



Special Clinics: Substance Abuse Agency Model (SAAM)

State policy

The Medicaid Services Manual (MSM) is on the DHCFP website at <http://dhcftp.nv.gov> (click “Medicaid Manuals” on the DHCFP Index at left, then select “NV Medicaid Services Manual”).

- [MSM Chapter 400 \(Attachment B\)](#) – Substance Abuse Services: covers policy for Substance Abuse [Agency](#) Model (SAAM) (pertains only to PT 17 Specialty 215)
- [MSM Chapter 400 \(Attachment C\) – Substance Abuse Services: covers limitations for SAAM \(pertains only to PT 17 Specialty 215\)](#)
- [MSM Chapter 100](#) – Medicaid Program: contains important information applicable to all provider types.

Rates

Rates information is on the DHCFP website on the [Rates Unit](#) webpage. Rates are available on the Provider Web Portal at www.medicaid.nv.gov through the Search Fee Schedule function, which can be accessed on the [Provider Login \(EVS\)](#) webpage under Resources (you do not need to log in).

Authorization Requirements

~~Authorization is required for most substance abuse services, including those referred through the Early Periodic Screening, Diagnostic and Treatment (EPSDT) program.~~ Use the Authorization Criteria search function in the Provider Web Portal at www.medicaid.nv.gov, and refer to MSM Chapter 400 Attachment [CB](#) to verify which services require authorization.

Authorization Criteria can be accessed on the [Provider Login \(EVS\)](#) webpage under Resources (you do not need to log in). For questions regarding authorization, call Nevada Medicaid (800) 525-2395 or refer to MSM Chapter 400 Attachment [CB](#). Prior authorization may be requested through the Nevada Medicaid website, www.medicaid.nv.gov.

- FA-11D Substance Abuse/ Behavioral Health Authorization Request

Incomplete requests may be pended for additional information. Provider submitting request has five business days from the date that the information is requested to resubmit complete or corrected information, or a technical denial will be issued.

Authorization does not guarantee payment of a claim. Payment is contingent upon eligibility, available benefits, contractual terms, limitations, exclusions, coordination of benefits and other terms and conditions set forth by the benefit program.

Request timelines

- **Initial requests services:** It is recommended that the request be submitted 5-15 business days before the anticipated start date of service; however, submit no more than 15 business days *before* and no more than 15 calendar days *after* the start date of service.
- **Continued service requests:** If the recipient requires additional services or dates of service (DOS) beyond the last authorized date, you may request review for continued service(s) prior to the last authorized date. The request must be received by Nevada Medicaid by the last authorized date and it is recommended these be submitted 5 to 15 days prior to the last authorized date.
- **Unscheduled revisions:** Submit whenever a significant change in the recipient’s condition warrants a change to previously authorized services and provide additional clinical information to document the need for the additional requested units/services. Must be submitted during an existing authorization period and prior to revised units/services being rendered. The number of requested units should be appropriate for the remaining time in the existing authorization period. Note that the earliest start date may be date of submission of request and end date remains the same as previously authorized services.
- **Retrospective request:** Submit no later than 90 days from the recipient’s Date of Decision (i.e., the date the recipient was determined eligible for Medicaid benefits). All authorization requirements apply to requests that are submitted retrospectively.

Claim instructions

Use Direct Data Entry (DDE) or the 837P electronic transaction to submit claims to Nevada Medicaid. See [Electronic](#)

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Provider Type 17 Specialty 215 Billing Guide

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[Verification System \(EVS\) Chapter 3 Claims](#) located on the EVS User Manual webpage and the 837P Companion Guide located on the [Electronic Claims/EDI](#) webpage for billing instructions.

Covered services

The following table lists covered codes, code descriptions and billing information as needed. For coverage and limitations, refer to MSM Chapter 400.

The “X” indicates the treatment levels for which each code may be billed. ~~Rehabilitation services are not a covered service under provider type 17 and may not be requested for review. Licensed Clinical Alcohol and Drug Counselors (LCADC), Licensed Alcohol and Drug Counselors (LADC), and Certified Alcohol Drug Counselors (CADC) may provide services under HCPCS codes that are appropriate within their scope of practice, under HCPCS codes.~~

Code	Description	Level 0.5	Level 1	Level 2.1	Level 2.5	Level 3
	Behavior Change Intervention & Counseling Risk Factors	Early Intervention/Prevention	Outpatient Services	Intensive Outpatient Program (IOP)	Partial Hospitalization Program (PHP)	Outpatient Services provided in a Licensed Level 3 environment
99401	Preventive med counseling	X	X			X
99406	Smoking and tobacco cessation counseling	X	X			X
99407	Smoking and tobacco cessation counseling	X	X			X
99408	Alcohol and/or substance abuse screening	X	X			X
99409	Alcohol and/or substance abuse screening	X	X			X
	HCPCS	Prevention	Outpatient	IOP	PHP	Residential
H0001	Alcohol and/or drug assessment (1 unit per assessment at least 30 minutes)	X	X	X		X
H0002	Behavioral health screening to determine eligibility for admission to treatment program (1 unit per assessment at least 30 minutes)	X	X	X		X
H0005	Alcohol and/or drug services; group counseling by a clinician (1 unit per group at least 30 minutes)		X			X
H0007	Alcohol and/or drug services; crisis intervention (outpatient) (for substance use only)		X			X
H0015	Alcohol and/or drug services; intensive outpatient program (3 hours per day at least 3 days per week) (1 unit equals 1 day/visit)			X		

