

# **SUBSTANCE ABUSE AGENCY MODEL (SAAM)**

## **Fee For Service Reports**

### **CY2021 Quarter 2 by Service Date**

1. Provider
2. Claims
3. Denials
4. Procedures
5. Diagnoses
6. Aid Category
7. Demographics
8. Definitions

**DHHS Office of Analytics  
Nevada Medicaid**

**Substance Abuse Agency Model (SAAM)**  
**Nevada Medicaid Fee for Service Reports**  
**Providers, Quarter 2 CY2021**

Provider County	QTR 2 CY2021	
	Providers Enrolled*	Providers Active^
CARSON CITY	4	3
CHURCHILL	1	1
DOUGLAS	2	2
ELKO	2	1
HUMBOLDT	1	1
LYON	1	1
NYE	4	4
URBAN CLARK	45	19
URBAN WASHOE	19	13
<b>Total</b>	<b>79</b>	<b>45</b>

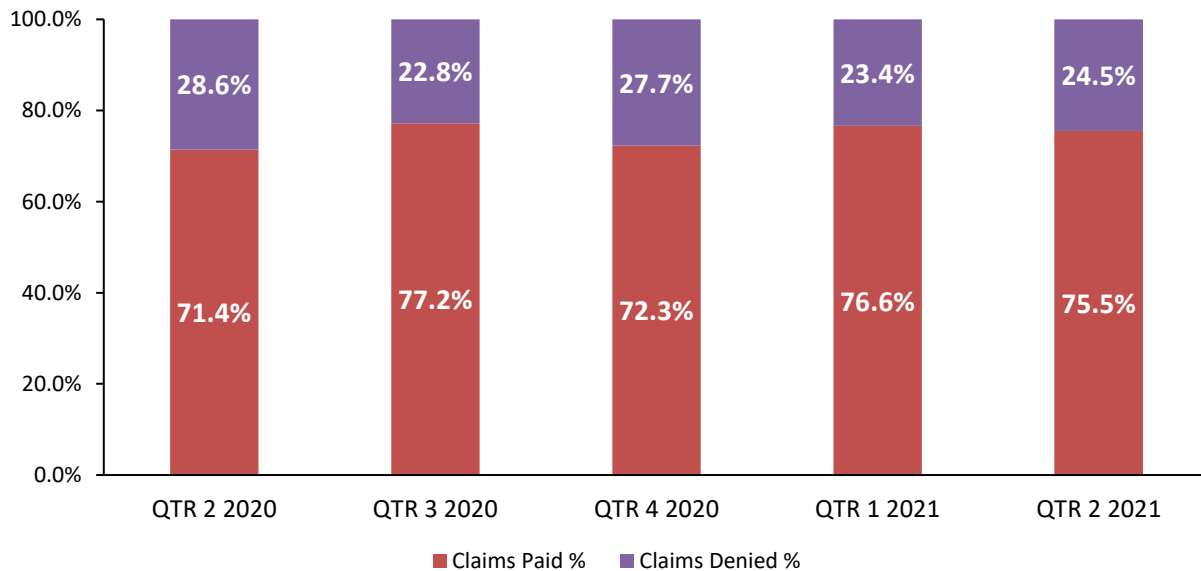
\* Providers Enrolled is the unique count of providers who are enrolled to provide services under the plan. This includes all providers authorized to provide services even if they have not provided services to any patients.

^ Providers Active is the unique count of providers who performed any facility, professional, or pharmacy services.

**Substance Abuse Agency Model (SAAM)**  
**Nevada Medicaid Fee for Service Reports**  
**Claims Paid and Denied, Quarter 2 CY2020 - Quarter 2 CY2021**

Quarter CY	Claims Paid	Claims Paid %	Claims Denied	Claims Denied %
QTR 2 2020	16,532	71.45%	6,606	28.55%
QTR 3 2020	15,025	77.22%	4,433	22.78%
QTR 4 2020	14,509	72.28%	5,565	27.72%
QTR 1 2021	16,363	76.61%	4,996	23.39%
QTR 2 2021	16,720	75.54%	5,414	24.46%

**Substance Abuse Agency Model (SAAM)**  
**Percentage of Claims Paid and Denied by Quarter and Year**



*Source: Nevada Medicaid Decision Support System (DSS)*

**Substance Abuse Agency Model (SAAM)**  
**Nevada Medicaid Fee for Service Reports**  
**Claims Denied, Quarter 2 CY2020 - Quarter 2 CY2021**

