August 31, 2026

Nevada Medicaid Web Announcement 3994

Attention Provider Type 93 (Substance Use Treatment) Specialties 707 (Substance Use Treatment Clinic) and 708 (Opioid Treatment Program):

Rate Update for Procedure Codes H0020 and H0033

During the 83rd Nevada Legislative Session, Senate Bill (SB) 300 was approved to increase the rates for procedure codes H0020 *(Alcohol and/or drug services, methadone administration and/or service [provision of the drug by a licensed program])* and H0033 *(Oral medication administration, direct observation)* when billed by provider type (PT) 93 (Substance Use Treatment) specialties 707 (Substance Use Treatment Clinic) and 708 (Opioid Treatment Program).

Effective for claims with dates of service on or after March 1, 2026, the rate update for procedure code H0020 is applicable to PT 93 specialty 708, and the rate update for procedure code H0033 is applicable to PT 93 specialties 707 and 708.

These services must be performed by a physician, physician's assistant (PA), advanced practice registered nurse (APRN), nurse midwife, or registered nurse (RN).

Claims submitted by PT 93 specialties 707 and 708 for these procedure codes with dates of service on or after March 1, 2026, that paid the previous rate 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.

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. MCOs must implement rates for FQHCs, CAHs, RHCs, and other cost-report based rates effective when the State prescribes them, including retroactively, as applicable. This provision does not limit the MCOs' ability to apply cost-containment or avoidance activities that reduce costs or prevent fraud, waste, or abuse.