



## Behavioral Health Outpatient Treatment

### State policy

The [Medicaid Services Manual \(MSM\)](#) is on the Division of Health Care Financing and Policy (DHCFP) website at <http://dhcfp.nv.gov> (select "Manuals" from the "Resources" webpage).

- [MSM Chapter 400](#) covers policy for behavioral health providers.
- [MSM Chapter 100](#) contains important information applicable to all provider types.

### Rates

Reimbursement rates are listed online at <http://dhcfp.nv.gov> on the [Rates Unit](#) webpage. Rates are also available on the Provider Web Portal at [www.medicaid.nv.gov](http://www.medicaid.nv.gov) through the Search Fee Schedule function, which can be accessed on the [Provider Login \(EVS\)](#) webpage under Resources (you do not need to log in).

### Smoking Cessation Counseling for Pregnant Women

As of October 13, 2011, CPT codes 99406 and 99407 are used to bill smoking cessation counseling for pregnant women only. For all other recipients, these services are billed using the appropriate Evaluation and Management (E&M) office visit code.

### Authorization Requirements

Authorization is required for most behavioral health services, including those referred through the Early Periodic Screening, Diagnostic and Treatment (EPSDT) program. Use the Authorization Criteria search function in the Provider Web Portal at <https://www.medicaid.nv.gov> to verify which services require authorization. Authorization Criteria can be accessed on the [Provider Login \(EVS\)](#) webpage under Resources (you do not need to log in).

For questions regarding authorization, call Nevada Medicaid at (800) 525-2395 or refer to MSM Chapter 400. Prior authorization may be requested through the Provider Web Portal, <https://www.medicaid.nv.gov>, by using the appropriate FA form listed below:

- Form FA-10A: Psychological testing
- Form FA-10B: Neuropsychological testing
- Form FA-10D: Automated Testing
- Form FA-11: Behavioral Health Outpatient or Rehabilitative Authorization Request
- Form FA-11B: Mental Health Request for PHP/IOP Services (Partial Hospitalization Program and Intensive Outpatient Program)

Incomplete requests may receive either a technical denial or may be pended for additional information, determined by what elements are missing. If the request is pended for additional information, the submitter has five business days to resubmit with complete information or a technical denial will be issued.

Please note that form FA-11 requires the signature of the Qualified Mental Health Professional (QMHP). If the QMHP is an intern, the signature of the Clinical Supervisor is also required. Requests will be denied if the required signatures are not included.

Authorization does not guarantee payment of a claim. Payment is contingent upon eligibility, available benefits, contractual terms, limitations, exclusions, coordination of benefits and other terms and conditions set forth by the benefit program.

### Request timelines

- **Initial request for Outpatient Mental Health (OMH) and Rehabilitative Mental Health (RMH) services:** Submit no more than 15 *business days before* and no more than 15 *calendar days after* the start date of service, unless otherwise specified for a service in the Billing Guide or in the Billing Manual.
- **Continued service requests:** If the recipient requires additional services or dates of service (DOS) beyond the last



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authorized date, you may request review for continued service(s) prior to the last authorized date. The request must be received by Nevada Medicaid by the last authorized date of service and it is *recommended these be submitted 5 to 15 business days prior to the last authorized date*.

- **Unscheduled revisions:** Submit whenever a significant change in the recipient's condition warrants a change to previously authorized services. Must be submitted during an existing authorization period and prior to revised units/services being rendered. The number of requested units should be appropriate for the remaining time in the existing authorization period.
- **Retrospective request (for recipient retroactive eligibility):** Submit no later than 90 calendar days from the recipient's Date of Decision (i.e., the date the recipient was determined eligible for Medicaid benefits). All authorization requirements apply to requests that are submitted retrospectively.
- **Emergency request for Crisis Intervention only:** Submit within five (5) business days of the delivery of additional services, including the first date of service of the first occurrence.

### Claim instructions

Use Direct Data Entry (DDE) or the 837P electronic transaction to submit claims to Nevada Medicaid. See [Electronic Verification System \(EVS\) Chapter 3 Claims](#) and the [EDI companion guides](#) for billing instructions.

### Billing Instructions for Span Dating of Outpatient Mental Health (OMH) and Rehabilitative Mental Health (RMH) Services

For OMH and RMH services, **non-consecutive dates and services that are not the same unit/time amount** must not be span dated on a single claim line. Providers risk claim denials due to duplicate logic, overlapping dates and/or mutually exclusive edits.

When span dating, services must have been provided on every day within that span of dates and be for the same quantity of units on each day. In the following examples, it would be incorrect to submit a single span-dated claim line for the following services:

- The entire week or month when services were only performed on Thursday and Saturday within the same week; or
- The entire month was billed and services were only rendered on January 1 and January 10 (two days within the same month; see the example below); or
- If one hour, four units, were performed on January 1 and two hours, eight units were performed on January 2.