Description of Edit Error	Claims Denied Count				
	QTR 2 2020	QTR 3 2020	QTR 4 2020	QTR 1 2021	QTR 2 2021
1 Unit Allowed Per 90 Rolling Days - Pa Override	12	11	18	49	24
18 Units Allowed Per Calendar Year - Pa Override	0	0	0	0	260
20 Units Per 12 Rolling Months - Pa Override	478	471	459	341	232
26 Units Allowed Per Calendar Year - Pa Override	0	0	0	0	5
2Nd Diag Age Conflict	1	0	0	0	2
2Nd Diag Gender Conflict	0	0	0	0	9
3Rd Diag Age Conflict	4	2	2	2	0
4Th Diag Age Conflict	6	4	0	0	0
5Th Diag Age Conflict	1	1	0	0	0
Add-On Code Billed W/O Paid Primary	0	0	0	0	25
Adj/Void - Previous Icn Not Found Or Invalid	3	75	39	74	51
Allowed Amt Less Than Billed Amount Variance	21	17	8	28	447
Billing Prov Is Not A Grp/Performing Is A Grp Prov	4	0	0	0	1
Billing Provider Signature Missing	3	3	6	15	6
Calculated Detail Medicare Allowed Amount Is Zero	3	5	3	13	0
Claim Processed By Clinical Claim Editor	1,226	555	613	667	661
Claim Type Restriction On Proc Cvg Rule	101	66	18	19	10
Clia License Number Invalid	22	15	0	8	177
Client Covered By Medicare B	94	49	42	33	34
Client Covered By Private Insurance	210	142	111	50	196
Client First Name Is Missing Or Does Not Match	82	6	22	12	20
Client Ineligible On Dtl Dos	83	22	33	27	22
Client Last Name Is Missing Or Does Not Match	14	4	12	5	18
Client Not Eligible On All Dates Of Service	0	1	1	0	0
Client Services Covered By Hmo Plan	66	105	43	70	132
Contract Could Not Be Determined - Dtl	2	0	1	0	0
Contract Could Not Be Determined - Hdr	0	0	31	10	0
Decimal Units Not Billable For Procedure	0	0	0	6	0
Detail Fdos Is After Icn Date	8	2	0	0	0
Diagnosis Cannot Be Used As Principal Diagnosis	18	4	1	5	5
Dos Exceeds Timely Filing Limit	49	81	5	11	802
Exact Duplicate: Practitioner To Practitioner	230	286	284	337	77
Header Stmt Covers Period Tdos Missing	9	1	0	0	1
Header Total Billed Amount Missing	0	4	0	0	0
Invalid Adjustment - Medicare Icn Not Found	0	4	0	0	0
Invalid Adjustment Client Ids Do Not Match	0	0	1	0	0
Invalid Adjustment Providers Do Not Match	0	0	0	0	22
Invalid Adjustment Tcn Not Found	0	5	3	0	0
Medical Review For Proc Cvg Rule	0	0	23	0	0
Medical Visit Denied (Claimreview)	2	3	8	11	0
Modifier Does Not Match Pa	0	16	2	0	0
Mue Professional	47	67	85	47	23
Ncci Ptp Conflict Pay Current-Reprocess History	0	1	0	0	1
Ncci Ptp Conflict Pract Mods Cant Bypass	0	0	0	1	10
Ncci Ptp Conflict Practitioner Mod Bypass Possbl	1	0	5	19	27

**Substance Abuse Agency Model (SAAM)**  
**Nevada Medicaid Fee for Service Reports**  
**Claims Denied, Quarter 2 CY2020 - Quarter 2 CY2021**

Description of Edit Error	Claims Denied Count				
	QTR 2 2020	QTR 3 2020	QTR 4 2020	QTR 1 2021	QTR 2 2021
No Billing Rule For Procedure	5	3	0	0	9
No Cvg Rule For Procedure	0	0	0	1	2
No Provider Billing Indicator For Dos Range	0	0	4	0	2
One Unit Allowed Per Day	30	25	20	23	32
One Unit Allowed Per Ninety Rolling Days	24	13	20	27	20
Opr Prov Not Enrolled	79	6	6	4	0
Partial Pa Found	1	3	3	4	0
Perf/Facility Pt/Ps Restriction Proc Billing Rule	1,172	15	14	49	46
Performing Provider Not On Provider Database	53	27	79	99	67
Place Of Service Not On File	780	1,103	1,364	1,291	1,272
Possible Duplicate: Practitioner To Practitioner	13	13	7	4	3
Principal Diag Gender Conflict	0	0	0	0	6
Prior Auth Line Item Status Deny	11	19	8	17	0
Prior Auth Service Conflict	114	127	83	163	10
Prior Authorization Not Found	1,165	667	701	1,008	503
Provider Id On Claim Does Not Match Pa	1	0	14	2	2
Recipient Number Billed Does Not Match Pa	178	46	88	95	54
Referring Prov Cannot Be A Group Or Organization	119	327	1,046	265	4
Rendering Prov Not Member Of Billing Prov Group	0	0	20	74	51
Rendering Provider Is Not Designated To Render	0	0	0	7	25
Same Procedure Diff Mods Same Day	13	0	0	1	2
Second Modifier Invalid (Edit Code)/Docs required to adj	0	0	0	1	0
Service Not Covered By Nv Medicaid	2	3	0	0	1
Suspend Adjustment For Pre-Payment Verification	46	0	0	0	0
Timely Filing Limit Exceeded	0	8	208	0	3
Units Exceed Authorized Units On Prior Auth	0	0	1	1	0
<b>Aggregate(Provider Type Claim NV Code Values)</b>	<b>6,606</b>	<b>4,433</b>	<b>5,565</b>	<b>4,996</b>	<b>5,414</b>

