NEVADA HEALTH AUTHORITY
NevadaMedicaid.nv.gov

Billing Instructions

Justice Involved Reentry Initiative

Overview

Nevada Medicaid provides screening, diagnostic, brief emotional/behavioral assessment, and targeted case management services to **eligible juveniles** in accordance with the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) requirements.

An **eligible juvenile** is a Medicaid eligible individual who is under 21 years of age or between the ages of 18 and 26 who is eligible for Medicaid under the mandatory former foster care children group.

Services are covered for the 30 days prior to release and for 30 days after release, which includes referrals to appropriate care and services.

Policy

Juvenile Justice screening and diagnostics services should be provided by the following provider types (PT):

- PT 14 – Behavioral Health Outpatient Treatment
- PT 20 – Physician, M.D. and Osteopath
- PT 22 – Dentist
- PT 24 – Advanced Practice Registered Nurse
- PT 26 – Psychologist
- PT 54 – Targeted Case Management,
- PT 77 – Physician Assistant
- PT 82 – Behavioral Health Rehabilitative Treatment
- PT 93 – Substance Use Treatment (SUT)

Participating providers performing EPSDT screening services are expected to follow guidelines per the scope of their license and the Medicaid Services Manual (MSM).

Nevada Medicaid's policies can be found on Nevada Medicaid's website, nevadamedicaid.nv.gov, under Medicaid Services Manual (MSM). The following sections provide complete information regarding covered services.

- MSM Chapter 400, Behavioral Health
- MSM Chapter 600, Physician Services
- MSM Chapter 800, Laboratory Services
- MSM Chapter 1000, Dental Services
- MSM Chapter 1100, Ocular Services
- MSM Chapter 1200, Prescribed Drugs (for immunization/vaccine information)
- MSM Chapter 1500, Healthy Kids Program (EPSDT)
- MSM Chapter 2000, Audiology Services
- MSM Chapter 2400, Telehealth Services
- MSM Chapter 2500, Case Management
- MSM Chapter 4100, Substance Use Disorder Treatment Services and Coverage

Prior Authorization (PA)

PAs are not required for screenings, diagnostic services, or targeted case management. After initial service limits are met, a prior authorization is required for additional Targeted Case Management services.

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Services

Services are limited to screening and assessment of an individual that includes a medical examination, age and gender appropriate history, counseling, anticipatory guidance, risk interventions, hearing tests, eye exams, the ordering of appropriate immunizations(s) and/or laboratory diagnostics as deemed medically necessary.

Dental services are permitted for only recipients under the age of 21.

Patient-focused assessments should use a standardized instrument for scoring and documentation. These assessments should include identification of certain health risks, and emotional and behavioral factors that are common for the age group.

The following tables list the Current Procedural Terminology (CPT) codes covered for eligible juveniles, not all inclusive:

Screenings and Assessments

Code	Descriptions	Limitations
90791	Psychiatric Diagnostic Evaluation	4x Per Calendar Year for Children 2x Per Calendar Year for Adults
90792	Psychiatric Diagnostic Evaluation With Medical Services	
99383	New patient, late childhood (age 5-11)	1 visit per 3 years, per provider
99384	New patient, adolescent (age 12-17)	
99385	New patient, adult (age 18-39)	
99393	Established patient, late childhood (age 5-11)	
99394	Established patient, adolescent (age 12-17)	6 visits per 96 rolling months
99395	Established patient , adult (age 18-39)	4 visits per 36 rolling months
96160	Patient focused health risk assessment	
96127	Brief emotional/behavioral assessment	
99408	Alcohol And/or Substance Abuse Screening And Intervention, 15-30 Minutes	
99409	Alcohol And/or Substance Abuse Screening And Intervention, More Than 30 Minutes	
H0001	Alcohol and/or drug assessment	1 unit per assessment at least 30 minutes
H0002	Behavioral Health Screening to determine eligibility for admission to treatment program	1 time every 90 days
H0031	Mental Health Assessment by non-physician	4 Units Per Calendar Year for Children 2 Units Per Calendar Year for Adults

