

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: NEVADA

Attachment 4.19-B  
Page 3b

Other rehabilitative services: PROVIDED WITH LIMITATIONS:

1. Non-Residential Mental Health Rehabilitative Services

A. Reimbursement Methodology for Non-Residential Mental Health Rehabilitation Services provided by a state or local government entity:

Non-residential mental health rehabilitation services:

Examination, Psychiatric Diagnostic Interview – 1 unit per 75 to 80 minutes

Examination, Interactive Psychiatric Diagnostic Interview – 1 unit per 75 to 80 minutes

Individual Psychotherapy – 1 unit per 20 to 30 minutes; or 1 unit per 45 to 50 minutes; or 1 unit per 75 to 80 minutes

Psychoanalysis – 1 unit per 60 minutes

Family Psychotherapy – 1 unit per 60 minutes

Group Psychotherapy – 1 unit per 90 minutes; or 1 unit per 120 minutes

~~Individual Psychophysiological Therapy – 1 unit per 20 to 30 minutes; or 1 unit per 45 to 50 minutes~~

~~Biofeedback – 1 unit per 20 to 30 minutes; or one unit per 40 to 50 minutes~~

Psychological Testing – 1 unit per 60 minutes

Developmental Testing – 1 unit per 60 minutes

Examination, Neurobehavioral Status – 1 unit per 60 minutes

Neuropsychological Testing – 1 unit per 60 minutes

Assessment, Health and Behavior – 1 unit per 15 minutes

Intervention, Health and Behavior – 1 unit per 15 minutes

Evaluation and Management – 1 unit per 10 minutes; or 1 unit per 15 minutes; or 1 unit per 25 minutes; or 1 unit per 40 minutes

Screening, Behavioral Health – 1 unit per 15 minutes

Out of Office Therapy – 1 unit per 15 minutes

Out of Office Assessment – 1 unit per 90 minutes

Medication training and support, out of office – 1 unit per 15 minutes

Medication training and support, in office – 1 unit per 15 minutes

Peer to Peer support, individual – 1 unit per 15 minutes

Crisis Intervention, telephonic, face to face, team – 1 unit per 15 minutes

Day treatment – 1 unit per 15 minutes

Basic Skills Training, individual or group – 1 unit per 15 minutes

Psychosocial rehabilitation, individual or group – 1 unit per 15 minutes

Partial Hospitalization – 1 unit per 60 minutes

Intensive Outpatient Program – per diem

Not all of the above unit values are billing units, for those codes that have a unit of measure defined as an “encounter” in the current Procedural Coding Expert, the values listed are time comparables for rate development.

FIN REF: Attachment 3.1-A, Page 6b.1 – 6b.3

TN No.: ~~19-00421-0009~~

Approval Date: ~~February 18, 2020~~

Effective Date: ~~April July 1, 20192021~~

Supersedes

TN No.: ~~07-00919-004~~