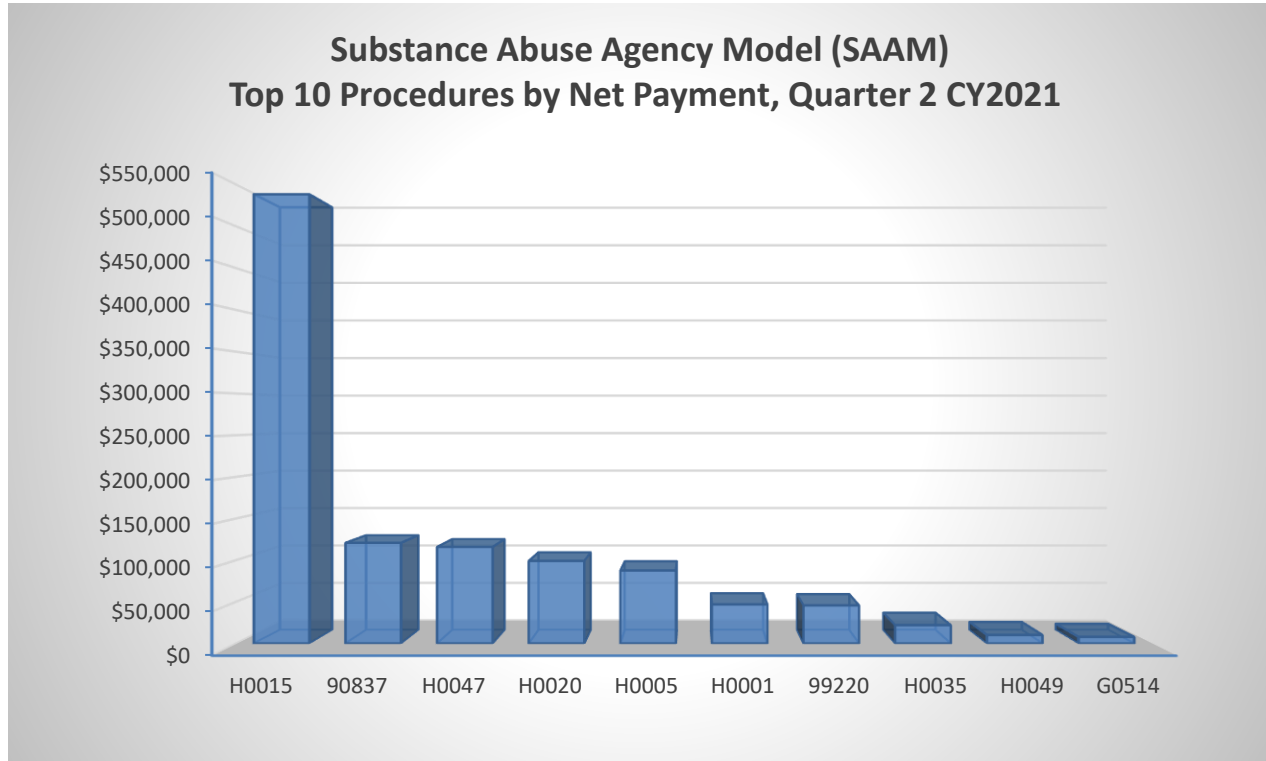
**Substance Abuse Agency Model (SAAM)**  
**Nevada Medicaid Fee for Service Reports**  
**Billed Procedure Codes by Patients, Service Count and Net Payment, Quarter 2 CY2021**

Procedure Code	Procedure Description	QTR 2 CY2021		
		Patients*	Service Count Paid	Net Payment^
H0015	Alcohol/drug svc-intensive outpatient program	244	3,832	\$538,172.05
90837	PSYCHOTHERAPY W/PATIENT 60 MINUTES	239	1,125	\$120,862.44
H0047	Alcohol/drug abuse svc not otherwise specified	486	2,000	\$115,963.31
H0020	Alcohol/drug svc-methadone admin/service	389	25,156	\$99,087.00
H0005	Alcohol/drug services-group counsel by clinician	242	2,938	\$87,679.30
H0001	Alcohol and/or drug assessment	337	337	\$46,889.24
99220	INITIAL OBSERVATION CARE/DAY 70 MINUTES	105	351	\$45,791.46
H0035	Mental health partial hosp, treatment <24 hours	9	67	\$22,021.56
H0049	Alcohol &/or drug screening	416	1,053	\$10,264.43
G0514	Prolonged preventive service, each ADDL 30 min	16	199	\$7,886.37
H0002	Behav health screen-eligibility for Tx program	255	255	\$7,846.35
99409	ALCOHOL/SUBSTANCE SCREEN & INTERVENTION >30 MIN	55	96	\$7,565.41
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	52	53	\$7,271.92
80305	DRUG TEST PRSMV READ DIRECT OPTICAL OBS PR DATE	227	373	\$5,300.33
Q3014	Telehealth originating site facility fee	32	218	\$5,284.32
99205	OFFICE/OUTPATIENT NEW HIGH MDM 60-74 MINUTES	37	37	\$5,253.09
99213	OFFICE/OUTPATIENT ESTABLISHED LOW MDM 20-29 MIN	75	97	\$4,268.00
90853	GROUP PSYCHOTHERAPY	59	141	\$4,208.53
99215	OFFICE/OUTPATIENT ESTABLISHED HIGH MDM 40-54 MIN	32	36	\$3,626.08
90832	PSYCHOTHERAPY W/PATIENT 30 MINUTES	27	52	\$2,966.78
99214	OFFICE/OUTPATIENT ESTABLISHED MOD MDM 30-39 MIN	42	45	\$2,959.66
90834	PSYCHOTHERAPY W/PATIENT 45 MINUTES	18	39	\$2,882.88
99401	PREVENT MED COUNSEL&/RISK FACTOR REDJ SPX 15 MIN	45	74	\$2,595.92
G0513	Prolonged preventive service, first 30 minutes	11	60	\$2,377.80
80306	DRUG TST PRSMV READ INSTRMNT ASSTD DIR OPT OBS	74	109	\$2,065.55
90847	FAMILY PSYCHOTHERAPY W/PATIENT PRESENT 50 MINS	14	28	\$1,949.08
H0034	Medication training & support per 15 minutes	63	94	\$1,572.34
96127	BEHAV ASSMT W/SCORE & DOCD/STAND INSTRUMENT	111	428	\$1,455.20
99408	ALCOHOL/SUBSTANCE SCREEN & INTERVEN 15-30 MIN	26	26	\$1,137.50
H0038	Self-help/peer services per 15 minutes	48	142	\$1,118.96
99204	OFFICE/OUTPATIENT NEW MODERATE MDM 45-59 MINUTES	8	8	\$892.56
90846	FAMILY PSYCHOTHERAPY W/O PATIENT PRESENT 50 MINS	9	10	\$814.20
90839	PSYCHOTHERAPY FOR CRISIS INITIAL 60 MINUTES	5	7	\$787.85
90833	PSYCHOTHERAPY W/PATIENT W/E&M SRVCS 30 MIN	20	20	\$690.08
90840	PSYCHOTHERAPY FOR CRISIS EACH ADDL 30 MINUTES	3	11	\$618.97
99212	OFFICE/OUTPATIENT ESTABLISHED SF MDM 10-19 MIN	8	11	\$348.59
H0007	Alcohol/drug services-crisis intervention-outpt	8	16	\$347.36
99202	OFFICE/OUTPATIENT NEW SF MDM 15-29 MINUTES	4	4	\$214.16
99203	OFFICE/OUTPATIENT NEW LOW MDM 30-44 MINUTES	2	2	\$160.62
90836	PSYCHOTHERAPY W/PATIENT W/E&M SRVCS 45 MIN	1	2	\$123.44
G2067	Medication assisted treatment, methadone	1	7	\$79.15
<b>Aggregate(Provider Type Claim NV Code Values)</b>		<b>1,524</b>	<b>39,559</b>	<b>\$1,173,399.84</b>

\* Patient counts may be duplicated across procedures.

