Special Clinics: Substance Use Agency Model (SUAM)

State Policy

The Medicaid Services Manual (MSM) is on the DHCFP website at http://dhcfp.nv.gov (click "Medicaid Manuals" on the DHCFP Index at left, then select "NV Medicaid Services Manual").

- MSM Chapter 400 (Attachment B) – Covers policy for Substance Use Agency Model (SUAM) (pertains only to PT 17 Specialty 215)
- MSM Chapter 400 (Attachment C) – Covers limitations for SUAM (pertains only to PT 17 Specialty 215)
- MSM Chapter 100 – Medicaid Program: contains important information applicable to all provider types.
- MSM Chapter 3800 – Medication Assisted Treatment (MAT): covers policy for MAT services

Rates

Rates information is on the DHCFP website on the Rates Unit webpage. Rates are available on the Provider Web Portal at www.medicaid.nv.gov through the Search Fee Schedule function, which can be accessed on the Provider Login (EVS) webpage under Resources (you do not need to log in).

Authorization Requirements

Use the Authorization Criteria search function in the Provider Web Portal at www.medicaid.nv.gov, and refer to MSM Chapter 400 Attachment C to verify which services require authorization. Authorization Criteria can be accessed on the Provider Login (EVS) webpage under Resources (you do not need to log in). For questions regarding authorization, call Nevada Medicaid (800) 525-2395 or refer to MSM Chapter 400 Attachment C. Prior authorization may be requested through the Nevada Medicaid website, www.medicaid.nv.gov.

- FA-11D Substance Use/ Behavioral Health Authorization Request

Incomplete requests may be pended for additional information. Provider submitting request has five business days from the date that the information is requested to resubmit complete or corrected information, or a technical denial will be issued.

Authorization does not guarantee payment of a claim. Payment is contingent upon eligibility, available benefits, contractual terms, limitations, exclusions, coordination of benefits and other terms and conditions set forth by the benefit program.

Request Timelines

- **Initial requests services**: It is recommended that the request be submitted 5-15 business days before the anticipated start date of service; however, submit no more than 15 business days *before* and no more than 15 calendar days *after* the start date of service.
- **Continued service requests**: If the recipient requires additional services or dates of service (DOS) beyond the last authorized date, you may request review for continued service(s) prior to the last authorized date. The request must be received by Nevada Medicaid by the last authorized date and it is recommended these be submitted 5 to 15 days prior to the last authorized date.
- **Unscheduled revisions**: Submit whenever a significant change in the recipient's condition warrants a change to previously authorized services and provide additional clinical information to document the need for the additional requested units/services. Must be submitted during an existing authorization period and prior to revised units/services being rendered. The number of requested units should be appropriate for the remaining time in the existing authorization period. Note that the earliest start date may be date of submission of request and end date remains the same as previously authorized services.
- **Retrospective request**: Submit no later than 90 days from the recipient's Date of Decision (i.e., the date the recipient was determined eligible for Medicaid benefits). All authorization requirements apply to requests that are submitted retrospectively.
- **Emergency request for Crisis Intervention only**: Submit within five business days, including the first date of service of the first occurrence.

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Claim Instructions

Use Direct Data Entry (DDE) or the 837P electronic transaction to submit claims to Nevada Medicaid. See Electronic Verification System (EVS) Chapter 3 Claims located on the EVS User Manual webpage and the 837P Companion Guide located on the Electronic Claims/EDI webpage for billing instructions.

Medication Assisted Treatment

MSM Chapter 3800, Medication Assisted Treatment, should be referred to for any policy questions. Providers eligible to prescribe MAT services must follow the guidelines listed in MSM Chapter 600, Physician Services, for their individual provider type.

Pre-Induction Visit:

- Visit type: Adult Wellness visit or acute visit for Opioid Use Disorder/Dependence.
- Comprehensive evaluation of new patient or established patient for suitableness for buprenorphine treatment.
    - New Patient: 99205
    - Established Patient: 99215

Induction Visit:

- Visit type: MAT medication induction.
- Any of the new patient Evaluation & Management (E/M) codes can be used for induction visits.
- Codes are listed in order of increasing length of time with patient and/or severity of the problems.
    - Patient Consult: 99241-99245
- Prolonged visits codes (99354, 99355) may also be added onto E/M codes for services that extend beyond the typical service time. Time spent does not need to be continuous.
    - 30-74 minutes: 99354
    - 75-104 minutes: 99355
    - 105+ minutes: 99354+99355x2

Maintenance Visits:

- Visit type: MAT medication. Acute visit for Opioid Use Disorder (OUD)/opioid dependence.
- Any of the established patient E/M codes can be used for maintenance visits.
- Counseling codes are commonly used to bill for maintenance visits, since counseling and coordination of service with addiction specialists comprise the majority of the follow-up visits.
    - Established Patient: 99212-99215

Use modifier U5 and the appropriate OUD diagnosis code with each claim to indicate MAT services.

