



## Residential Substance Use Treatment in an Institution for Mental Disease

### State Policy

To locate the Medicaid Services Manual (MSM) chapters on the [Division of Health Care Financing and Policy \(DHCFP\) website](#), click **Resources** from the toolbar across the top of the page, then select **Medicaid Services Manual** from the drop-down menu.

- [MSM Chapter 4100](#) – Substance Use Treatment Services and Coverage
- [MSM Chapter 100](#) – Medicaid Program: contains important information applicable to all provider types
- [MSM Chapter 3800](#) – Medication Assisted Treatment (MAT): covers policy for MAT services
- [MSM Chapter 1200](#) – Prescription Drugs: covers medications for MAT
- [MSM Chapter 800](#) – Laboratory Services: covers drug screening and testing requirements and prior authorization (PA)

### Rates

Rates information is on the DHCFP website on the [Rates Unit](#) webpage. The [Search Fee Schedule](#) function can be found under **Featured Links** on the Provider Web Portal login page (you do not need to log in).

Providers will need to reference the fee schedule that matches the provider type of the individual who is performing the service.

### Authorization Requirements

For questions regarding authorization, call Nevada Medicaid (800) 525-2395 or refer to MSM Chapter 4100, MSM Chapter 1200, and MSM Chapter 800.

The [Authorization Criteria](#) function can be found under **Featured Links** on the Provider [Web Portal](#) login page (you do not need to log in).

- FA-11D Substance Use Treatment/Outpatient Behavioral Health Authorization Request
- FA-6 for Outpatient Medical/Surgical Services for any laboratory services

Incomplete requests may be pended for additional information. The provider submitting the request has five business days from the date that the information is requested to resubmit complete or corrected information, or a technical denial will be issued.

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.

No prior authorization is required for the initiation and maintenance of MAT services as listed in MSM Chapter 3800. An individual must meet the medical necessity criteria of MAT services as documented in the recipient's file.

No prior authorization is required for biopsychosocial assessment.

The individual providing these services must follow the guidelines listed in MSM chapters for policies, prior authorization requirements, and service limitations.

### Request Timelines

- **Initial request services:** It is recommended that the request be submitted 5-15 business days before the anticipated start date of service; however, submit no more than 15 business days *before* and no more than 15 calendar days *after* the start date of service.



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- **Continued service requests:** If the recipient requires additional services or dates of service (DOS) beyond the last 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 and it is recommended these be submitted 5 to 15 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 and provide additional clinical information to document the need for the additional requested units/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. Note that the earliest start date may be date of submission of request and end date remains the same as previously authorized services.
- **Retrospective request:** Submit no later than 90 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 business days, including the first date of service of the first occurrence when prior authorizing additional services outside of the service limitations in MSM policy.

### 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](#) located on the EVS User Manual webpage and the 837P Companion Guide located on the [Electronic Claims/EDI](#) webpage for billing instructions.

### Medication Assisted Treatment

MSM Chapter 3800, Medication Assisted Treatment, should be referred to for any policy questions. Providers eligible to prescribe MAT services must follow the guidelines listed in [MSM Chapter 600, Physician Services](#), for their individual provider type.

### Non-covered Services

When requested for MAT, buprenorphine prescription for any other reason than Opioid Use Disorder (OUD) is not covered.

### Covered Services

Eligible providers with a Drug Enforcement Administration (DEA) license and who meet all of the provider requirements listed in MSM Chapter 3800 would be able to provide and bill for MAT services.

### Billing for Medications Used for MAT:

- J0571 Buprenorphine, oral, 1 mg
- J0572 Buprenorphine/naloxone, oral, less than or equal to 3 mg
- J0573 Buprenorphine/naloxone, oral, greater than 3 mg, but less than or equal to 6 mg
- J0574 Buprenorphine/naloxone, oral, greater than 6 mg, but less than or equal to 10 mg
- J0575 Buprenorphine/naloxone, oral, greater than 10 mg

Providers are required to list the National Drug Codes (NDCs) for the specific drug administered on the claim.

Use modifier U5 and the appropriate OUD diagnosis code with each claim to indicate MAT services.

One of the diagnosis codes for J0571 – J0575 must be: F11.F11.20, F11.21, F11.222, F11.229, F11.23, F11.24, F11.250, F11.251, F11.259, F11.281, F11.282, F11.288 and F11.29.



