July 23, 2026

Nevada Medicaid Web Announcement 3972

Attention Behavioral Health Outpatient Providers and Provider Type 63 (Psychiatric Residential Treatment Facilities): Reprocessing Efforts

The Centers for Medicare & Medicaid Services (CMS) has approved State Plan Amendment (SPA) 25-0013 for Behavioral Health Outpatient Providers to increase rates for specific procedure codes for recipients under the age of 21 and rates for Peer Support and Specialized Foster Care with an effective date of January 1, 2025. For additional information on this rate increase, please see Web Announcement 3860.

In addition, CMS has approved SPA 25-0002 for Private Psychiatric Residential Treatment Facilities (PRTF). This amendment establishes a flat rate of $800 and an intensive service add-on per diem of $150 for providing services to children younger than 10 years old or children meeting the complex needs criteria within a PRTF setting with an approved prior authorization. The effective date for this State Plan Amendment is January 1, 2025. For additional information on this rate increase, please see Web Announcement 3970.

Nevada Medicaid is making a one-time exception to reimburse providers at the reimbursement rates listed on the fee schedules regardless of whether the provider appropriately billed usual and customary charges back to January 1, 2025. Providers are reminded that billing their usual and customary charges is required by the Medicaid Services Manual, Section 105. This exception is granted due to the high priority of children's behavioral health services for Nevada Medicaid and is not likely to be granted with any subsequent rate increases.

Behavioral Health Outpatient Treatment Providers: The initial recycle was completed on May 27, 2026. To reflect the update on claims without usual & customary charges applied, a second claims recycling period for Behavioral Health Outpatient Providers will occur shortly. Recycled payments will automatically be generated based upon the criteria listed above for the specific procedure codes for recipients under the age of 21 years old if a claim was submitted on or after January 1, 2025. The second claims recycling period for Outpatient Behavioral will be completed after all required system processing and validation activities are finalized. Any applicable recycled payment will be generated automatically once processing is complete.

Psychiatric Residential Treatment Facilities: A single recycle for Provider Type 63 facilities will occur for private facilities that submitted claims on or after January 1, 2025, under the flat rate of $800. The complexity add-on will be applied to claims billed for services delivered to youth younger than 10 years old at the time of service.

When claims are reprocessed, all system and clinical claim editor edits will apply. Providers have the right to appeal denied claims, including those denied upon reprocessing. Please refer to the Medicaid Services Manual and the Nevada Medicaid Billing Manual for information about the appeal process and timeframes.

Applicability to Nevada Medicaid Managed Care Organizations

Effective January 1, 2026, Managed Care Organizations (MCOs) have up to 60-days after receiving updated rate files to implement rate changes on a go-forward basis, unless otherwise specified by the State. This provision does not limit the MCOs' ability to apply cost containment or avoidance activities that reduce costs or prevent fraud, waste, or abuse.

The retroactive rate effective dates and claim reprocessing activities described in this Web Announcement are applicable only to claims within the Medicaid Fee-For-Service program. The retroactive rate effective dates and claim reprocessing activities described in this Web Announcement do not apply to claims with Nevada Medicaid's managed care organizations (MCOs).