



May 19, 2026

Nevada Medicaid Web Announcement 3923

**Attention Behavioral Health and Peer Support Service Providers:
Service Limitation for Procedure Code H0038 Has Been Updated**

Effective for claims with dates of service on or after February 25, 2026, the service limitation for procedure code H0038 and its modifiers has been updated to 208 units per calendar year. The limitation can be exceeded with prior authorization (PA). Claims that exceed the limitation without PA will now deny with error code 5752 (208 units allowed per calendar year – PA override).

Descriptions of the impacted code and modifiers:

Procedure Code + Modifier	Description
H0038	Self-help/Peer Services, per 15 minutes
H0038 (HQ)	Self-help/Peer Services group
H0038 (HR)	Family Peer Support Services (with client present)
H0038 (HS)	Family Peer Support Services (without client present)
H0038 (HQ + HR)	Group Family Peer Support Services
H0038 (HA)	Self-help/Peer Services (Youth Peer Support Services)
H0038 (HQ + HA)	Self-help/Peer Services group (Youth Peer Support Services)

This update applies to the following provider types (PT):

Provider Type/Specialty	Description
14	Behavioral Health Outpatient Treatment
14 specialty 300	Qualified Mental Health Professional (QMHP)
14 specialty 301	Qualified Mental Health Associate (QMHA)
14 specialty 302	Qualified Behavioral Aide (QBA)
14 specialty 305	Licensed Clinical Social Worker
14 specialty 306	Licensed Marriage and Family Counselor
14 specialty 307	Clinical Professional Counselor
14 specialty 814	Behavioral Health Outpatient Treatment Group
26	Psychologist
60	School Health Services
82 specialty 300	Qualified Mental Health Professional
82 specialty 301	Qualified Mental Health Associated
82 specialty 302	Qualified Behavioral Aide

Provider Type/Specialty	Description
93 specialty 706	Peer Recovery Support Specialist (PRSS)
97 specialty 706	Individual Peer Support
97 specialty 720	Youth Peer Support
97 specialty 897	Peer Support Services Agency/Entity/Group
97 specialty 899	Family Peer Support

Claims with dates of service on or after February 25, 2026, that denied with error code 5715 (72 units allowed per calendar year – PA override) but are within the new service limitation will be reprocessed automatically. 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.