



March 3, 2025

Nevada Medicaid Web Announcement 3571

Attention Provider Types 14 (Behavioral Health Outpatient Treatment), 82 (Behavioral Health Rehabilitative Treatment) and 93 (Substance Use Treatment) Linked to a Provider Type 93 Group:

Behavioral Health Services Codes Open For Billing

Several Healthcare Common Procedure Coding System (HCPCS) codes for behavioral health services, including alcohol and drug abuse treatment, have been opened for billing by provider types (PT) 14 (Behavioral Health Outpatient Treatment), 82 (Behavioral Health Rehabilitative Treatment) and 93 (Substance Use Treatment) who are linked to a PT 93 group.

Effective July 1, 2024, the procedure codes below may be billed by the PTs listed. These procedure codes require prior authorization (PA) after the service limitation has been met. Please follow the PA guidelines specific to each of the services.

Procedure Code	Description	PTs Who Can Bill
H0001	Alcohol and/or drug assessment	<ul style="list-style-type: none"> PT 14 specialty 300 (Qualified Mental Health Professional (QMHP)) PT 82 specialty 300 (Qualified Mental Health Professional)
H0047	Alcohol and/or other drug abuse services, not otherwise specified	<ul style="list-style-type: none"> PT 14 specialty 300 PT 82 specialty 300

Also effective July 1, 2024, the procedure codes below may be billed by the PT listed. These procedure codes require PA. Please follow the PA guidelines specific to each of these services.

Providers will be allowed to submit retroactive PA requests. Providers will have 30 calendar days from March 3, 2025, to submit retroactive PA requests for dates of service from July 1, 2024, through March 3, 2025. After receiving an approved retroactive PA, providers then have 60 calendar days to submit claims. Claims submitted during this period must include a copy of this web announcement or a cover letter attachment referencing this web announcement.

Procedure Code	Description	PTs Who Can Bill
H0015	Alcohol and/or drug services; intensive outpatient	<ul style="list-style-type: none"> PT 14 specialty 300 PT 82 specialty 300 PT 93 specialty 701 (Certified Alcohol and Drug Counselor) PT 93 specialty 702 (Licensed Alcohol and Drug Counselor) PT 93 specialty 703 (Certified Alcohol and Drug Counselor Intern)

Procedure Code	Description	PTs Who Can Bill
H0035	Mental health partial hospitalization, treatment, less than 24 hours	<ul style="list-style-type: none"> PT 14 specialty 300 PT 82 specialty 300
H0038 with Modifier HQ (Group setting)	Self-help/peer services, per 15 minutes (group)	<ul style="list-style-type: none"> PT 93 specialty 706 (Peer Recovery Support Specialist (PRSS))
H2011 with Modifier HT (Multi-disciplinary team)	Crisis intervention services, per 15 minutes	<ul style="list-style-type: none"> PT 93 specialty 705 (Licensed Clinical Alcohol and Drug Counselor Intern (LCADC-1)) PT 93 specialty 709 (Licensed Clinical Alcohol and Drug Counselor (LCADC))

Claims submitted by PTs 14, 82, or 93 for the applicable procedure codes and modifiers with dates of service on or after July 1, 2024, that denied with error code 4801 (No billing rule for procedure) will be reprocessed automatically. The 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.