and-failure requirements for Chronic Constipation Agents and revised Linzess® criteria within the Functional Gastrointestinal Disorder Agents category, revised existing clinical criteria for Entresto®, and updated existing initial and prior authorization (PA) criteria for diabetic supplies.

- MSM Chapter 1600 – Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) (effective February 25, 2026)

<https://www.nevadamedicaid.nv.gov/resources/medicaid-services-manual/chapter-1600-intermediate-care-for-individuals-with-intellectual-disabilities/>

Revisions to Medicaid Services Manual (MSM) Chapter 1600 – Intermediate Care for the Mentally Retarded (ICF/MR) to update the chapter title to Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID), updated terminology throughout the chapter, replacing “Mentally Retarded (MR)” with “Individuals with Intellectual Disabilities (IID),” added language detailing program eligibility criteria, Level of Care (LOC) requirements, and discharge procedures. The proposed changes also

include replacement of reference to Nevada Medicaid’s “fiscal agent” with “Quality Improvement Organization (QIO)-like vendor” throughout the chapter.

- MSM Chapter 4100 – Substance Use Disorder Treatment Services and Coverage (effective February 25, 2026)

<https://www.nevadamedicaid.nv.gov/resources/medicaid-services-manual/chapter-4100-substance-use-disorder-treatment-services-and-coverage/>

Revisions to Medicaid Service Manual (MSM) Chapter 4100—Substance Use Disorder (SUD) Treatment Services and Coverage to add language that requires providers with more than one geographical location for treatment services to enroll each geographical location with Nevada Medicaid, have a separate National Provider Identification (NPI), certify each geographical location through the Division of Public and Behavioral Health (DPBH), and report changes in the certification to Nevada Medicaid in accordance to conditions of participation as found in MSM Chapter 100—Medicaid Program. Additionally, Peer Support Service (PSS) limitations were updated to align across all behavioral health services. Aligned policy with DPBH criteria and the implementation plan of Nevada’s Treatment of Opioid Use Disorders (OUDs) and SUDs Transformation Project, commonly known as the 1115 SUD waiver. Language added that requires providers to participate in a centralized bed registry. MSM Chapter 4100, Section 4112, Providers, has been relocated to Section 4114, Provider Requirements.

- MSM Chapter 4300 – Peer Support Services (effective February 25, 2026)

<https://www.nevadamedicaid.nv.gov/resources/medicaid-services-manual/chapter-4300-peer-support-services/>

Revisions to Medicaid Services Manual (MSM) Chapter 4300 – Peer Support Services to update the service limitations for adult, family, and youth peer support services to 52 hours/208 units annually before prior authorization is required and to add a Plan of Care (POC) description.