^ Net Payment is the net amount paid for all claims. It represents the amount after all pricing guidelines have been applied, and all third party, copayment, coinsurance, and deductible amounts have been subtracted.

**Substance Abuse Agency Model (SAAM)**  
**Nevada Medicaid Fee for Service Reports**  
**Billed Procedure Codes by Patients, Service Count and Net Payment, Quarter 2 CY2021**



**Substance Abuse Agency Model (SAAM)**  
**Nevada Medicaid Fee for Service Reports**  
**Principal Diagnosis by Patients, Service Count and Net Payment, Quarter 2 CY2021**

Principal Diagnosis Code	Principal Diagnosis Description	QTR 2 CY2021		
		Patients*	Service Count Paid	Net Payment^
F1120	Opioid dependence, uncomplicated	497	28,190	\$262,269.48
F1520	Other stimulant dependence, uncomplicated	186	2,272	\$184,431.05
F1020	Alcohol dependence, uncomplicated	145	1,686	\$169,071.63
F1220	Cannabis dependence, uncomplicated	42	869	\$107,523.16
F102	(Non-Billable Dx) Alcohol dependence	36	412	\$57,839.66
F152	(Non-Billable Dx) Stimulant NEC dependence	21	204	\$28,634.97
F15	(Non-Billable Dx) Other stimulant related disorders	32	978	\$26,780.47
F431	(Non-Billable Dx) Post-traumatic stress disorder	10	380	\$19,956.48
F4310	Post-traumatic stress disorder, unspecified	48	280	\$19,577.52
F10	(Non-Billable Dx) Alcohol related disorders	25	593	\$17,886.23
F331	Major depressive disorder, recurrent, moderate	27	245	\$16,752.82
F112	(Non-Billable Dx) Opioid dependence	12	108	\$15,158.70
F10239	Alcohol dependence with withdrawal, unspecified	30	259	\$15,014.81
F1420	Cocaine dependence, uncomplicated	7	95	\$12,683.81
F319	Bipolar disorder, unspecified	9	93	\$11,344.48
F209	Schizophrenia, unspecified	9	98	\$10,139.05
F411	Generalized anxiety disorder	25	153	\$9,321.52
F341	Dysthymic disorder	7	105	\$7,781.72
F1210	Cannabis abuse, uncomplicated	10	166	\$7,744.55
F1010	Alcohol abuse, uncomplicated	14	162	\$7,444.15
F329	Major depressive disorder, single episode, unspecified	9	63	\$7,376.19
F15259	Other stimulant dependence w stimulant-induced psych disorder, unspec	2	28	\$6,322.34
F332	Major depressive disorder, recurrent severe without psychotic features	19	77	\$6,311.85
F4320	Adjustment disorder, unspecified	7	47	\$5,533.13
F1510	Other stimulant abuse, uncomplicated	12	101	\$5,279.62
F312	Bipolar disorder, current episode manic severe with psychotic features	4	41	\$5,057.52
F902	Attention-deficit hyperactivity disorder, combined type	25	65	\$4,857.06
F4323	Adjustment disorder with mixed anxiety and depressed mood	26	47	\$4,466.55
F1121	Opioid dependence, in remission	4	41	\$4,438.02
F1123	Opioid dependence with withdrawal	11	62	\$4,270.23
F1523	Other stimulant dependence with withdrawal	11	69	\$4,250.34
F4312	Post-traumatic stress disorder, chronic	5	34	\$4,045.88
F11	(Non-Billable Dx) Opioid related disorders	6	147	\$3,989.03
F1320	Sedative, hypnotic or anxiolytic dependence, uncomplicated	3	29	\$3,902.44
F419	Anxiety disorder, unspecified	28	46	\$3,682.17
F250	Schizoaffective disorder, bipolar type	3	43	\$3,670.01
F918	Other conduct disorders	5	34	\$3,619.21
F15959	Other stimulant use, unspec w stimulant-induced psych disorder, unspec	11	60	\$3,617.37
F1521	Other stimulant dependence, in remission	7	41	\$3,384.56
F439	Reaction to severe stress, unspecified	14	39	\$3,352.65
F330	Major depressive disorder, recurrent, mild	33	38	\$3,292.61
F1190	Opioid use, unspecified, uncomplicated	24	29	\$2,940.49



**Substance Abuse Agency Model (SAAM)**  
**Nevada Medicaid Fee for Service Reports**  
**Principal Diagnosis by Patients, Service Count and Net Payment, Quarter 2 CY2021**