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### Pre-Induction Visit:

- Visit type: Adult Wellness visit or acute visit for Opioid Use Disorder/Dependence.
- Comprehensive evaluation of new patient or established patient for suitability for buprenorphine treatment.
  - New Patient: 99205
  - Established Patient: 99215

### Induction Visit:

- Visit type: MAT medication induction.
- Any of the established patient Evaluation & Management (E/M) codes can be used for induction visits.
- Codes are listed in order of increasing length of time with patient and/or severity of the problems.
  - Patient Consult: 99242-99245
- Prolonged visits code (99417) may also be added onto E/M codes for services that extend beyond the typical service time. Time spent does not need to be continuous.

### Maintenance Visits:

- Visit type: MAT medication. Acute visit for OUD/opioid dependence.
- Any of the established patient E/M codes can be used for maintenance visits.
- Counseling codes are commonly used to bill for maintenance visits, since counseling and coordination of service with addiction specialists comprise the majority of the follow-up visits.
  - Established Patient: 99212-99215

Use modifier U5 and the appropriate OUD diagnosis code with each claim to indicate MAT services.

### National Correct Coding Initiative (NCCI) Edits and Service Limitations

The objective of the National Correct Coding Initiative (NCCI) is to promote correct coding methodologies. The Centers for Medicare & Medicaid Services (CMS) is responsible for the development and administration of the NCCI Edits: *"The CMS developed its coding policies based on coding conventions defined in the American Medical Association's CPT Manual, national and local policies and edits, coding guidelines developed by national societies, analysis of standard medical and surgical practices, and a review of current coding practices."*

Nevada's Medicaid Management Information System (MMIS) uses NCCI Edits in the processing of Nevada Medicaid claims. DHCFP receives quarterly and annual NCCI Edit updates that are added to the MMIS. Providers can find the most current Annual Code report and the quarterly Medically Unlikely Edits (MUE), Procedure to Procedure (PTP) and Add-On Code reports on the following website:

<https://www.medicaid.gov/medicaid/program-integrity/national-correct-coding-initiative-medicaid/index.html>

It is not possible to provide the most current quarterly or annual changes in this billing guide; for the most current information please reference the website link provided above.

Providers are reminded to bill procedures with the correct modifier combinations, units of service provided and correct code combinations.

**Note:** It is the responsibility of providers to ensure the use of current CPT codes, service limitations and MUEs are applied when billing claims.



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### Covered Services

The following table lists covered codes, code descriptions and billing information as needed. For coverage and limitations, refer to MSM Chapter 4100.

The “X” indicates the treatment levels for which each code may be billed. All providers including Licensed Clinical Alcohol and Drug Counselors (LCADC), LCADC Interns (LCADC-I) Licensed Alcohol and Drug Counselors (LADC), Certified Alcohol Drug Counselors (CADC), CADC Interns (CADC-I), and Peer Recovery Support Specialists (PRSS) may provide services that are appropriate within their scope of practice under Healthcare Common Procedure Coding System (HCPCS) codes.

### Definitions of provider types:

- 14/305 LCSW—Licensed Clinical Social Worker
- 14/306 LMFT—Licensed Marriage and Family Therapist
- 14/307 LCPC—Licensed Clinical Professional Counselor
- 14/300 or 82/300 CSW-I—Clinical Social Work Intern
- 14/300 or 82/300 MFT-I—Marriage and Family Intern
- 14/300 or 82/300 CPC-I—Clinical Professional Counselor Intern
- 93/701 CADC—Certified Alcohol and Drug Counselor
- 93/702 LADC—Licensed Alcohol and Drug Counselor
- 93/709 LCADC—Licensed Clinical Alcohol and Drug Counselor
- 93/703 CADC-I—Certified Alcohol and Drug Counselor Intern
- 93/705 LCADC-I—Licensed Alcohol and Drug Counselor Intern
- 93/706 — Peer Recovery Support Specialist
- 24 APRN— Advanced Practice Registered Nurse
- 77 PA—Physician assistant
- 20—Physician
- 74—Nurse Midwife
- 26—Psychologist
- 91—Pharmacists



