



**September 5, 2024**

**Nevada Medicaid Web Announcement 3432**

**Attention Provider Type (PT) 17 (Special Clinics) Specialty 188 (Certified Community Behavioral Health Center (CCBHC)):**

**Two Claim Reprocessing Efforts**

Effective January 1, 2022, provider type 17 (Special Clinics) specialty 188 (Certified Behavioral Health Centers, CCBHCs) needs to be enrolled with Managed Care Organizations (MCO). See [Web Announcement 2649](#) for more information about MCO enrollment.

Claims for procedure code T1040 that were submitted by PT 17 specialty 188 with dates of service on or after July 1, 2022, to Nevada Medicaid Fee-for-Service (FFS) instead of the MCO for recipients covered by an MCO were paid or adjudicated in error by Medicaid FFS. See [Web Announcement 3371](#) for more information about billing procedure code T1040. These claims are being reprocessed automatically to recoup the payments.

Per the Centers for Medicare & Medicaid Services (CMS), two reprocessing efforts will take place to recoup incorrectly paid claims.

1. Claims that incorrectly paid for procedure code T1040 (Medicaid-certified community behavioral health clinic services, per diem) when they should have denied with error code 5537 (1 unit allowed per day) and were submitted between November 2, 2023, and April 25, 2024, have been automatically reprocessed. Results of the reprocessed claims will appear on the remittance advice dated September 6, 2024. Please note that claims could be denied with error code 2017 (Client services covered by HMO plan) if the recipient is enrolled in an MCO.
2. Claims for recipients who were enrolled with an MCO with dates of service from July 1, 2022, through June 3, 2024, that incorrectly paid will be reprocessed automatically. Results of the reprocessed claims will appear on the remittance advice dated October 25, 2024.

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.

For questions regarding repayment, please email [NVRecovery@dncfp.nv.gov](mailto:NVRecovery@dncfp.nv.gov).