Code	Descriptions	Limitations
H0049	Alcohol And/or Drug Screening (1 unit per screening)	

Audiology (Hearing)

Code	Descriptions	Limitations
92551	Screening test, pure tone, air only	For codes 92551-92588, multiple codes in this range may be used during one session.
92552	Pure tone audiometry; air only	
92553	Pure tone audiometry; air and bone	
92567	Tympanometry	
92568	Acoustic reflex testing	
92587	Evoked auditory test, limited	
92588	Evoked auditory test, complete	

Ocular (Vision)

Code	Descriptions	Limitations
92002	Eye exam new patient, intermediate	Age 21 and older, 1 visit per 12 months
92004	Eye exam new patient, comprehensive	
92012	Eye exam established patient, intermediate	
92014	Eye exam established patient, comprehensive	
92015	Determine refractive state	
92018	Eye exam, under general anesthesia, complete	
92019	Eye exam, under general anesthesia, limited	
92020	Special eye evaluation; gonioscopy	3 units every 12 months. Additional with PA
92060	Special eye evaluation; sensorimotor	
92081	Visual field examination, limited	
92082	Visual field examination, intermediate	
92083	Visual field examination, extended	
99173	Visual acuity screening, bilateral	
99174	Instrument based ocular screening, bilateral, remote analysis	
99177	Instrument based ocular screening, onsite analysis	

Laboratory

Code	Descriptions	Limitations
36410	Venipuncture, non-routine, 3 years or older	2 units per day
36415	Venipuncture	
36416	Capillary blood collection	
80061	Lipid panel	
83655	Lead testing	
85013	Microhematocrit	
85018	Hemoglobin	
86701	Antibody; HIV-1	
86780	Antibody; Treponema pallidum (syphilis)	
86803	Hepatitis C antibody	
87389	Infectious agent antibody detection by immunoassay, HIV-1 and HIV-2 antibodies	Cannot be billed the same day as 87806
G0433	Infectious agent antibody detection by rapid antibody test, HIV-1 and/or HIV-2 screening	
85660	Sickle cell screen	
86480	TB test, gamma interferon	
86481	TB test, enumeration of T-cells	

Vaccines

Code	Descriptions
90460	Vaccine administration through 18 years of age; first vaccine
90461	Vaccine administration through 18 years of age; each additional
90471	Vaccine administration, single
90472	Vaccine administration, each additional vaccine
90473	Vaccine administration, oral/nasal; first
90474	Vaccine administration, oral/nasal; each additional
90480	Vaccine administration, COVID

Dental

Code	Descriptions	Limitations
D0120	Oral examination, established patient	I unit per 6 rolling months
D0140	Oral examination, limited	2 units per 6 rolling months
D0150	Oral examination, comprehensive	I unit per 6 rolling months
D0160	Oral examination, extensive	I unit per 6 rolling months
D0170	Re-evaluation, limited	I unit per 6 rolling months
D0190	Screening of a patient	I unit per 6 rolling months
D0191	Assessment of a patient	I unit per 6 rolling months
D0210	Intraoral radiographic, complete	I unit per 6 rolling months
D0220	Intraoral radiographic, periapical, single	I unit per 12 rolling months. Cannot be billed on the same date of services as D0210,D0372, D0374 and/or D0387
D0230	Intraoral radiographic, periapical, each additional	12 units per rolling year. D0230 may not be billed on the same date of service as D0210, D0372 and/or D0387. No more than 13 units of any combination of D0220 and /or D0230 may be billed per rolling year.
D0240	Intraoral radiographic, occlusal	2 units per 12 rolling months
D0270	Bitewing, single radiographic	1 unit per 6 months. D0270 may not be billed on the same date of service as D0373.
D0272	Bitewing, two radiographics	1 unit per 6 months
D0273	Bitewing, three radiographics	1 unit per 6 months
D0274	Bitewing, four radiographics	1 unit per 6 months
D0277	Vertical bitewings, 7-8 radiographics	1 unit per 6 months
D0322	Tomographic survey	1 unit per 6 months
D0330	Panoramic radiographic	1 unit per 36 months
D0340	2D cephalometric radiographic	1 unit per 36 months
D0350	2D oral/facial photographic	1 service unit per 12 rolling months 1 unit covers an unlimited number of photos
D0364	Cone beam CT, limited, less than one whole jaw	1 service unit per 6 months
D0365	Cone beam CT, limited, one full dental arch - mandible	1 service unit per 6 months
D0366	Cone beam CT, one full dental arch - maxilla	1 service unit per 6 months