The claim should only contain dates of service the service was rendered on. If services were rendered January 1, January 5 and January 10, the claim would be submitted as follows with one line charge for each date of service:

01/01/15  
01/05/15  
01/10/15

When billing weekly or monthly, a single claim line cannot include dates from two calendar months. For example:

- A claim line with dates of service April 15-May 15 is not allowed, but a claim line with May 1-May 31 is acceptable, if services were provided on every day in the date span and the above criteria are met regarding same quantity of units provided on each day.
- A claim line with dates of service March 28-April 3 is not allowed, but one claim line with March 28-March 31 and a second claim line with April 1-April 3 is acceptable, if services were provided on every day in the date span and the above criteria are met regarding same quantity of units provided on each day.

Services billed must match services authorized. For example, if code H0038 with modifier HQ was authorized, this same code/modifier combination must be entered on the claim.



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### Intensity of Needs Grid

The Intensity of Needs grid is an approved Level of Care (LOC) utilization system, which bases the intensity of services on the assessed needs of a recipient. The determination level on the grid guides the interdisciplinary team in planning treatment to improve or retain a recipient's level of functioning or prevent relapse. Each Medicaid recipient must have an Intensity of Needs determination completed prior to approval to transition to more intensive services (except in the case of a physician or psychologist practicing as an independent provider). The Intensity of Needs grid is found in [Medicaid Services Manual Chapter 400](#), Section 403.5 Outpatient Mental Health (OMH) Services – Utilization Management. The service limitations for RMH services are found under the individual RMH service descriptions.

NOTE: Assessment, as listed in the Intensity of Needs grid, refers to H0031 (Mental Health Assessment by non-physician) and 90791 (Psychiatric Diagnostic Evaluation), also referred to as a full assessment. These limits do not apply to H0002 (Behavioral Health Screening to determine eligibility for admission to treatment program), also referred to as a Mental Health Screen. When H0031 or 90791 are performed, H0002 may not be billed separately.



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**Covered services**

The following table lists covered codes, code descriptions and billing information as needed. The requirements for coverage and limitations are governed by MSM Chapter 400. If you need further clarification, please contact the Medicaid QIO-like vendor.

Qualified Provider Types as noted in the following table:

- LCPC: Licensed Clinical Professional Counselor
- LCSW: Licensed Clinical Social Worker
- LMFT: Licensed Marriage and Family Therapist
- QBA: Qualified Behavioral Aide
- QMHA: Qualified Mental Health Associate
- QMHP: Qualified Mental Health Professional

| Billing Code                    | Brief Description  | Service Limitations   | Qualified Provider Type(s)   | Additional Instruction / Restriction   | Prior Authorization Requirement | Intensity of Need |
|---------------------------------|--|---|------------------------------|--|---------------------------------|-------------------|
| <b>Screening and Assessment</b> |  |   |                              |  |                                 |                   |
| <b>96127</b>                    | Brief emotional/behavioral assessment (e.g., Depression Inventory, ADHD) with scoring and documentation per standardized instrument. | Assessment = 1 unit; limit 2 units per day  | QMHP, LCSW, LMFT, LCPC, QMHA | <b>NOTE:</b> This is considered a screening tool. Bill one unit for each screening.<br><br>NOTE: A screening may also be a component of a full assessment, but only the full assessment (including a CASII or LOCUS) will be reimbursable. | No                              | All Levels        |
| <b>H0002</b>                    | Behavioral Health Screening to determine eligibility for admission to treatment program  | 1 time every 90 days. This screening must be conducted face-to-face before the recipient can be | QMHP, LCSW, LMFT, LCPC, QMHA | Bill one unit for each screening. Recipients must be re-screened every 90 days to reevaluate their Intensity of Needs, which includes a CASII or LOCUS.<br><br>NOTE: A screening may also be a   | No                              | All Levels        |



