



**August 14, 2024**

**Nevada Medicaid Web Announcement 3417**

## **Attention Provider Type 91 (Pharmacist): Opioid Use Disorder (OUD) Procedure Codes**

During the 82nd Nevada Legislative Session (2023), Assembly Bill (AB) 156 passed requiring the Division of Health Care Financing and Policy (DHCFP) to allow provider type 91 (Pharmacists) to be reimbursed for the assessment, prescribing and dispensing of medications for opioid use disorder at a rate equal to that provided to a physician, physician assistant or advanced practice registered nurse for similar services. Effective with dates of service on or after August 19, 2024, PT 91 may bill the following procedure codes:

- 99242 (OFF/OP CONSLTJ NEW/EST SF 20)
- 99243 (OFF/OP CNSLTJ NEW/EST LOW 30)
- 99244 (OFF/OP CNSLTJ NEW/EST MOD 40)
- 99245 (OFF/OP CONSLTJ NEW/EST HI 55)
- 99417 (PROLNG OP E/M EACH 15 MIN)

The above procedure codes are used to perform an assessment for a recipient to determine whether:

- 1) The recipient has an opioid use disorder (OUD)
- 2) Medication-assisted treatment would be appropriate, counsel and provide information to the patient about evidence-based treatment for OUD, including medication-assisted treatment, and prescribing and dispensing a drug for medication-assisted treatment (MAT).

Pharmacists are advised to follow the billing instructions specified in the [Medication-Assisted Treatment \(MAT\) Services for Opioid Dependence Billing Instructions](#). Providers must use modifier U5 and the appropriate OUD diagnosis code with each claim to indicate MAT services.

Claims submitted by PT 91 for the above OUD assessment procedure codes that denied with error code 4801 (No billing rule for procedure) will be reprocessed automatically. The impacted claims had dates of service on or after January 1, 2024. 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.