December 20, 2023

Nevada Medicaid Web Announcement 3245

Attention Behavioral Health Providers: Service Limitations for Outpatient Psychotherapy Reset January 1 of Each Year

The Behavioral Health Benefits Coverage (BH) Unit of the Division of Health Care Financing and Policy (DHCFP) would like to remind providers that the outpatient psychotherapy service limitations set forth in Medicaid Services Manual (MSM) Chapter 400 Mental Health and Alcohol/Substance Use Services reset on January 1 of each year.

In addition to reminding providers to review Web Announcement 2437, the BH Unit would like to add clarification to the information previously presented:

- The service limitations are recipient-based and belong to the recipient. Recipients are able to seek available services and utilize any provider of their choice.
- Providers who have been delivering services to an individual for an extended period of time and who are continuing to serve the recipient past January 1 (into the new year) will not be required to submit a prior authorization (PA) to bill for services rendered to the recipient until that recipient's service limits are met.
- For a provider who chooses to submit a PA request when the recipient has not exhausted their service limitations, claims may not be counted against the approved PA and the PA may expire never having been needed. PAs are approved for 90-day increments of time.
- It is recommended that the provider utilize the initial months of the new calendar year to assess, develop or update treatment planning, and deliver psychotherapy services in accordance with the Intensity of Needs grid for CASII and LOCUS, MSM Chapter 400 Section 403.5(C), Utilization Management.
    - For example, if a new patient meets a LOCUS Level II and has 12 units available under the service limitations, a PA request could be submitted for medically necessary psychotherapy services beyond those service limitations (beyond 12 units). If the recipient's service limits still have not been met after this treatment period, the provider may continue to submit claims without needing to reference their approved PA. However, if the service limitations are met within the approved PA's 90-day time frame, the provider will have the necessary authorization in place to continue service delivery.

Providers are encouraged to access the Provider Web Portal and utilize the Treatment History Tool to confirm all psychotherapy services utilized by an individual in a given calendar year. Please reference the Electronic Verification System (EVS) User Manual Chapter 9: Treatment History for detailed instructions. Contact your Field Service Representative for additional training opportunities.

Web Announcement 1622 provides additional information on psychotherapy codes and billing provider types.

For questions and additional information, contact the Behavioral Health Benefits Coverage (BH) Unit by sending an email to BehavioralHealth@dhcfp.nv.gov.