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| Billing Code      | Brief Description   | Service Limitations   | Qualified Provider Type(s) | Additional Instruction / Restriction  | Prior Authorization Requirement   | Intensity of Need |
|-------------------|---|---|----------------------------|---|---|-------------------|
|                   |   | determined eligible for Medicaid behavioral health services   |                            | component of a full assessment, but only the full assessment (including a CASII or LOCUS) will be reimbursable.   |   |                   |
| <b>H0031</b>      | Mental Health Assessment by non-physician   | Covered up to 4 times per calendar year (CASII) or 2 times per calendar year (LOCUS) based on Intensity of Needs grid | QMHP, LCSW, LMFT, LCPC     | Use this code for services provided in a home or community setting, not in an office setting. Psychotherapy services, including for crisis, may not be reported on the same day. E/M codes may not be reported on the same day performed by the same individual for the same patient. | No  | All Levels        |
| <b>90791</b>      | Psychiatric Diagnostic Evaluation   | Covered up to 4 times per calendar year (CASII) or 2 times per calendar year (LOCUS) based on Intensity of Needs grid | QMHP, LCSW, LMFT, LCPC     | Integrated biopsychosocial assessment, including history, mental status and recommendations. Psychotherapy services, including for crisis, may not be reported on the same day. E/M codes may not be reported on the same day performed by the same individual for the same patient.  | Yes. If there is substantial change in condition, subsequent assessments may be requested through a PA. | All Levels        |
| <b>Diagnostic</b> |   |   |                            |   |   |                   |
| <b>96138</b>      | Psychological or Neuropsychological Test administration and scoring by technician | First 30 minutes  | QMHP, LCSW, LMFT, LCPC     | Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method.   | Yes   | All Levels        |



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| Billing Code | Brief Description   | Service Limitations                           | Qualified Provider Type(s) | Additional Instruction / Restriction  | Prior Authorization Requirement                 | Intensity of Need |
|--------------|---|---|----------------------------|---|---|-------------------|
| 96139        | Psychological or Neuropsychological Test administration and scoring by technician | Each additional 30 minutes                    | QMHP, LCSW, LMFT, LCPC     | Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method.   | Yes   | All Levels        |
| 96146        | Psychological and Neuropsychological test, automated                              | N/A   | QMHP, LCSW, LMFT, LCPC     | Psychological or neuropsychological test administration, with single automated, standardized instrument via electronic platform, with automated result only.  | Yes   | All Levels        |
| 96156        | Health and Behavior Assessment or reassessment                                    | Initial assessment, face-to-face with patient | QMHP, LCSW, LMFT, LCPC     | Health behavior assessment, or re-assessment (i.e., health-focused clinical interview, observations, clinical decision-making). Qualifying recipients present with primary physical illnesses, diagnoses or symptoms and may benefit from interventions that focus on biopsychosocial factors related to the recipient's health status. | 4 units allowed per calendar year, PA to exceed | All Levels        |
| 96158        | Health and Behavior Intervention  | Individual, face-to-face, Initial 30 minutes  | QMHP, LCSW, LMFT, LCPC     | Includes promotion of functional improvement, minimizing psychological and/or psychosocial barriers to recovery, and management of and improved coping with medical conditions. These services emphasize active patient/family engagement and involvement. Do not report for less than 16 minutes of service.                           | No  | All Levels        |



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| Billing Code | Brief Description   | Service Limitations                      | Qualified Provider Type(s) | Additional Instruction / Restriction   | Prior Authorization Requirement | Intensity of Need |
|--------------|---|--|----------------------------|--|---------------------------------|-------------------|
| 96159        | Health and Behavior Intervention                                | Each additional 15 minutes               | QMHP, LCSW, LMFT, LCPC     | Includes promotion of functional improvement, minimizing psychological and/or psychosocial barriers to recovery, and management of and improved coping with medical conditions. These services emphasize active patient/family engagement and involvement. | No                              | All Levels        |
| 96164        | Health and Behavior Intervention, group (2 or more patients)    | Initial 30 minutes, face-to-face         | QMHP, LCSW, LMFT, LCPC     | Qualifying recipients present with primary physical illnesses, diagnoses or symptoms and may benefit from interventions that focus on biopsychosocial factors related to the recipient's health status. Do not report for less than 16 minutes of service. | No                              | All Levels        |
| 96165        | Health and Behavior Intervention, group (2 or more patients)    | Each additional 15 minutes, face to face | QMHP, LCSW, LMFT, LCPC     | Qualifying recipients present with primary physical illnesses, diagnoses or symptoms and may benefit from interventions that focus on biopsychosocial factors related to the recipient's health status.  | No                              | All Levels        |
| 96167        | Health and Behavior Intervention, family (with patient present) | Initial 30 minutes, face-to-face         | QMHP, LCSW, LMFT, LCPC     | Qualifying recipients present with primary physical illnesses, diagnoses or symptoms and may benefit from interventions that focus on biopsychosocial factors related to the recipient's health status. Do not report for less than 16 minutes of service. | No                              | All Levels        |
| 96168        | Health and Behavior Intervention,                               | Each additional 15                       | QMHP, LCSW,                | Qualifying recipients present with primary physical illnesses, diagnoses or symptoms   | No                              | All Levels        |