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Code	Description	Level 3	Qualified Provider Types
	<b>Behavior Change Intervention &amp; Counseling Risk Factors</b>	<b>Residential SUD Services</b>	
99401	Preventive med counseling	X	Pharmacist, Physician, APRN, Nurse Midwife, PA
99406	Smoking and tobacco cessation counseling	X	LCSW, LMFT, LCPC, CSW-I, MFT-I, CPC-I, CADC, LADC, LCADC, CADC-I, LCADC-I, Psychologist, Physician, APRN, Nurse Midwife, PA
99407	Smoking and tobacco cessation counseling	X	LCSW, LMFT, LCPC, CSW-I, MFT-I, CPC-I, CADC, LADC, LCADC, CADC-I, LCADC-I, Psychologist, Physician, APRN, Nurse Midwife, PA
99408	Alcohol and/or substance abuse screening with brief intervention (15-30 minutes)	X	Physician, APRN, Nurse Midwife, PA
99409	Alcohol and/or substance abuse screening with brief intervention (30+ minutes)	X	Physician, APRN, Nurse Midwife, PA
	<b>HCPCS</b>	<b>Residential</b>	
H0001	Alcohol and/or drug assessment (1 unit per assessment at least 30 minutes)	X	CADC, LADC, LCADC, CADC-I, LCADC-I, Psychologist, Pharmacist
H0002	Behavioral health screening to determine eligibility for admission to treatment program (1 unit per assessment at least 30 minutes)	X	LCSW, LMFT, LCPC, CSW-I, MFT-I, CPC-I, CADC, LADC, LCADC, CADC-I, LCADC-I, Psychologist, Physician, APRN, Nurse Midwife, PA, Pharmacist
H0005	Alcohol and/or drug services; group counseling by a clinician (1 unit per group at least 30 minutes)	X	LCSW, LMFT, LCPC, CSW-I, MFT-I, CPC-I, CADC, LADC, LCADC, CADC-I, LCADC-I, Psychologist
H0007	Alcohol and/or drug services; crisis intervention (outpatient) (for substance use only)	X	CADC, LADC, LCADC, CADC-I, LCADC-I, Psychologist, Physician, APRN, Nurse Midwife, PA, LCSW, LMFT, LCPC, CSW-I, MFT-I, CPC-I
H0033	Oral medication administration, direct observation	X	Physician, APRN, Nurse Midwife, PA
H0034	Medication training and support; per 15 minutes	X	Physician, APRN, Nurse Midwife, PA



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Code	Description	Level 3	Qualified Provider Types
H0038	Self-help/peer service; per 15 minutes Use modifier HQ when requesting/billing for a group setting	X	Peer Recovery Support Specialist
H0047	Alcohol and/or drug services; (State defined: individual counseling by a clinician). (1 unit per session at least 30 minutes)	X	LCSW, LMFT, LCPC, CADC, LADC, LCADC, CADC-I, LCADC-I, Psychologist, CSW-I, MFT-I, CPC-I
H0049	Alcohol/drug screening (1 unit per screening)	X	LCSW, LMFT, LCPC, CADC, LADC, LCADC, CADC-I, LCADC-I, Psychologist, Physician, APRN, Nurse Midwife, PA, Pharmacist CSW-I, MFT-I, CPC-I
H2011	Crisis intervention service; per 15 minutes (outpatient) (for co-occurring and mental health only) Use modifier HT when requesting/billing for team services 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	X	LCSW, LMFT, LCPC, LCADC, LCADC-I, Psychologist, Physician, APRN, Nurse Midwife, PA, CSW-I, MFT-I, CPC-I
90785	Interactive Complexity	X	LCSW, LMFT, LCPC, CADC, LADC, LCADC, CADC-I, LCADC-I, Psychologist, Physician, APRN, Nurse Midwife, PA, CSW-I, MFT-I, CPC-I
90791	Psychiatric diagnostic evaluation	X	LCSW, LMFT, LCPC, LCADC, LCADC-I, Psychologist, Physician, APRN, Nurse Midwife, PA, CSW-I, MFT-I, CPC-I
90792	Psychiatric diagnostic evaluation with medical services	X	Physician, APRN, Nurse Midwife, PA