Code	Descriptions	Limitations
D0367	Cone bean CT, both jaws	1 service unit per 6 months
D0370	Maxillofacial ultrasound	1 service unit per 36 months
D0372	Intraoral tomosynthesis, comprehensive	D0372 may not be billed on the same date of service as D0210, D0220 and/or D0230. 1 service unit per 36 months
D0373	Intraoral tomosynthesis, bitewing	D0373 may not be billed on the same date of service as D0270. 1 service unit per 36 months
D0374	Intraoral tomosynthesis, periapical	D0374 may not be billed with D0210 and D0220. 1 service unit per 36 months
D0380	Cone beam CT, limited field of view - less than one whole jaw	1 service unit per 36 months
D0381	Cone beam CT, one full dental arch - mandible	1 service unit per 36 months
D0382	Cone beam CT, one full dental arch - maxilla	1 service unit per 36 months
D0383	Cone beam CT, both jaws	1 service unit per 36 months
D0386	Maxillofacial ultrasound	1 service unit per 36 months
D0387	Intraoral tomosynthesis, comprehensive - image capture only	D0387 may not be billed on the same date of service as D0210, D0220, D0230, D0372 and/or D0709. 1 service unit per 36 months
D0388	Intraoral tomosynthesis, bitewing - image capture only	D0388 may not be billed on the same date of service as D0270, D0272 and/or D03731 service. 1 unit per 36 months
D0389	Intraoral tomosynthesis, periapical - image capture only	D0389 may not be billed with D0220, D0374 and/or D0707. 1 service unit per 36 months
D0414	Laboratory processing of microbial specium	1 service unit per 6 months
D0415	Collection of microorganisms for culture	1 unit per 6 months
D0416	Viral culture	1 unit per 6 months
D0460	Pulp vitality tests	1 service unit per patient, per day, same provider
D0470	Diagnostic casts	1 service unit per 12 rolling months
D0502	Other oral pathology procedures	1 service unit per 12 rolling months
D0600	Non-ionizing diagnostic procedure	1 service unit per 6 rolling months
D0701	Panoramic radiographic - image capture only	1 service unit per 36 rolling months
D0702	2D cephalometric radiographic - image capture only	1 service unit per 36 rolling months

Code	Descriptions	Limitations
D0703	2D oral/facial photographic image - image capture only	1 service unit per 12 months 1 unit covers an unlimited number of photos
D0706	Intraoral radiographic, complete - image capture only	2 units per 12 rolling months
D0707	Intraoral radiographic, periapical, single - image capture only	1 service unit per 12 rolling months. D0707 may not be billed on the same date of service as D0210, D0220 and/or D0389.
D0708	Intraoral radiographic, periapical, each additional - image capture only	1 unit per 6 months
D0709	Intraoral radiographic, occlusal - image capture only	D0709 may not be billed on the same date of service as D0210, D0220, D0230 and D0388. Use code D0709 when providing 14 or more intraoral exams on the same date of service. 1 service unit (complete series) per 36 rolling months

Targeted Case Management

Code	Description	Modifier	Limitation
T1017	Targeted Case Management, each 15 minutes	HY – Funded by Juvenile Justice	30 hours per calendar month

Telehealth

Use Q3014 for Originating site.

Distant site: Use the appropriate procedure code for the service provided in addition to the appropriate Place of Service (POS) code and modifier.

Please review the Telehealth Billing Instructions for additional information, including a list of POS codes and modifiers.