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| Billing Code  | Brief Description  | Service Limitations                                | Qualified Provider Type(s) | Additional Instruction / Restriction   | Prior Authorization Requirement            | Intensity of Need |
|---|--|--|----------------------------|--|--|-------------------|
|   | family (with patient present)  | minutes, face-to-face                              | LMFT, LCPC                 | and may benefit from interventions that focus on biopsychosocial factors related to the recipient's health status.   |  |                   |
| <b>96170</b>  | Health and Behavior Intervention, family (without the patient present) | Initial 30 minutes, face-to-face                   | QMHP, LCSW, LMFT, LCPC     | Qualifying recipients present with primary physical illnesses, diagnoses or symptoms and may benefit from interventions that focus on biopsychosocial factors related to the recipient's health status. Do not report for less than 16 minutes of service. | No   | All Levels        |
| <b>96171</b>  | Health and Behavior Intervention, family (without the patient present) | Each additional 15 minutes, face-to-face           | QMHP, LCSW, LMFT, LCPC     | Qualifying recipients present with primary physical illnesses, diagnoses or symptoms and may benefit from interventions that focus on biopsychosocial factors related to the recipient's health status.  | No   | All Levels        |
| <p><b>Psychotherapy:</b> For services beyond the Intensity of Needs grid to be considered for reimbursement, an approved PA must be listed on the claim. Service provision is based on the calendar year, beginning January 1. In accordance with the Current Procedural Terminology (CPT) manual, do not report psychotherapy of less than 16 minutes duration and follow the "Time Rule" when selecting the appropriate code.</p> |  |  |                            |  |  |                   |
| <b>90785</b>  | Interactive Complexity   | Use only as an add-on with an appropriate CPT code | QMHP, LCSW, LMFT, LCPC     | Refers to specific communication factors that complicate the delivery of a psychiatric procedure.  | No   | All Levels        |
| <b>90832</b>  | Psychotherapy  | 30 minutes; bill one unit per day                  | QMHP, LCSW, LMFT, LCPC     | The patient must be present for all or most of the session.  | Yes, based on the Intensity of Needs grid. | All Levels        |





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| Billing Code | Brief Description                                    | Service Limitations                                   | Qualified Provider Type(s) | Additional Instruction / Restriction   | Prior Authorization Requirement            | Intensity of Need |
|--------------|--|---|----------------------------|--|--|-------------------|
| 90834        | Psychotherapy  | 45 minutes; bill one unit per day                     | QMHP, LCSW, LMFT, LCPC     | The patient must be present for all or most of the session.  | Yes, based on the Intensity of Needs grid. | All Levels        |
| 90837        | Psychotherapy  | 60 minutes; bill one unit per day                     | QMHP, LCSW, LMFT, LCPC     | The patient must be present for all or most of the session.  | Yes, based on the Intensity of Needs grid. | All Levels        |
| 90839        | Psychotherapy for Crisis, with patient and/or family | First 60 minutes, face-to-face; bill one unit per day | QMHP, LCSW, LMFT, LCPC     | Treatment must include psychotherapy, mobilization of resources and implementation of psychotherapeutic interventions. The patient must be present for all or some of the service. | Yes, based on the Intensity of Needs grid. | All Levels        |
| 90840        | Psychotherapy for Crisis, with patient and/or family | Each additional 30 minutes; bill one unit per day     | QMHP, LCSW, LMFT, LCPC     | Treatment must include psychotherapy, mobilization of resources and implementation of psychotherapeutic interventions. The patient must be present for all or some of the service. | Yes, based on the Intensity of Needs grid. | All Levels        |
| 90845        | Psychoanalysis                                       | Bill one unit per day                                 | QMHP, LCSW, LMFT, LCPC     | The patient must be present for all or most of the session.  | Yes, based on the Intensity of Needs grid. | All Levels        |
| 90846        | Family Psychotherapy (without patient present)       | 50 minutes; bill one unit per day                     | QMHP, LCSW, LMFT, LCPC     | The services must deal with issues relating to the constructive integration/reintegration of the patient into the family.  | Yes, based on the Intensity of Needs grid. | All Levels        |



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| Billing Code | Brief Description                           | Service Limitations  | Qualified Provider Type(s) | Additional Instruction / Restriction   | Prior Authorization Requirement            | Intensity of Need |
|--------------|---|--|----------------------------|--|--|-------------------|
| 90847        | Family Psychotherapy (with patient present) | 50 minutes; bill one unit per day  | QMHP, LCSW, LMFT, LCPC     | The services must deal with issues relating to the constructive integration/reintegration of the patient into the family.  | Yes, based on the Intensity of Needs grid. | All Levels        |
| 90849        | Multiple-Family Group Psychotherapy         | Bill one unit per day; maximum of two (2) hours per session  | QMHP, LCSW, LMFT, LCPC     | N/A  | Yes, based on the Intensity of Needs grid. | All Levels        |
| 90853        | Group psychotherapy                         | Bill one unit per day; maximum of two (2) hours per session  | QMHP, LCSW, LMFT, LCPC     | Other than of a multiple-family group. Minimum group size is three (3) and maximum therapist to participant ratio is one (1) to 10.  | Yes, based on the Intensity of Needs grid. | All Levels        |
| H0004        | Behavioral Health Counseling and Therapy    | Per 15 minutes; modifier HQ indicates group services; only individual services can be billed without the HQ modifier | QMHP, LCSW, LMFT, LCPC     | Use this code for services provided in home or community setting, not in an office setting.<br><b>NOTE:</b> Documentation must reflect medical necessity for in-home and community services. | Yes, based on the Intensity of Needs grid. | All Levels        |