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Code	Description	Level 3	Qualified Provider Types
	<b>Psychotherapy</b>	<b>Residential</b>	
90832	Psychotherapy, <b>30 mins</b> , with pt and/or family member	X	LCSW, LMFT, LCPC, LCADC, LCADC-I, Psychologist, Physician, APRN, Nurse Midwife, PA, CSW-I, MFT-I, CPC-I
90834	Psychotherapy, <b>45 mins</b> , with pt and/or family member	X	LCSW, LMFT, LCPC, LCADC, LCADC-I, Psychologist, CSW-I, MFT-I, CPC-I
90837	Psychotherapy, <b>60 mins</b> , with pt and/or family member	X	LCSW, LMFT, LCPC, LCADC, LCADC-I, Psychologist, Physician, APRN, Nurse Midwife, PA, CSW-I, MFT-I, CPC-I
90846	Family psychotherapy (without the patient present)	X	LCSW, LMFT, LCPC, LCADC, LCADC-I, Psychologist, CSW-I, MFT-I, CPC-I
90847	Family psychotherapy (conjoint therapy) (with patient present)	X	LCSW, LMFT, LCPC, LCADC, LCADC-I, Psychologist, CSW-I, MFT-I, CPC-I
90849	Multiple-family group psychotherapy	X	LCSW, LMFT, LCPC, LCADC, LCADC-I, Psychologist, CSW-I, MFT-I, CPC-I
90853	Group psychotherapy (other than of a multiple-family group)	X	LCSW, LMFT, LCPC, LCADC, LCADC-I, Psychologist, Physician, APRN, PA, CSW-I, MFT-I, CPC-I
	<b>Psychotherapy for Crisis</b>	<b>Residential</b>	
90839	Psychotherapy for Crisis first <b>60 mins</b>	X	LCSW, LMFT, LCPC, LCADC, LCADC-I, Psychologist, Physician, APRN, PA, CSW-I, MFT-I, CPC-I APRN
90840	Psychotherapy for Crisis each additional <b>30 mins</b>	X	LCSW, LMFT, LCPC, LCADC, LCADC-I, Psychologist, Physician, APRN, Nurse Midwife, PA, CSW-I, MFT-I, CPC-I



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Code	Description	Level 3	Qualified Provider Types
	<b>Evaluation &amp; Management</b> <i>E&amp;M codes are to be performed by physicians, nurse practitioners and physician assistants</i>	<b>Residential</b>	
90833	Psychotherapy, <b>30 mins</b> , with pt and/or family member when performed with an E/M service.	X	Physician, APRN, Nurse Midwife, PA
90836	Psychotherapy, <b>45 mins</b> , with pt and/or family member when performed with an E/M service.	X	Physician, APRN, Nurse Midwife, PA
90838	Psychotherapy, <b>60 mins</b> , with pt and/or family member when performed with an E/M service.	X	Physician, APRN, Nurse Midwife, PA
99202	Office or other outpatient visit for the E/M of a <b>NEW PT</b> , which requires 3 components: a problem focused history, a problem focused exam, 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 presenting problem(s) are of <b>low to moderate severity</b> . <b>physician mins</b> face-to-face.	X	Physician, APRN, Nurse Midwife, PA
99203	Office or other outpatient visit for the E/M of a <b>NEW PT</b> , which requires 3 components: a problem focused history, a problem focused exam, 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 presenting problem(s) are of <b>moderate severity</b> . <b>30 mins</b> face-to-face.	X	Physician, APRN, Nurse Midwife, PA
99204	Office or other outpatient visit for the E/M of a <b>NEW PT</b> , which requires 3 components: a problem focused history, a problem focused exam, and medical decision making of moderate 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 presenting problem(s) are of <b>moderate to high severity</b> . <b>45 mins</b> face-to-face.	X	Physician, APRN, Nurse Midwife, PA
99205	Office or other outpatient visit for the E/M of a <b>NEW PT</b> , which requires 3 components: a problem focused history, a problem focused examination, and medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified	X	Physician, APRN, Nurse Midwife, PA





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Code	Description	Level 3	Qualified Provider Types
	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) are of <b>moderate to high severity. 60 mins</b> face-to-face.		
99211	Office or other outpatient visit for the E/M of an <b>ESTABLISHED</b> patient, that may not require the presence of a physician or other qualified healthcare professional. Usually, the presenting problems are minimal. Typically, <b>5 minutes</b> are spent performing or supervising these services.	X	Physician, APRN, Nurse Midwife, PA
99212	Office or other outpatient visit for the E/M of an <b>ESTABLISHED</b> patient, which requires at least 2 of these 3 key components: a problem focused history, a 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 patient's problem(s) and/or family's needs. Usually, problem(s) are <b>self-limited or minor</b> . Typically, <b>10 minutes</b> face-to-face.	X	Physician, APRN, Nurse Midwife, PA
99213	Office or other outpatient visit for the E/M of an <b>ESTABLISHED</b> patient, which requires at least 2 of these 3 key components: a problem focused history, a problem focused 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 patient's problem(s) and/or family's needs. Usually, problem(s) are <b>low to moderate severity</b> . Typically, <b>15 minutes</b> face-to-face.	X	Physician, APRN, Nurse Midwife, PA
99214	Office or other outpatient visit for the E/M of an <b>ESTABLISHED</b> patient, which requires at least 2 of these 3 key components: a problem focused history, a problem focused examination, and medical decision making of moderate 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 patient's problem(s) and/or family's needs. Usually, problem(s) are <b>of moderate to high severity</b> . Typically, <b>25 minutes</b> face-to-face.	X	Physician, APRN, Nurse Midwife, PA
99215	Office or other outpatient visit for the E/M of an <b>ESTABLISHED</b> patient, which requires at least 2 of these 3 key components: a problem focused history, a problem	X	Physician, APRN, Nurse Midwife, PA