National Correct Coding Initiative (NCCI) Edits and Service Limitations

The objective of the National Correct Coding Initiative (NCCI) is to promote correct coding methodologies. The Centers for Medicare & Medicaid Services (CMS) is responsible for the development and administration of the NCCI Edits: *"The CMS developed its coding policies based on coding conventions defined in the American Medical Association's CPT Manual, national and local policies and edits, coding guidelines developed by national societies, analysis of standard medical and surgical practices, and a review of current coding practices."*

Nevada's Medicaid Management Information System (MMIS) uses NCCI Edits in the processing of Nevada Medicaid claims. DHCFP receives quarterly and annual NCCI Edit updates that are added to the MMIS. Providers can find the most current Annual Code report and the quarterly Medically Unlikely Edits (MUE), Procedure to Procedure (PTP) and Add-On Code reports on the following website:

https://www.medicaid.gov/medicaid/program-integrity/national-correct-coding-initiative-medicaid/index.html

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It is not possible to provide the most current quarterly or annual changes in this billing guide; for the most current information please reference the website link provided above.

Providers are reminded to bill procedures with the correct modifier combinations, units of service provided and correct code combinations.

Note: It is the responsibility of providers to ensure the use of current CPT codes, service limitations and MUEs are applied when billing claims.

Covered Services

The following table lists covered codes, code descriptions and billing information as needed. For coverage and limitations, refer to MSM Chapter 400.

The "X" indicates the treatment levels for which each code may be billed. Licensed Clinical Alcohol and Drug Counselors (LCADC), Licensed Alcohol and Drug Counselors (LADC), and Certified Alcohol Drug Counselors (CADC) may provide services that are appropriate within their scope of practice under Healthcare Common Procedure Coding System (HCPCS) codes.

Code	Description	Level 0.5	Level 1	Level 2.1	Level 2.5	Level 3
	Behavior Change Intervention & Counseling Risk Factors	**Early Intervention / Prevention**	**Outpatient Services**	**Intensive Outpatient Program (IOP)**	**Partial Hospitalization Program (PHP)**	**Outpatient Services provided in a Licensed Level 3 environment**
99401	Preventive med counseling	X	X			X
99406	Smoking and tobacco cessation counseling	X	X			X
99407	Smoking and tobacco cessation counseling	X	X			X
99408	Alcohol and/or substance abuse screening with brief intervention (15-30 minutes)	X	X			X
99409	Alcohol and/or substance abuse screening with brief intervention (30+ minutes)	X	X			X
	HCPCS	**Prevention**	**Outpatient**	**IOP**	**PHP**	**Residential**
H0001	Alcohol and/or drug assessment (1 unit per assessment at least 30 minutes)	X	X	X		X
H0002	Behavioral health screening to determine eligibility for admission to treatment program (1 unit per assessment at least 30 minutes)	X	X	X		X
H0005	Alcohol and/or drug services; group counseling by a clinician (1 unit per group at least 30 minutes)		X			X
H0007	Alcohol and/or drug services; crisis intervention (outpatient) (for substance use only)		X			X
H0015	Alcohol and/or drug services; intensive outpatient program (3 hours per day at least 3 days per week) (1 unit equals 1 day/visit)			X		

Code	Description	Level 0.5	Level 1	Level 2.1	Level 2.5	Level 3
H0020	Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program)		X			X
H0034	Medication training and support; per 15 minutes		X			X
H0035	Mental health partial hospitalization, treatment less than 24 hours (4 hours per day 5 days per week) (1 unit equals 1 day) Limitation: 1 unit per day, per recipient				X	
H0038	Self-help/peer service; per 15 minutes Use modifier HQ when requesting/billing for a group setting		X			X
H0047	Alcohol and/or drug services; (State defined: individual counseling by a clinician). (1 unit per session at least 30 minutes)		X			X
H0049	Alcohol/drug screening (1 unit per screening)	X	X	X		X
H2011	Crisis intervention service; per 15 minutes (outpatient) (for co-occurring and mental health only) Use modifier HT when requesting/billing for team services Maximum of four hours per day over a three-day period (one occurrence) without prior authorization; maximum of three occurrences over a 90-day period without prior authorization		X			X
	Interactive Complexity & Psychiatric Diagnostic Procedures	**Prevention**	**Outpatient**	**IOP**	**PHP**	**Residential**
90785	Interactive Complexity		X			X
90791	Psychiatric diagnostic evaluation		X			X
90792	Psychiatric diagnostic evaluation with medical services		X			X

