



February 25, 2025

Nevada Medicaid Web Announcement 3563

Attention Provider Types 14 (Behavioral Health Outpatient Treatment) and 82 (Behavioral Health Rehabilitative Treatment):

Prior Authorization Requirement Updated for Procedure Code H0038

For provider types 14 (Behavioral Health Outpatient Treatment) and 82 (Behavioral Health Rehabilitative Treatment), prior authorization (PA) was required before any peer support service was provided. To comply with the Nevada State Plan regarding peer support services, the PA requirement for procedure code H0038 (Self-Help/Peer SVC per 15 min) has been updated when billed by PTs 14 and 82. Effective February 26, 2025, prior authorization is required only after exceeding the service limitation of 18 hours/72 units. Claims that exceed this limit and have no PA will deny with error code 5715 (72 units allowed per calendar year).

Medicaid Services Manual (MSM) Chapter 400, Mental Health Services, will be updated to reflect this change. No claims will be reprocessed automatically.