**Evaluation and Management (E/M) Services:** *E/M codes are to be performed by physicians, nurse practitioners and physician assistants. Physician codes shall be billed using the rendering provider's individual NPI. Providers shall refer to the documentation standards in the Current Procedural Terminology (CPT) code book. Other qualified health care professional is defined as an individual who is qualified by education, training, licensure/regulation, and facility privileging to perform a professional service within their scope of practice and independently (or as incident-to) report the professional service without requiring physician supervision.*



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| Billing Code | Brief Description  | Service Limitations   | Qualified Provider Type(s)   | Additional Instruction / Restriction   | Prior Authorization Requirement | Intensity of Need |
|--------------|--|---|--|--|---------------------------------|-------------------|
| 99202        | Office or other outpatient visit for the evaluation and management of a <b>new patient</b> | Typically, <b>20 minutes</b> are spent face-to-face with the patient and/or family; bill one unit per visit | Physician or other qualified health care professional, can be enrolled as QMHP | Requires these three key components: an expanded problem focused history; an expanded problem focused examination; and straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the <b>presenting problem(s) are of low to moderate severity.</b> | No                              | All Levels        |
| 99203        | Office or other outpatient visit for the evaluation and management of a <b>new patient</b> | Typically, <b>30 minutes</b> are spent face-to-face with the patient and/or family; bill one unit per visit | Physician or other qualified health care professional, can be enrolled as QMHP | Requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the <b>presenting problem(s) are of moderate severity.</b>  | No                              | All Levels        |
| 99204        | Office or other outpatient visit for the evaluation and management of a <b>new patient</b> | Typically, <b>45 minutes</b> are spent face-to-face with the patient and/or family; bill one unit per visit | Physician or other qualified health care professional,                         | Requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other physicians,  | No                              | All Levels        |



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| Billing Code | Brief Description   | Service Limitations  | Qualified Provider Type(s)   | Additional Instruction / Restriction  | Prior Authorization Requirement | Intensity of Need |
|--------------|---|--|--|---|---------------------------------|-------------------|
|              |   |  | can be enrolled as QMHP  | other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the <b>presenting problem(s) are of moderate to high severity.</b>   |                                 |                   |
| 99205        | Office or other outpatient visit for the evaluation and management of a <b>new patient</b>          | Typically, <b>60 minutes</b> are spent face-to-face with the patient and/or family; bill one unit per visit    | Physician or other qualified health care professional, can be enrolled as QMHP | Requires these three key components: a detailed history; a detailed examination; and medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the <b>presenting problem(s) are of moderate to high severity.</b> | No                              | All Levels        |
| 99212        | Office or other outpatient visit for the evaluation and management of an <b>established patient</b> | Typically, <b>10-19 minutes</b> are spent face-to-face with the patient and/or family; bill one unit per visit | Physician or other qualified health care professional, can be enrolled as QMHP | Requires a medically appropriate history and/or examination and <b>straightforward medical decision making.</b> Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the <b>presenting problem(s) are self-limited or minor.</b>                        | No                              | All Levels        |
| 99213        | Office or other outpatient visit for  | Typically, <b>20-29</b>  | Physician or   | Requires a medically appropriate history and/or examination and <b>medical decision</b>   | No                              | All Levels        |



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| Billing Code | Brief Description   | Service Limitations  | Qualified Provider Type(s)   | Additional Instruction / Restriction   | Prior Authorization Requirement | Intensity of Need |
|--------------|---|--|--|--|---------------------------------|-------------------|
|              | the evaluation and management of an <b>established patient</b>                                      | <b>minutes</b> are spent face-to-face with the patient and/or family; bill one unit per visit                  | other qualified health care professional, can be enrolled as QMHP              | <b>making of low complexity.</b> Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) <b>are of low severity.</b>  |                                 |                   |
| <b>99214</b> | Office or other outpatient visit for the evaluation and management of an <b>established patient</b> | Typically, <b>30-39 minutes</b> are spent face-to-face with the patient and/or family; bill one unit per visit | Physician or other qualified health care professional, can be enrolled as QMHP | Requires a medically appropriate history and/or examination <b>and medical decision making of moderate complexity.</b> Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) <b>are of moderate severity.</b> | No                              | All Levels        |
| <b>99215</b> | Office or other outpatient visit for the evaluation and management of an <b>established patient</b> | Typically, <b>40-54 minutes</b> are spent face-to-face with the patient and/or family; bill one unit per visit | Physician or other qualified health care professional, can be enrolled as QMHP | Requires a medically appropriate history and/or examination <b>and medical decision making of high complexity.</b> Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the <b>presenting problem(s) are of high severity.</b>         | No                              | All Levels        |