Principal Diagnosis Code	Principal Diagnosis Description	QTR 2 CY2021		
		Patients*	Service Count Paid	Net Payment^
F410	Panic disorder [episodic paroxysmal anxiety]	9	30	\$2,774.14
F1124	Opioid dependence with opioid-induced mood disorder	2	27	\$2,762.13
F4325	Adjustment disorder with mixed disturbance of emotions and conduct	11	38	\$2,738.28
F6381	Intermittent explosive disorder	2	21	\$2,611.75
F1021	Alcohol dependence, in remission	6	36	\$2,523.12
F39	Unspecified mood [affective] disorder	4	22	\$2,145.09
F321	Major depressive disorder, single episode, moderate	8	20	\$2,116.00
F12	(Non-Billable Dx) Cannabis related disorders	13	82	\$2,058.28
F840	Autistic disorder	5	22	\$2,039.98
Z719	Counseling, unspecified	17	51	\$1,768.28
F909	Attention-deficit hyperactivity disorder, unspecified type	9	17	\$1,610.24
F0634	Mood disorder due to known physiological condition with mixed features	1	13	\$1,493.06
R69	Illness, unspecified	9	36	\$1,476.74
F1610	Hallucinogen abuse, uncomplicated	1	11	\$1,434.28
F640	Transsexualism	1	13	\$1,405.95
F1924	Other psychoactive subst dependence w psychoactive-induced mood disorder	1	9	\$1,264.05
F10180	Alcohol abuse with alcohol-induced anxiety disorder	2	14	\$1,224.15
F4311	Post-traumatic stress disorder, acute	2	9	\$1,199.45
F4322	Adjustment disorder with anxiety	4	12	\$1,197.06
F251	Schizoaffective disorder, depressive type	2	22	\$1,172.96
F3181	Bipolar II disorder	9	19	\$1,153.37
F3481	Disruptive mood dysregulation disorder	3	14	\$1,095.17
F1110	Opioid abuse, uncomplicated	3	11	\$1,073.66
F3132	Bipolar disorder, current episode depressed, moderate	2	10	\$1,035.43
F913	Oppositional defiant disorder	6	14	\$1,009.54
F11220	Opioid dependence with intoxication, uncomplicated	2	95	\$1,007.05
F3289	Other specified depressive episodes	1	9	\$973.35
F900	Attention-deficit hyperactivity disorder, predominantly inattentive type	4	11	\$944.64
F4321	Adjustment disorder with depressed mood	2	9	\$922.98
F418	Other specified anxiety disorders	2	8	\$896.51
F315	Bipolar disord, current episode depressed, severe, w psychotic features	3	9	\$806.01
F1399	Sed, hypnot or anxio use unspec w unspec sed, hypnot or anxio-ind disord	8	9	\$782.10
F1221	Cannabis dependence, in remission	4	13	\$734.65
F1914	Other psychoactive substance abuse w psychoactive-induced mood disorder	1	5	\$702.25
F060	Psychotic disorder w hallucinations due to known physiological condition	1	12	\$695.34
F1011	Alcohol abuse, in remission	2	18	\$690.82
F339	Major depressive disorder, recurrent, unspecified	2	7	\$667.85
F649	Gender identity disorder, unspecified	3	7	\$663.11
F29	Unspecified psychosis not due to substance or known physio condition	3	7	\$661.88
F11288	Opioid dependence w other opioid-induced disorder	1	2	\$657.36
F1019	Alcohol abuse with unspecified alcohol-induced disorder	1	6	\$648.90
F1513	Other stimulant abuse w withdrawal	1	9	\$585.57

**Substance Abuse Agency Model (SAAM)**  
**Nevada Medicaid Fee for Service Reports**  
**Principal Diagnosis by Patients, Service Count and Net Payment, Quarter 2 CY2021**

Principal Diagnosis Code	Principal Diagnosis Description	QTR 2 CY2021		
		Patients*	Service Count Paid	Net Payment^
F10229	Alcohol dependence with intoxication, unspecified	1	10	\$577.80
F1199	Opioid use, unspecified with unspecified opioid-induced disorder	1	4	\$561.80
Z0389	Encounter for observation for oth suspect disease & conditions ruled out	2	4	\$557.84
F15159	Other stimulant abuse w stimulant-induced psychotic disorder, unspec	1	6	\$545.97
F438	Other reactions to severe stress	2	8	\$543.83
F10230	Alcohol dependence with withdrawal, uncomplicated	3	8	\$530.19
F1911	Other psychoactive substance abuse, in remission	1	7	\$498.04
F19951	Other psychoact subst use, unspec w psychoact subst-ind psych halluc	3	11	\$462.03
F200	Paranoid schizophrenia	1	4	\$432.60
F322	Major depressive disorder, single episode, severe w/o psychotic features	1	9	\$425.25
F1014	Alcohol abuse with alcohol-induced mood disorder	1	3	\$421.35
F1910	Other psychoactive substance abuse, uncomplicated	2	3	\$420.36
F1211	Cannabis abuse, in remission	1	7	\$404.46
F1920	Other psychoactive substance dependence, uncomplicated	3	5	\$402.48
F259	Schizoaffective disorder, unspecified	3	10	\$391.51
F1410	Cocaine abuse, uncomplicated	1	3	\$391.38
F639	Impulse disorder, unspecified	1	5	\$384.15
F901	Attention-deficit hyperactivity disorder, predominantly hyperactive type	3	7	\$375.09
F633	Trichotillomania	1	5	\$369.60
Z0001	Encounter for general adult medical examination with abnormal findings	2	4	\$346.23
F1621	Hallucinogen dependence, in remission	1	7	\$318.56
F111	(Non-Billable Dx) Opioid abuse	2	14	\$297.41
F1111	Opioid abuse, in remission	1	5	\$252.46
F429	Obsessive-compulsive disorder, unspecified	3	4	\$244.72
F919	Conduct disorder, unspecified	1	2	\$216.30
Z630	Problems in relationship with spouse or partner	1	2	\$216.30
F430	Acute stress reaction	2	2	\$158.41
Z038	(Non-Billable Dx) Encounter observ oth suspect dis & cond R/O	1	1	\$139.46
F939	Childhood emotional disorder, unspecified	1	2	\$139.22
F13129	Sedative, hypnotic or anxiolytic abuse with intoxication, unspecified	2	2	\$121.24
F22	Delusional disorders	1	1	\$108.15
F4010	Social phobia, unspecified	1	1	\$108.15
F4324	Adjustment disorder with disturbance of conduct	1	1	\$108.15
T7411XA	Adult physical abuse, confirmed, initial encounter	1	1	\$108.15
Z23	Encounter for immunization	1	1	\$107.77
F320	Major depressive disorder, single episode, mild	2	3	\$107.50
F941	Reactive attachment disorder of childhood	1	2	\$106.68
Q860	Fetal alcohol syndrome (dysmorphic)	1	2	\$106.68
F11222	Opioid dependence with intoxication with perceptual disturbance	1	3	\$105.24
F451	Undifferentiated somatoform disorder	1	3	\$89.55
F3164	Bipolar disorder, current episode mixed, severe, with psychotic features	1	4	\$75.80
Z711	Person with feared health complaint in whom no diagnosis is made	2	3	\$75.75

