



March 20, 2015
Announcement 897

Prior Authorizations and Billing for Day Treatment Services (H2012) Effective April 1, 2015

Please be advised that providers who did not submit a Day Treatment Model or whose model was not approved and has been denied for not meeting policy criteria per [Medicaid Services Manual](#) (MSM) Chapter 400, Attachment A, Policy #4-01 through #4-03, will no longer be reimbursed for Day Treatment services, HCPCS code H2012, effective April 1, 2015. In order to be eligible to bill Day Treatment services past April 1, providers will be required to enroll as a Provider Type 14, [Specialty 308](#) and have an approved Day Treatment Model. Effective April 1, 2015, provider types 26 and 82 can no longer bill Day Treatment services.

Prior authorizations for day treatment services will be end dated effective March 31, 2015, for any provider that does not have an approved day treatment model. Other authorized services will be unchanged.

The Billing Guides for Provider Types 14 and 82 and the Enrollment Checklists will be updated to reflect this change for Day Treatment. All prior authorizations for Day Treatment services must be submitted via the Provider Web Portal effective April 1, 2015. If you do not have access to the Web Portal, please contact HP Enterprise Services at (877) 638-3472, option 2, then 0 and 3.

The Day Treatment policy has been in effect since September of 2013. The Division of Health Care Financing and Policy (DHCFP) held various workshops prior to the implementation of the new enrollment procedures. DHCFP has worked diligently with providers in preparation for the change in enrollment process by providing Public Workshops, web announcements and technical assistance webinars.

If there are questions concerning the new process, please submit questions to behavioralhealth@dhcfp.nv.gov