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	focused examination, and medical decision making of high 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 patient's problem(s) and/or family's needs. Usually, problem(s) are <b>of moderate to high severity</b> . Typically, <b>40 minutes</b> face-to-face.		

Code	Description	Level 3	Qualified Provider Types
Additional Medical Services		Residential	
10060	Simple or single drainage of skin abscess	X	Physician, APRN, Nurse Midwife, PA
80305	Testing for presence of drug, read by direct observation	X	Physician, APRN, Nurse Midwife, PA
80306	Testing for presence of drug, read by instrument assisted observation	X	Physician, APRN, Nurse Midwife, PA
80307	Testing for presence of drug, by chemistry analyzers	X	Physician, APRN, Nurse Midwife, PA
86703	Analysis for antibody to hiv-1 and hiv-2 virus	X	Physician, APRN, Nurse Midwife, PA
86780	Analysis for antibody, treponema pallidum	X	Physician, APRN, Nurse Midwife, PA
96127	Assessment of emotional or behavioral problems	X	LCSW, LMFT, LCPC, CADC, LADC, LCADC, CADC-I, LCADC-I, Psychologist, Physician, APRN, Nurse, Midwife, PA, CSW-I, MFT-I, CPC-I
98966	Telephone medical discussion provided by nonphysician professional, 5-10 minutes	X	Physician, APRN, Nurse Midwife, PA
98967	Telephone medical discussion provided by nonphysician professional, 11-physician minutes	X	Physician, APRN, Nurse Midwife, PA
98968	Telephone medical discussion provided by nonphysician professional, 21-30 minutes	X	Physician, APRN, Nurse Midwife, PA
99242	Office or other outpatient consultation with straightforward medical decision making, if using total time, physician minutes or more	X	Physician, APRN, Nurse Midwife, PA, Pharmacist
99243	Office or other outpatient consultation with low level of medical decision making, if using time, 30 minutes or more	X	Physician, APRN, Nurse Midwife, PA, Pharmacist



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99244	Office or other outpatient consultation with moderate level of medical decision making, if using time, 40 minutes or more	X	Physician, APRN, Nurse Midwife, PA, Pharmacist
99245	Office or other outpatient consultation with high level of medical decision making, if using time, 55 minutes or more	X	Physician, APRN, Nurse Midwife, PA, Pharmacist
99417	Prolonged outpatient service, each 15 minutes of total time beyond required time of primary service	X	Physician, APRN, Nurse Midwife, PA
99441	Telephone medical discussion with physician, 5-10 minutes	X	Physician, APRN, Psychologist, Nurse Midwife, PA
99442	Telephone medical discussion with physician, 11-physician minutes	X	Physician, APRN, Psychologist, Nurse Midwife, PA
99443	Telephone medical discussion with physician, 21-30 minutes	X	Physician, APRN, Psychologist, Nurse Midwife, PA
G0445	High intensity behavioral counseling to prevent sexually transmitted infection; face-to-face, individual, includes: education, skills training and guidance on how to change sexual behavior; performed semi-annually, 30 minutes	X	Physician, APRN, Psychologist, Nurse Midwife, PA
G0513	Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; first 30 minutes (list separately in addition to code for preventive service)	X	Physician, APRN, Psychologist, Nurse Midwife, PA
G0514	Prolonged preventive service(s) (beyond the typical service time of the primary procedure), in the office or other outpatient setting requiring direct patient contact beyond the usual service; each additional 30 minutes (list separately in addition to code G0513 for additional 30 minutes of preventive service)	X	Physician, APRN, Psychologist, Nurse Midwife, PA
Q3014	Telehealth originating site facility fee	X	Physician, APRN, Psychologist, Nurse Midwife, PA