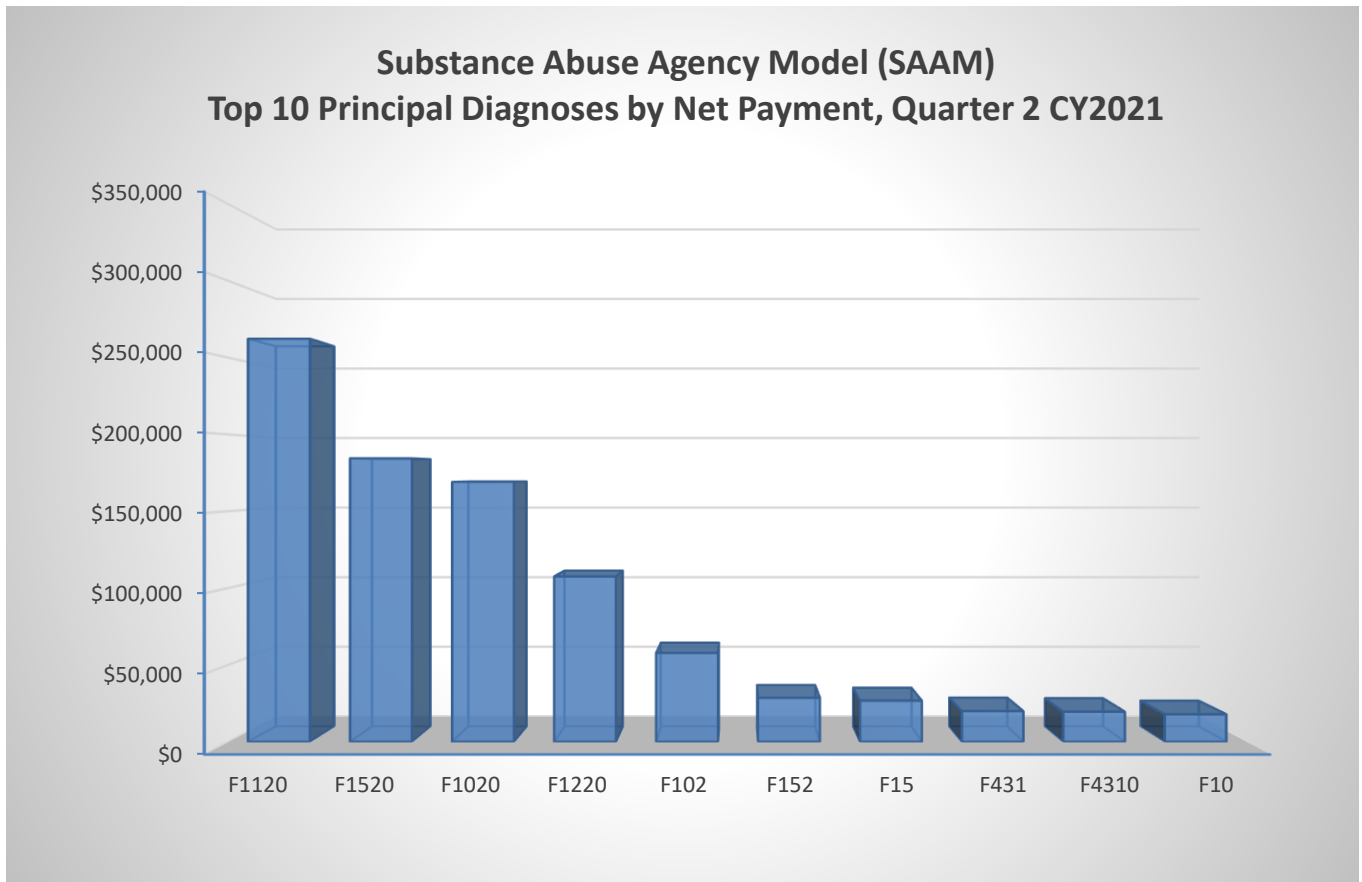
**Substance Abuse Agency Model (SAAM)**  
**Nevada Medicaid Fee for Service Reports**  
**Principal Diagnosis by Patients, Service Count and Net Payment, Quarter 2 CY2021**

