



January 7, 2025

Nevada Medicaid Web Announcement 3524

Attention Provider Type 13 (Psychiatric Hospital, Inpatient): Acute Hospital Rate Updates Implemented

Effective for claims with dates of service on or after January 1, 2025, rates have been updated for provider type (PT) 13 (Psychiatric Hospital, Inpatient) to pay in parity with PT 11 (Hospital, Inpatient) providing psychiatric services.

The following revenue codes have been updated in the Medicaid Management Information System:

Revenue Code	Revenue Code Description
0114	R&B-Pvt-Psychiatric
0116	R&B-Pvt-Detoxification
0118	R&B-Pvt-Rehabilitation
0124	R&B-2 Bed-Psychiatric
0126	R&B-2 Bed-Detoxification
0128	R&B-2 Bed-Rehabilitation
0134	R&B-3-4 Bed-Psychiatric
0136	R&B-3-4 Bed-Detoxification
0138	R&B-3-4 Bed-Rehabilitation
0144	R&B-Pvt-Deluxe-Psychiatric
0146	R&B-Pvt-Deluxe-Detoxification
0148	R&B-Pvt Deluxe-Rehabilitation
0154	R&B-Ward-Psychiatric
0156	R&B-Ward-Detoxification
0158	R&B-Ward-Rehabilitation
0204	ICU-Psychiatric

Claims submitted by PT 13 for the above codes with dates of service on or after January 1, 2025, that paid the previous rate 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.