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| Billing Code  | Brief Description   | Service Limitations         | Qualified Provider Type(s)   | Additional Instruction / Restriction  | Prior Authorization Requirement                                  | Intensity of Need |
|---|---|-----------------------------|--|---|--|-------------------|
| <p><b>Services Supportive of Medication Management:</b> Services delivered under the Behavioral Health Community Network (BHCN) agency/entity/group that support Medication Management.</p> |   |                             |  |   |  |                   |
| H0034 TD  | Medication Training and Support   | Per 15 minutes              | Registered Nurse (RN) enrolled as a QMHA   | <p>Modifier TD indicates that service is provided by a Registered Nurse (QMHA) under the supervision of a PT 14 BHCN agency. <b>Limitation:</b> 2 units per calendar month per recipient.</p> <p><b>NOTE:</b> This service must be preceded by a filled medication prescription within 30 days.</p> | Yes. Prior authorization required to exceed service limitations. | All Levels        |
| 96372   | Therapeutic, prophylactic, or diagnostic injection beneath the skin (subcutaneous) or into muscle (intramuscular) | Bill one unit per injection | Physician or other qualified health care professional, can be enrolled as QMHP, Registered Nurse (RN) enrolled as QMHA | QMHPs delivering this service must be practicing under their licensure and scope of practice. Specify substance or drug.  | No   | All Levels        |



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| Billing Code   | Brief Description  | Service Limitations                             | Qualified Provider Type(s)   | Additional Instruction / Restriction  | Prior Authorization Requirement            | Intensity of Need |
|--|--|---|--|---|--|-------------------|
| <p><b>Evaluation and Management (E/M) Psychotherapy Services:</b> Use only as an add-on to the appropriate CPT code for the primary procedure. The patient must be present for all or most of the session. Other qualified health care professional is defined as an individual who is qualified by education, training, licensure/regulation, and facility privileging to perform a professional service within their scope of practice and independently (or as incident-to) report the professional service without requiring physician supervision. In accordance with the Current Procedural Terminology (CPT) manual, do not report psychotherapy of less than 16 minutes duration and follow the "Time Rule" when selecting the appropriate code.</p> |  |   |  |   |  |                   |
| 90833  | Psychotherapy when performed with an evaluation and management service | 30 minutes, with patient; bill one unit per day | Physician or other qualified health care professional, can be enrolled as QMHP | Include ongoing assessment and adjustment of psychotherapeutic interventions, and may include involvement of informants in the treatment process. | Yes, based on the Intensity of Needs grid. | All levels        |
| 90836  | Psychotherapy when performed with an evaluation and management service | 45 minutes, with patient; bill one unit per day | Physician or other qualified health care professional, can be enrolled as QMHP | Include ongoing assessment and adjustment of psychotherapeutic interventions, and may include involvement of informants in the treatment process. | Yes, based on the Intensity of Needs grid. | All levels        |
| 90838  | Psychotherapy when performed with an evaluation and management service | 60 minutes, with patient; bill one unit per day | Physician or other qualified health care professional,                         | Include ongoing assessment and adjustment of psychotherapeutic interventions, and may include involvement of informants in the treatment process. | Yes, based on the Intensity of Needs grid. | All levels        |



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| Billing Code               | Brief Description                                | Service Limitations | Qualified Provider Type(s)        | Additional Instruction / Restriction  | Prior Authorization Requirement  | Intensity of Need |
|----------------------------|--|---------------------|-----------------------------------|---|--|-------------------|
|                            |  |                     | can be enrolled as QMHP           |   |  |                   |
| <b>Crisis Intervention</b> |  |                     |                                   |   |  |                   |
| <b>H2011</b>               | Crisis Intervention service                      | Per 15 minutes      | QMHP, LCSW, LMFT, LCPC            | Maximum of four hours per day over a three-day period (one occurrence) without prior authorization; maximum of three occurrences over a 90-day period without prior authorization.  | Yes. To exceed service limitations use emergency request. Refer to <i>Request Timelines</i> above. | All Levels        |
| <b>H2011 GT</b>            | Crisis Intervention service, telephonic services | Per 15 minutes      | QMHP, LCSW, LMFT, LCPC            | Delivered telephonically by coordinating QMHP-level provider. Maximum of four hours per day over a three-day period (one occurrence) without prior authorization; maximum of three occurrences over a 90-day period without prior authorization.      | Yes. To exceed service limitations use emergency request. Refer to <i>Request Timelines</i> above. | All Levels        |
| <b>H2011 HT</b>            | Crisis Intervention service, team services       | Per 15 minutes      | QMHP, LCSW, LMFT, LCPC, QMHA, QBA | Delivered by a team of providers under the coordinating QMHP-level provider. QBA and QMHA providers render services only within the scope of their certification and practice. Maximum of four hours per day over a three-day period (one occurrence) | Yes. To exceed service limitations use emergency request. Refer to <i>Request</i>                  | All Levels        |