Principal Diagnosis Code	Principal Diagnosis Description	QTR 2 CY2021		
		Patients*	Service Count Paid	Net Payment^
F3130	Bipolar disorder, current episode depressed, mild or moderate, unspec	2	4	\$71.06
Z6372	Alcoholism and drug addiction in family	1	1	\$60.62
F1511	Other stimulant abuse, in remission	1	1	\$57.78
F99	Mental disorder, not otherwise specified	1	3	\$43.92
F310	Bipolar disorder, current episode hypomanic	1	2	\$37.90
F314	Bipolar disord, current episode depressed, severe, w/o psychotic feature	1	2	\$37.90
Z3202	Encounter for pregnancy test, result negative	3	3	\$33.71
F4000	Agoraphobia, unspecified	1	2	\$33.16
F5105	Insomnia due to other mental disorder	1	2	\$33.16
F3112	Bipolar disorder, current episode manic w/o psychotic features, moderate	2	2	\$28.42
F0630	Mood disorder due to known physiological condition, unspecified	1	1	\$18.95
F333	Major depressive disorder, recurrent, severe with psychotic symptoms	1	1	\$18.95
F3340	Major depressive disorder, recurrent, in remission, unspecified	1	1	\$18.95
F432	(Non-Billable Dx) Adjustment disorders	1	1	\$18.95
F603	Borderline personality disorder	1	1	\$18.95
G4700	Insomnia, unspecified	1	1	\$18.95
F1999	Other psychoact subst use, unspec w unspec psychoact subst-ind disorder	1	1	\$14.21
F3161	Bipolar disorder, current episode mixed, mild	1	1	\$14.21
G40509	Epileptic seizures related to external causes, not intractable, w/o SE	1	1	\$14.21
Z639	Problem related to primary support group, unspecified	1	1	\$14.21
<b>Aggregate(Provider Type Claim NV Code Values)</b>		<b>1,524</b>	<b>39,559</b>	<b>\$1,173,399.84</b>

\* Patient counts may be duplicated across principal diagnoses.

^ Net Payment is the net amount paid for all claims. It represents the amount after all pricing guidelines have been applied, and all third party, copayment, coinsurance, and deductible amounts have been subtracted.

**Substance Abuse Agency Model (SAAM)**  
**Nevada Medicaid Fee for Service Reports**  
**Principal Diagnosis by Patients, Service Count and Net Payment, Quarter 2 CY2021**



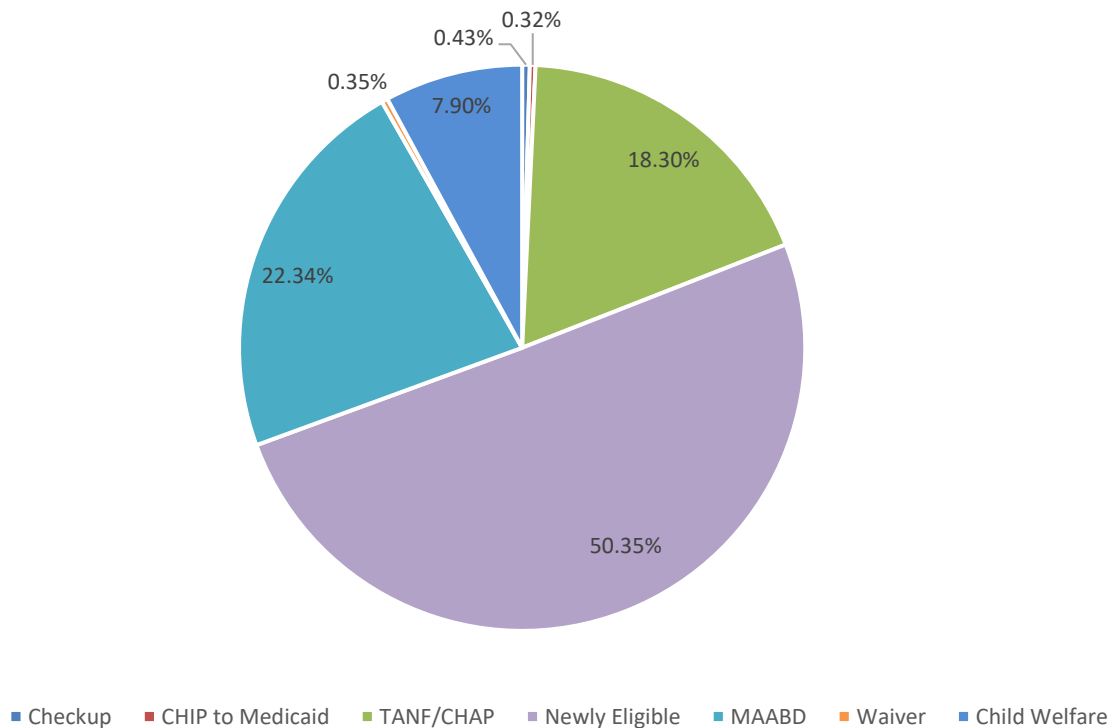
**Substance Abuse Agency Model (SAAM)**  
**Nevada Medicaid Fee for Service Reports**  
**Budget Aid Category by Patients, Service Count and Net Payment, Quarter 2 CY2021**

Aid Category	QTR 2 CY2021			
	Patients*	Service Count Paid	Net Payment^	Net Payment %
Checkup	1	37	\$5,085.98	0.43%
CHIP to Medicaid	4	31	\$3,808.76	0.32%
TANF/CHAP	236	5,750	\$214,749.69	18.30%
Newly Eligible	708	18,063	\$590,769.72	50.35%
MAABD	479	14,584	\$262,188.78	22.34%
Waiver	11	41	\$4,101.22	0.35%
Child Welfare	99	1,053	\$92,695.69	7.90%
<b>Aggregate(Provider Type Claim NV Code Values)</b>	<b>1,524</b>	<b>39,559</b>	<b>\$1,173,399.84</b>	<b>100%</b>

\* Patient counts may be duplicated across programs.

^ Net Payment is the net amount paid for all claims. It represents the amount after all pricing guidelines have been applied, and all third party, copayment, coinsurance, and deductible amounts have been subtracted.

