Peer Support Services

State Policy

Nevada Medicaid's policies can be found on the Nevada Health Authority website, http://dhcfp.nv.gov, under Medicaid Services Manual (MSM).

- MSM Chapter 4300 covers policy for peer support providers.
- MSM Chapter 100 contains important information applicable to all provider types.

Rates

Reimbursement rates are listed online https://dhcfp.nv.gov/on the Rates Unit webpage. Rates are also available on the Provider Web Portal https://www.medicaid.nv.gov/ through the Search Fee Schedule function, which can be accessed on the Provider Login webpage under Resources (you do not need to log in).

Authorization Requirements

Peer Support Services can be performed for up to 18 hours/72 units annually for an eligible Medicaid member before prior authorization is required. Use the Authorization Criteria search function in the Provider Web Portal https://www.medicaid.nv.gov/to verify which services require authorization. Authorization Criteria can be accessed on the Provider Login webpage under Resources (you do not need to log in). For questions regarding authorization, contact the Fiscal Agent at (800) 525-2395.

- Use Form FA-11 to request prior authorization for Peer Support Services.

All required information must be completed on the authorization request. The submitter will be notified if additional information is required to complete the request. The submitter then has five business days to resubmit the requested 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 Request for Peer Support Services: Submit a prior authorization request 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. 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.

Retrospective Request for Retro-eligible Recipients: Submit no later than 90 calendar days from the date the recipient was determined eligible for Medicaid benefits. All authorization requirements apply to requests that are submitted retrospectively.

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Claim Instructions

Use Direct Data Entry (DDE) or the 837P electronic transaction to submit claims to Nevada Medicaid. See Provider Web Portal Chapter 3 Claims and the EDI companion guides for billing instructions.

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. Nevada Medicaid 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

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. The requirements for coverage and limitations are governed by MSM Chapter 4300. If you need further clarification, please contact the Medicaid QIO-like vendor.

Billing Code	Brief Description	Unit	Prior Authorization Requirement
Adult Peer Support Services			
H0038	Self-help/Peer Services (Adult Peer Support Services)	Per 15 minutes	Requires prior authorization to exceed service limits.
H0038 (HQ)	Self-help/Peer Services group (Adult Peer Support Services)	Per 15 minutes	Requires prior authorization to exceed service limits.

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Billing Code	Brief Description	Unit	Prior Authorization Requirement
Family Peer Support Services			
H0038 (HR)	Family Peer Support Services (with client present)	Per 15 minutes	Requires prior authorization to exceed service limits.
H0038 (HS)	Family Peer Support Services (without client present)	Per 15 minutes	Requires prior authorization to exceed service limits.
H0038 (HQ + HR)	Group Family Peer Support Services	Per 15 minutes	Requires prior authorization to exceed service limits.
Youth Peer Support Services			
H0038 (HA)	Self-help/Peer Services (Youth Peer Support Services)	Per 15 minutes	Requires prior authorization to exceed service limits.
H0038 (HQ + HA)	Self-help/Peer Services group (Youth Peer Support Services)	Per 15 minutes	Requires prior authorization to exceed service limits.