

**DIVISION OF HEALTH CARE FINANCING AND POLICY  
CLINICAL POLICY TEAM, BEHAVIORAL HEALTH PROGRAM  
BEHAVIORAL HEALTH TECHNICAL ASSISTANCE (BHTA)  
Minutes – Wednesday, November 10, 2021  
10:00 - 11:00 a.m.**

**Facilitator:** Carin Hennessey, DHCFP, Behavioral Health Unit (BHU), SSPS II

**1. Purpose of BH Monthly Calls:**

The BHTA call offers providers guidance and updates on DHCFP Behavioral Health policy. The TEAMS meeting format offers providers an opportunity to ask questions using the chat feature and receive answers in real time. The webinar is recorded. If you have questions prior to or after the monthly call, submit requests directly to the [behavioralhealth@dncfp.nv.gov](mailto:behavioralhealth@dncfp.nv.gov).

- Introductions – BHU, Provider Enrollment, SUR, Gainwell Technologies

**2. October 2021 BHTA Minutes:**

The minutes from last month's BHTA are available on the [DHCFP Behavioral Health webpage](#) (under "Meetings"). You'll want to navigate to this page and click on "Behavioral Health Agendas and Minutes." You can find information from previous and current meetings. Please review if you have questions and if you were not able to attend the BHTA last month; this is a great place to check up on what we discussed.

- Provider Type 14 Billing Guide Update
- QA Program — Demonstration of Effectiveness of Care, Access/Availability of Care, and Satisfaction of Care – MSM 403.2(B)(6)(d) and [Billing Manual](#)
- [Providerwellbeing.org](#)
- FA-29, FA-29A, and FA-29B Forms

**3. Related DHCFP Public Notices:**

Link for upcoming Public Hearings, Meetings, and Workshops related to Behavioral Health <http://dncfp.nv.gov/Public/AdminSupport/PublicNotices/>.

**Public Hearings**

- **11/30/2021** – State Plan Amendment for Transportation, Medical and Remedial Care, and Tobacco Cessation Counseling, and Nevada Check Up
- **11/30/2021** – MSM Chapter 200 – Hospital Services; MSM Chapter 400 – Mental Health and Alcohol and Substance Abuse Services, and MSM Chapter 600 – Physician Services

**Public Workshops**

**Public Meetings**

#### 4. DHCFP Behavioral Health Updates:

##### **Behavioral Health Web Announcements (WA):**

<https://www.medicaid.nv.gov/providers/newsannounce/default.aspx>

(Please refer to this link for a complete list of web announcements)

- **WA#2628** -- Update Regarding Inactive Delegate Accounts on the Provider Web Portal: Delegate Must Log In to Account the Same Day They are Activated
- **WA#2623** – New Provider Orientation Scheduled for December 2021
- **WA#2622** – Attention All Providers: Please Participate in Health Information Technology (HIT) Survey by November 15, 2021
- **WA#2621** -- Current DHCFP Rate Review Survey Deadline Extended to November 30, 2021
- **Volume 18 Issue 3 v2** – Nevada Medicaid and Nevada Check Up News (Third Quarter 2021 Provider Newsletter) (New Content Added)
- **WA#2616** – Attention All Providers: 2022 Managed Care Caseload Distribution Notice
- **WA#2607** – Attention All Providers: DHCFP Fee-For-Service (FFS) Fee Schedule Update
- **WA#2602** – Medicaid Management Information System Updated with NCCI Quarter 4 Files

#### **Carin Hennessey, SSPS II**

- Educational Updates
  - When the PT 14 Billing Guideline was updated, providers had additional questions on the CPT code H0004, Behavioral Health Counseling and Therapy, service limitations. This code is specifically for services provided in home or community settings, not in an office setting. The code is billed per 15 minutes of service. The following information (previously listed) will be added to the new Billing Guideline, for clarity:
    - 15 mins = 1 unit
    - 1-4 units per claim line = 1 session
    - 5-8 units = 2 sessions
    - 9-12 units = 3 sessionsNote that modifier HQ indicates group services; only individual services are be billed w/out HQ modifier.  
The above information remains effective for the codes as they are billed currently.
  - Crisis intervention service, related to questions from last month's meeting. Providers will be seeing an expansion as we update Medicaid policy in accordance with legislative mandates from the 81<sup>st</sup> Legislative Session. Crisis service could look different in a year from now, look expanded from what they are now. There is a lot of talk currently related to crisis services in Nevada. We will be providing

more information, and always encourage Providers to ask if you have questions. Currently, the CPT code H2011, Crisis Intervention service, is an intervention in a crisis the recipient is experiencing. This service is intended to prevent higher level of care.

It's a good idea to begin now (when you are using the FA-11 form to request emergency services that are above the service limitations) to list all medications; to identify unmanageable behavior(s) and indicate specific need(s) for additional crisis intervention to prevent higher level of care; to document to where/to whom and when Recipients will be referred to provide continuity of care; indicate intended outcome of crisis intervention or follow-up services for Recipient to provide continuity of care). Excessive documentation is not required for the request of emergency CI services, but detail is necessary.

If the recipient is in crisis, you may also utilize Psychotherapy for Crisis, as appropriate.

As it has been stated previously in our meetings, the FA-11 form will be updated to reflect the information that is being provided today. Information is also located on the PT 14 Billing Guideline; you may bill CI services for a recipient up to four hours per day for three consecutive days (considered one occurrence), and you may bill three occurrences in a 90-day period for the recipient. These are the service limitations. Then you may request the emergency services through the FA-11 for additional CI service within that 90-day time frame for the recipient; you must submit the emergency request within five (5) days of the first day of the additional occurrence.