Code	Description	Level 0.5	Level 1	Level 2.1	Level 2.5	Level 3
	Psychotherapy	**Prevention**	**Outpatient**	**IOP**	**PHP**	**Residential**
90832	Psychotherapy, **30 mins**, with pt and/or family member		X			X
90834	Psychotherapy, **45 mins**, with pt and/or family member		X			X
90837	Psychotherapy, **60 mins**, with pt and/or family member		X			X
90846	Family psychotherapy (without the patient present)		X			X
90847	Family psychotherapy (conjoint therapy) (with patient present)		X			X
90849	Multiple-family group psychotherapy		X			X
90853	Group psychotherapy (other than of a multiple-family group)		X			X
	Psychotherapy for Crisis	**Prevention**	**Outpatient**	**IOP**	**PHP**	**Residential**
90839	Psychotherapy for Crisis first **60 mins**		X			X
90840	Psychotherapy for Crisis each additional **30 mins**		X			X
	Evaluation & Management *E&M codes are to be performed by physicians, nurse practitioners and physician assistants*	**Prevention**	**Outpatient**	**IOP**	**PHP**	**Residential**
90833	Psychotherapy, **30 mins**, with pt and/or family member when performed with an E/M service.		X			X
90836	Psychotherapy, **45 mins**, with pt and/or family member when performed with an E/M service.		X			X

Code	Description	Level 0.5	Level 1	Level 2.1	Level 2.5	Level 3
90838	Psychotherapy, **60 mins**, with pt and/or family member when performed with an E/M service.		X			X
99201	Office or other outpatient visit for the E/M of a NEW PT, which requires 3 components: a problem focused history, a problem focused exam, and straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. **10 mins** face-to-face.		X			X
99202	Office or other outpatient visit for the E/M of a **NEW PT,** which requires 3 components: a problem focused history, a problem focused exam, and straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of **low to moderate severity**. **20 mins** face-to-face.		X			X
99203	Office or other outpatient visit for the E/M of a NEW PT, which requires 3 components: a problem focused history, a problem focused exam, and medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of **moderate severity**. **30 mins** face-to-face.		X			X

Code	Description	Level 0.5	Level 1	Level 2.1	Level 2.5	Level 3
99204	Office or other outpatient visit for the E/M of a NEW PT, which requires 3 components: a problem focused history, a problem focused exam, and medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of **moderate to high severity**. **45 mins** face-to-face.		X			X
99205	Office or other outpatient visit for the E/M of a NEW PT, which requires 3 components: a problem focused history, a problem focused examination, and medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of **moderate to high severity. 60 mins** face-to-face.		X			X
99211	Office or other outpatient visit for the E/M of an **ESTABLISHED** patient, that may not require the presence of a physician or other qualified healthcare professional. Usually, the presenting problems are minimal. Typically, **5 minutes** are spent performing or supervising these services.		X			X
99212	Office or other outpatient visit for the E/M of an **ESTABLISHED** patient, which requires at least 2 of these 3 key components: a problem focused history, a problem focused examination, and straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the patient's problem(s) and/or family's needs. Usually, problem(s) are **self-limited or minor.** Typically, **10 minutes** face-to-face.		X			X

Code	Description	Level 0.5	Level 1	Level 2.1	Level 2.5	Level 3
99213	Office or other outpatient visit for the E/M of an **ESTABLISHED** patient, which requires at least 2 of these 3 key components: a problem focused history, a problem focused examination, and medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the patient's problem(s) and/or family's needs. Usually, problem(s) are **low to moderate severity**. Typically, **15 minutes** face-to-face.		X			X
99214	Office or other outpatient visit for the E/M of an **ESTABLISHED** patient, which requires at least 2 of these 3 key components: a problem focused history, a problem focused examination, and medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the patient's problem(s) and/or family's needs. Usually, problem(s) are **of moderate to high severity**. Typically, **25 minutes** face-to-face.		X			X
99215	Office or other outpatient visit for the E/M of an **ESTABLISHED** patient, which requires at least 2 of these 3 key components: a problem focused history, a problem focused examination, and medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the patient's problem(s) and/or family's needs. Usually, problem(s) are **of moderate to high severity**. Typically, **40 minutes** face-to-face.		X			X

Code	Description	Level 0.5	Level 1	Level 2.1	Level 2.5	Level 3
99218	Initial Observation Care, per day, for the E/M of a patient which requires these 3 key components: a detailed or comprehensive history, a detailed or comprehensive examination, and medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's or family's needs. Usually, the problem(s) requiring admission to "observation status" are of **low severity**. Typically, **30 minutes** are spent at the bedside and on the patient's hospital floor or unit.		X			X
99219	Initial Observation Care, per day, for the E/M of a patient which requires these 3 key components: a detailed or comprehensive history, a detailed or comprehensive examination, and medical decision making moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's or family's needs. Usually, the problem(s) requiring admission to "observation status" are of **moderate severity**. Typically, **50 minutes** are spent at the bedside and on the patient's hospital floor or unit.		X			X
99220	Initial Observation Care, per day, for the E/M of a patient which requires these 3 key components: a detailed or comprehensive history, a detailed or comprehensive examination, and medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's or family's needs. Usually, the problem(s) requiring admission to "observation status" are of **high severity**. Typically, **70 minutes** are spent at the bedside and on the patient's hospital floor or unit.		X			X