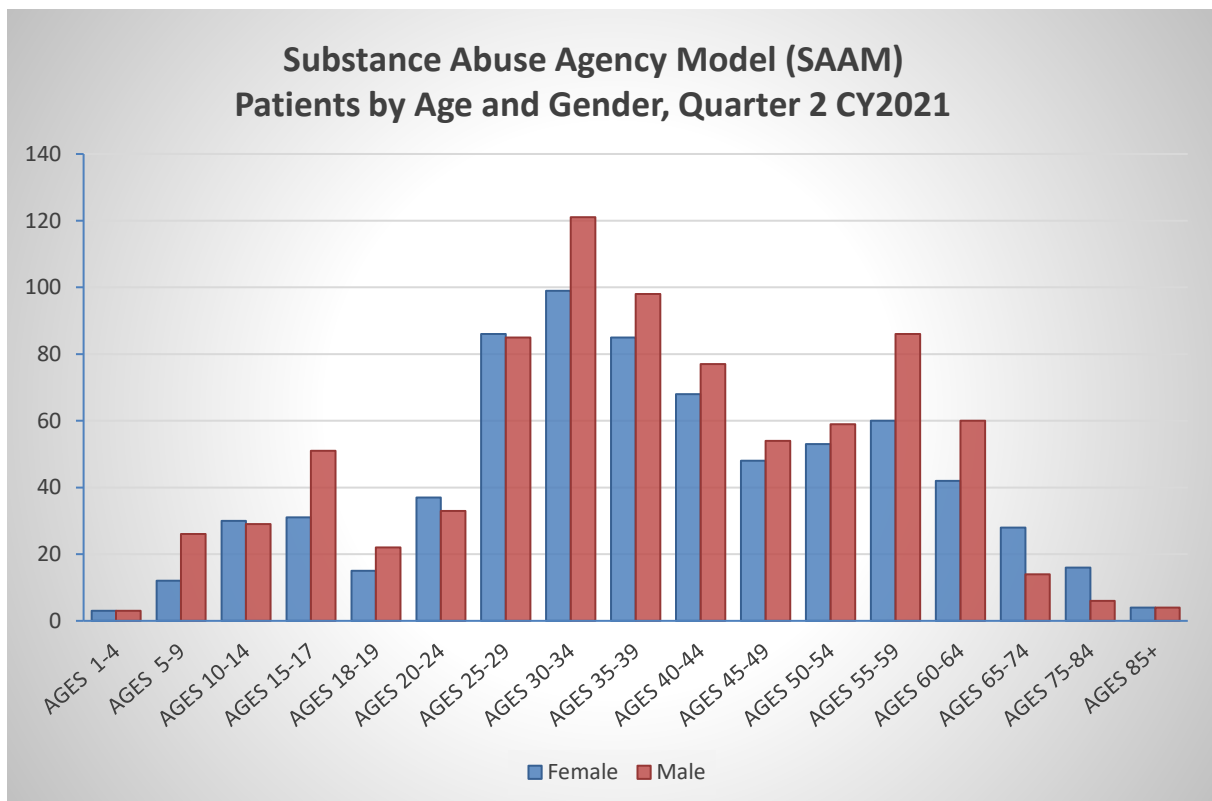
**Substance Abuse Agency Model (SAAM)**  
**Aid Category by Net Payment Percentage, Quarter 2 CY2021**



**Substance Abuse Agency Model (SAAM)**  
**Nevada Medicaid Fee for Service Reports**  
**Demographics, Quarter 2 CY2021**

Patient Age Group*	QTR 2 CY2021	
	Female	Male
Ages 1-4	3	3
Ages 5-9	12	26
Ages 10-14	30	29
Ages 15-17	31	51
Ages 18-19	15	22
Ages 20-24	37	33
Ages 25-29	86	85
Ages 30-34	99	121
Ages 35-39	85	98
Ages 40-44	68	77
Ages 45-49	48	54
Ages 50-54	53	59
Ages 55-59	60	86
Ages 60-64	42	60
Ages 65-74	28	14
Ages 75-84	16	6
Ages 85+	4	4
<b>Aggregate(Provider Type Claim NV Code Values)</b>	<b>708</b>	<b>816</b>

\* A small amount of patients will change ages during the quarter, and therefore fall into more than one age group.



Department of Health and Human Services  
Office of Analytics

<b>Substance Abuse Agency Model (SAAM)</b>	
<b>Nevada Medicaid Fee for Service Reports</b>	
<u><b>Dimension/Measure</b></u>	<u><b>Definition</b></u>
Aid Category	Nevada - specific description for the local aid category.
Claims Denied	The number of claims denied based on the count of unique claim numbers. Adjustments and voids are excluded. Claims are counted at the document or header level, not at the service level.
Claims Paid	The number of claims paid based on the count of unique claim numbers. Adjustments and voids are excluded. Claims are counted at the document or header level, not at the service level.
Diagnosis Principal	The principal diagnosis description for a service, claim, or lab result.
Edit Error 1	The description for Edit Error.
Net Payment	The net amount paid for all claims. It represents the amount after all pricing guidelines have been applied, and all third party, copayment, coinsurance, and deductible amounts have been subtracted.
Patients	The unique count of members who received facility, professional, or pharmacy services.
Procedure Code	The procedure code for the service record.
Provider County	The current county description of the provider of service.
Provider Specialty Claim NV Code	The Nevada specific code for the servicing provider specialty reported on the claim.
Provider Type Claim NV Code	The Nevada specific code for the servicing provider type on the claim record.
Providers	The unique count of providers who performed any facility, professional, or pharmacy services.
Providers Enrolled	The unique count of providers who are enrolled to provide services under the plan. This includes all providers authorized to provide services even if they have not provided services to any patients. The enrolled provider measures differ from the other provider measures in that those measures only include providers who have submitted claims for facility, professional, or pharmacy services under the plan.
Service Count Paid	The sum of the units paid across professional and facility claims.
<p><i>The DHCFP data warehouse is comprised of claims data submitted by over 35,000 Medicaid providers from within Nevada and across the country. While DHCFP staff conscientiously make their best efforts to validate this data through continuous provider education and the use of a highly experienced audit staff, the Division heavily relies on its providers to submit accurate and complete information on our Medicaid patients. It should therefore be understood by the users of DHCFP reports on disease morbidity and patient health that the data source for these reports is based solely on patient claims data and may not be a complete and comprehensive health record.</i></p>	