**Behavioral Health Outpatient Treatment**

| Billing Code                           | Brief Description   | Service Limitations                             | Qualified Provider Type(s)        | Additional Instruction / Restriction  | Prior Authorization Requirement   | Intensity of Need         |
|--|---|---|-----------------------------------|---|---|---------------------------|
|  |   |   |                                   | without prior authorization; maximum of three occurrences over a 90-day period without prior authorization.   | <i>Timelines</i> above.   |                           |
| <b>Outpatient Programs (Intensive)</b> |   |   |                                   |   |   |                           |
| <b>H0035</b>                           | Partial Hospitalization Psychiatric program, less than 24 hours | At least 4 hours per day, up to 5 days per week | QMHP, LCSW, LMFT, LCPC, QMHA, QBA | Services are delivered under the coordinating QMHP. QBA and QMHA providers render services only within the scope of their certification and practice. This program is delivered under a provider type 14 BHCN agency and is only covered for recipients who are determined SED or SMI. All-inclusive rate to include OMH and RMH services. See MSM Chapter 400 for complete guidelines. Submit contractual documentation with hospital or FQHC to <a href="mailto:behavioralhealth@dhcp.nv.gov">behavioralhealth@dhcp.nv.gov</a> , as required. | Yes, required every 3 weeks. Concurrent authorizations must be submitted 5-15 days prior to last date of service.       | Level III and higher only |
| <b>S9480</b>                           | Intensive Outpatient Psychiatric program                        | 3-6 hours per day, up to 3 days per week        | QMHP, LCSW, LMFT, LCPC, QMHA, QBA | Services are delivered under the coordinating QMHP. QBA and QMHA providers render services only within the scope of their certification and practice. This program is only covered for recipients who are determined SED or SMI. All-inclusive rate to include OMH and RMH services. See MSM Chapter 400 for complete guidelines. Submit curriculum/schedule for review to  | Yes, required every 3 weeks. Accepted curriculum/schedule must be submitted with each authorization request. Concurrent | Level III and higher only |



**Behavioral Health Outpatient Treatment**

| Billing Code                                       | Brief Description                                       | Service Limitations   | Qualified Provider Type(s)        | Additional Instruction / Restriction  | Prior Authorization Requirement  | Intensity of Need    |
|--|---|---|-----------------------------------|---|--|----------------------|
|  |   |   |                                   | <a href="mailto:behavioralhealth@dhcp.nv.gov">behavioralhealth@dhcp.nv.gov</a> , as required.   | authorizations must be submitted 5-15 days prior to last date of service.  |                      |
| <b>Rehabilitative Mental Health (RMH) Services</b> |   |   |                                   |   |  |                      |
| <b>H2012</b>                                       | Behavioral Health Day Treatment                         | Per hour; request authorization of hours according to age group <b>and</b> ION determination. See MSM Chapter 400, Attachment A, for complete guidelines. | QMHP, LCSW, LMFT, LCPC, QMHA, QBA | Services must be provided by a QMHP or by a QMHA under the Direct Supervision of an onsite QMHP. QBA and QMHA providers render services only within the scope of their certification and practice. Only enrolled provider type 14 BHCN groups with an approved Day Treatment Model <b>and</b> additional enrollment as <a href="#">Specialty 308</a> can request prior authorization for Day Treatment to bill code H2012. <b>Claims shall include a Place of Service code.</b> | Yes. Retroactive authorizations will not be accepted for Day Treatment services.                                   | Level III and higher |
| <b>H2014</b>                                       | Skills Training and Development (Basic Skills Training) | Per 15 minutes; maximum of 2 hours per day; only individual services can be billed without the HQ modifier  | QMHP, LCSW, LMFT, LCPC, QMHA, QBA | Recipients may receive up to two (2) hours per day for the first 90 days; one (1) hour per day for the next 90 days; based on a rolling calendar and consecutive months with no break in service. RMH services cannot be reimbursed on the same day as Applied Behavior Analysis (ABA) services; refer to <a href="#">MSM Chapter 3700</a> .  | Yes, every 90 days. Authorization requests above 180 consecutive days must demonstrate adequate medical necessity. | I, II, III, IV, V    |



