



June 5, 2024

Nevada Medicaid Web Announcement 3371

**Attention Provider Type (PT) 17 (Special Clinics) Specialty 188 (Certified Community Behavioral Health Center (CCBHC)):**

**Bill Procedure Code T1040 to Recipient's Correct Benefit Plan**

Effective with dates of service on or after July 1, 2022, provider type (PT) 17 (Special Clinics) specialty 188 (Certified Community Behavioral Health Center (CCBHC)) providers were instructed to bill procedure code T1040 (Medicaid-certified community behavioral health clinic services, per diem) to the applicable Managed Care Organization (MCO) if the recipient has coverage under an MCO. See the [PT 17 specialty 188 Billing Guide](#) for details.

Claims for procedure code T1040 that were submitted by PT 17 specialty 188 to Nevada Medicaid Fee-for-Service (FFS) instead of the MCO have paid or adjudicated in error by Medicaid FFS. Effective with claims processed on or after June 3, 2024, the Medicaid Management Information System (MMIS) has been updated to deny claims for procedure code T1040 if the recipient is covered by an MCO.

Claims for procedure code T1040 billed by PT 17 specialty 188 with dates of service on or after July 1 2022, that were submitted to and paid by Medicaid FFS for recipients covered by an MCO will be reprocessed automatically to recoup the payments. 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.

After the recoupment is complete, please work with your MCO to resubmit the impacted claims and associated prior authorization requests.

**Reminder:** CCBHC providers are reminded to verify recipient eligibility for FFS or MCO services through the Electronic Verification System (EVS). Please refer to [EVS User Manual Chapter 2: Eligibility Benefit Verification](#) for instructions to confirm recipients' coverage and benefit plans.