- Regarding, WA#2638, LMFT/LCPC rendering services to Medicare recipients -- PT 14's that are not eligible to enroll with Medicare can bill Nevada Medicaid without having to obtain a Medicare denial first. Nevada Medicaid hosts two (2) sessions a month where we do a live demonstration of how to submit secondary claims through the EVS portal and use this scenario as one of the examples. The course is called Professional Secondary Claims Billing. We can always schedule 1:1 training with providers, using virtual platforms (Zoom, Teams, etc.) and walk them through submitting a secondary claim through the portal. Additionally, the EVS User Manual Chapter 3-Claims has instructions on how to submit secondary claims but doesn't go as in-depth as when demonstrated during the training presentations.
- Search Fee Schedule Tool, located on the [Nevada Medicaid homepage](#), under "Featured Links".

#### **6. DHCFP Provider Enrollment Unit Updates:**

**Nevada Medicaid Website:** <https://www.medicaid.nv.gov/providers/enroll.aspx>

**DHCFP Website:** <http://dhcftp.nv.gov/Providers/PI/PSMain/>

7. **DHCFP Surveillance Utilization Review (SUR) Updates:**  
**Report Provider Fraud/Abuse** <http://dhcfp.nv.gov/Resources/PI/SURMain/>  
**Provider Exclusions, Sanctions and Press Releases** <http://dhcfp.nv.gov/Providers/PI/PSExclusions/>
8. **Gainwell Technologies Updates:**  
**Billing Information** <https://www.medicaid.nv.gov/providers/BillingInfo.aspx>  
**Provider Enrollment** <https://www.medicaid.nv.gov/providers/enroll.aspx>  
**Provider Training** <https://www.medicaid.nv.gov/providers/training/training.aspx>  
**Contact Information**  
Nevada Medicaid Customer Service: (877) 638-3472  
Prior Authorization Information: (800) 525-2395  
Field Service Representatives: [nevadaprovidertraining@dxc.com](mailto:nevadaprovidertraining@dxc.com)

**Alyssa Kee Chong, Provider Relations Field Service Representative - North**  
**Susan McLaughlin, Provider Relations Field Service Representative – South**

#### **Nevada MMIS Modernization Project**

Please review the information per this Nevada Medicaid featured link area. There is information on Important System Dates, Known System Issues and Identified Workarounds, Training Opportunities, and Helpful Resources: <https://www.medicaid.nv.gov/providers/Modernization.aspx>. Also listed on this page, are **Modernization (New) Medicaid System Web Announcements**; please refer to these announcements for specific information related to Modernization.

#### 9. **Behavioral Health Provider Questions:**

The Behavioral Health Policy TEAMS meeting would like to address provider questions each month. This will allow us to address topics, concerns, questions from the Behavioral Health providers and make sure the specialists are focusing training and educational components to your needs and gathering your direct input from the BHTA TEAMS meeting. The previous month's questions with answered on the posted minutes for the meeting.

**Q: [Comparing the old PT 14 Billing Guideline to the new guideline] the 90000 codes used to say, "...with patient and/or family member". Is that still true?**

**A:** Per CMS, the [psychotherapy codes] include family.

**NOTE:** The updated PT 14 Billing Guideline indicates for CPT codes 90832, 90834, and 90837, "The patient must be present for all or most of the session." For CPT codes 90839 and 90840, "The patient must be present for all or some of the service."

**Q: In the portal, if our attachments are still showing, does that mean a previous update request is still in process?**

**A:** If you still your attachments on an update you have submitted, the request is still in progress.

**Q: There have been a lot of issues with the new background check system. Is there a good direct contact to discuss these with? They are having issues with "ghost charges". Local attorneys have even said a lot of providers are contacting them about charges that have come up out of nowhere for revalidation. Who can they go to find out information and dispute charges on their name? Reps usually don't know the answers for them. I've just heard it widespread on revalidations. They need more info.**

**A:** You may email [providerenrollment@dncfp.nv.gov](mailto:providerenrollment@dncfp.nv.gov) or [npi@dncfp.nv.gov](mailto:npi@dncfp.nv.gov). Right now, we are not conducting background checks. We are not familiar with "ghost charges. If there is specific NPI# or provider related to this question, email that to the above Provider Enrollment email. If it is related to SUR, you may email the NPI email address above.

**Q: May I suggest Delegate ID's not be turned off with 60 days of inactivity since PARS are 90days, and potentially, they may not be used by a delegate except every 90 days for that purpose.**

**A:** This suggestion will be taken back to the Provider Enrollment unit of Gainwell Technologies. The delegate IDs being turned off is due to security reasons. This is for every Provider Type that is enrolled with Nevada Medicaid, not just Behavioral Health providers. You may find the information on WA#2628.

**Q: Many are wondering about Molina and its Prior Auth process (if there will be one)? Also, if there will still be some FFS. Some thought the addition of Molina would mean there was no more FFS, but I didn't think that was the case?**

**A:** The same recipients in Clark County and Washoe County who are in MCOs now will remain in MCOs; the recipients will be distributed among four (4) MCOs [with the addition of Molina]. Fee For Service (FFS) will not change. Web Announcement 2616 talks about the 2022 Managed Care Caseload Distribution.

Please email questions, comments, or suggested topics for guidance to [BehavioralHealth@dncfp.nv.gov](mailto:BehavioralHealth@dncfp.nv.gov)