**Behavioral Health Outpatient Treatment**

| Billing Code    | Brief Description   | Service Limitations  | Qualified Provider Type(s)        | Additional Instruction / Restriction  | Prior Authorization Requirement  | Intensity of Need     |
|-----------------|---|--|-----------------------------------|---|--|-----------------------|
| <b>H2014 HQ</b> | Skills Training and Development group (Basic Skills Training) | Per 15 minutes; maximum of 2 hours per day (H2014 and H2014 HQ combined)       | QMHP, LCSW, LMFT, LCPC, QMHA, QBA | Group size is 4 to 15 recipients; up to two (2) hours per day for the first 90 days; one (1) hour per day for the next 90 days; based on a rolling calendar and consecutive months with no break in service. RMH services cannot be reimbursed on the same day as Applied Behavior Analysis (ABA) services; refer to <a href="#">MSM Chapter 3700</a> . | Yes, every 90 days. Authorization requests above 180 consecutive days must demonstrate adequate medical necessity. | I, II, III, IV, V     |
| <b>H2017</b>    | Psychosocial Rehabilitation Services                          | Per 15 minutes; only individual services can be billed without the HQ modifier | QMHP, LCSW, LMFT, LCPC, QMHA      | Intensity of Needs Level III, maximum of 2 hours per day; Level IV & V, maximum of 3 hours per day; Level VI, maximum of 4 hours per day. RMH services cannot be reimbursed on the same day as Applied Behavior Analysis (ABA) services; refer to <a href="#">MSM Chapter 3700</a> .  | Yes, every 90 days. Authorization requests above 180 consecutive days must demonstrate adequate medical necessity. | Levels III and higher |
| <b>H2017 HQ</b> | Psychosocial Rehabilitation Services group                    | Per 15 minutes; maximum of 2 hours per day (H2017 and H2017 HQ combined)       | QMHP, LCSW, LMFT, LCPC, QMHA      | Group size is 4 to 15 recipients. Intensity of Need Level III, maximum of 2 hours per day; Level IV & V, maximum of 3 hours per day; Level VI, maximum of 4 hours per day; based on a rolling calendar and consecutive months with no break in service. RMH   | Yes, every 90 days. Authorization requests above 180 consecutive   | Levels III and higher |



**Behavioral Health Outpatient Treatment**

| Billing Code  | Brief Description   | Service Limitations  | Qualified Provider Type(s)        | Additional Instruction / Restriction  | Prior Authorization Requirement  | Intensity of Need |
|---|---|--|-----------------------------------|---|--|-------------------|
|   |   |  |                                   | services cannot be reimbursed on the same day as Applied Behavior Analysis (ABA) services; refer to <a href="#">MSM Chapter 3700</a> .  | days must demonstrate adequate medical necessity.  |                   |
| <b>H0038</b>  | Self-help/Peer Services (Peer-to-Peer Support Services)       | Per 15 minutes; only individual services can be billed without the HQ modifier | QMHP, LCSW, LMFT, LCPC, QMHA, QBA | Intensity of Needs Level I & II, maximum of 6 hours per 90-day period; Level III, maximum of 9 hours per 90-day period; Level IV, V & VI, maximum of 12 hours per 90-day period.                                  | Yes  | All Levels        |
| <b>H0038 HQ</b>                                       | Self-help/Peer Services group (Peer-to-Peer Support Services) | Per 15 minutes   | QMHP, LCSW, LMFT, LCPC, QMHA, QBA | Group size is 4 to 15 recipients. Intensity of Needs Level I & II, maximum of 6 hours per 90-day period; Level III, maximum of 9 hour per 90-day period; Level IV, V & VI, maximum of 12 hours per 90-day period. | Yes  | All Levels        |
| <b>Case Management (non-targeted Levels I and II)</b> |   |  |                                   |   |  |                   |
| <b>T1016</b>  | Case Management   | One (1) unit equals 15 minutes   | QMHP, LCSW, LMFT, LCPC, QMHA      | This service is covered for children and adults determined non-SED or non-SMI only. See <a href="#">MSM Chapter 2500</a> for service limitations and criteria.  | Prior authorization is required for PT 14 if service will exceed 10 hours for initial calendar month, 5 hours for the next three | Levels I and II   |



**Behavioral Health Outpatient Treatment**

| Billing Code | Brief Description | Service Limitations | Qualified Provider Type(s) | Additional Instruction / Restriction | Prior Authorization Requirement   | Intensity of Need |
|--------------|-------------------|---------------------|----------------------------|--------------------------------------|---|-------------------|
|              |                   |                     |                            |                                      | consecutive calendar months. Services are allowed on a rolling calendar year. |                   |