

## November 13, 2024 Nevada Medicaid Web Announcement 3481

## <u>Attention Provider Type 14 (Behavioral Health Outpatient Treatment)</u> <u>Specialties 306 (Licensed Marriage and Family Therapist) and 307 (Licensed Clinical Professional Counselor):</u>

## **Error Code 2502 Updated**

Update to Web Announcement 3265: Effective with dates of service on or after January 1, 2024, claims submitted by Licensed Marriage and Family Therapists (MFT) and Clinical Professional Counselors (CPC) who deliver mental health services to Medicare recipients will deny with error code 2502 (Client covered by Medicare Part B). This change applies to both billing and rendering providers.

Additionally, providers submitting claims for Healthcare Common Procedure Coding System (HCPCS) code S9480 (Intensive outpatient psychiatric services, per diem), which is not currently covered by Medicare, should follow the instructions outlined in <a href="Web Announcement 3170">Web Announcement 3170</a> for billing professional claims where the primary carrier is Medicare.

Beginning January 1, 2024, Medicare is the primary coverage for MFT and CPC providers delivering services to dual eligible recipients and providers delivering Intensive Outpatient Program (IOP) services to dual eligible recipients. These providers were directed to enroll in Medicare. For more information about this change, see <a href="Web Announcement 3265">Web Announcement 3265</a>.

Any claims with dates of service on or after January 1, 2024, that were incorrectly paid by Nevada Medicaid to providers who are not Medicare-enrolled for services delivered to dual eligible recipients will be reprocessed and recouped.

A future remittance advice will report the result of any reprocessed claims. 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 <a href="Medicaid Services Manual Chapter 100">Medicaid Services Manual Chapter 100</a> and the <a href="Billing Manual">Billing Manual</a> for information concerning the claim appeal process and time frames.