Code	Description	Level 0.5	Level 1	Level 2.1	Level 2.5	Level 3
H0020	Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program)		X			X
H0034	Medication training and support; per 15 minutes		X			X
H0035	Mental health partial hospitalization, treatment less than 24 hours (1 unit equals 1 day) Limitation: 1 unit per day, per recipient				X	
H0038	Self-help/peer service; per 15 minutes Use modifier HQ when requesting/billing for a group setting		X			X
H0047	Alcohol and/or drug services; (State defined: individual counseling by a clinician). (1 unit per session at least 30 minutes)		X			X
H0049	Alcohol/drug screening (1 unit per screening)	X	X	X		X
H2011	<u>Crisis intervention service; per 15 minutes (outpatient) (for co-occurring and mental health only)</u> <u>Use modifier GT when requesting/billing for telephonic services</u> <u>Use modifier HT when requesting/billing for team services)</u>		X			X
	Interactive Complexity & Psychiatric Diagnostic Procedures	Prevention	Outpatient	IOP	PHP	Residential
90785	Interactive Complexity		X			X
90791	Psychiatric diagnostic evaluation		X			X
90792	Psychiatric diagnostic evaluation with medical services		X			X

Code	Description	Level 0.5	Level 1	Level 2.1	Level 2.5	Level 3
	Psychotherapy	Prevention	Outpatient	IOP	PHP	Residential
90832	Psychotherapy, 30 mins , with pt and/or family member		X			X
90834	Psychotherapy, 45 mins , with pt and/or family member		X			X
90837	Psychotherapy, 60 mins , with pt and/or family member		X			X
90846	Family psychotherapy (without the patient present)		X			X
90847	Family psychotherapy (conjoint therapy) (with patient present)		X			X
90849	Multiple-family group psychotherapy		X			X
90853	Group psychotherapy (other than of a multiple-family group)		X			X
	Psychotherapy for Crisis	Prevention	Outpatient	IOP	PHP	Residential
90839	Psychotherapy for Crisis first 60 mins		X			X
90840	Psychotherapy for Crisis each additional 30 mins		X			X
	Evaluation & Management <i>E&M codes are to be performed by physicians, nurse practitioners and physician assistants</i>	Prevention	Outpatient	IOP	PHP	Residential

90833	Psychotherapy, 30 mins , with pt and/or family member when performed with an E/M service.		X			X
90836	Psychotherapy, 45 mins , with pt and/or family member when performed with an E/M service.		X			X
Code	Description	Level 0.5	Level 1	Level 2.1	Level 2.5	Level 3
90838	Psychotherapy, 60 mins , with pt and/or family member when performed with an E/M service.		X			X
99201	Office or other outpatient visit for the E/M of a NEW PT , which requires 3 components: a problem focused history, a problem focused exam, and straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. 10 mins face-to-face.		X			X
99202	Office or other outpatient visit for the E/M of a NEW PT , which requires 3 components: a problem focused history, a problem focused exam, and straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity . 20 mins face-to-face.		X			X

99203	Office or other outpatient visit for the E/M of a NEW PT, which requires 3 components: a problem focused history, a problem focused exam, and medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity . 30 mins face-to-face.		X			X
Code	Description	Level 0.5	Level 1	Level 2.1	Level 2.5	Level 3
99204	Office or other outpatient visit for the E/M of a NEW PT, which requires 3 components: a problem focused history, a problem focused exam, and medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity . 45 mins face-to-face.		X			X
99205	Office or other outpatient visit for the E/M of a NEW PT, which requires 3 components: a problem focused history, a problem focused examination, and medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity . 60 mins face-to-face.		X			X

99211	Office or other outpatient visit for the E/M of an ESTABLISHED patient, that may not require the presence of a physician or other qualified healthcare professional. Usually, the presenting problems are minimal. Typically, 5 minutes are spent performing or supervising these services.		X			X
99212	Office or other outpatient visit for the E/M of an ESTABLISHED patient, which requires at least 2 of these 3 key components: a problem focused history, a problem focused examination, and straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the patient's problem(s) and/or family's needs. Usually, problem(s) are self-limited or minor . Typically, 10 minutes face-to-face.		X			X
Code	Description	Level 0.5	Level 1	Level 2.1	Level 2.5	Level 3
99213	Office or other outpatient visit for the E/M of an ESTABLISHED patient, which requires at least 2 of these 3 key components: a problem focused history, a problem focused examination, and medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the patient's problem(s) and/or family's needs. Usually, problem(s) are low to moderate severity . Typically, 15 minutes face-to-face.		X			X

99214	Office or other outpatient visit for the E/M of an ESTABLISHED patient, which requires at least 2 of these 3 key components: a problem focused history, a problem focused examination, and medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the patient's problem(s) and/or family's needs. Usually, problem(s) are of moderate to high severity . Typically, 25 minutes face-to-face.		X			X
99215	Office or other outpatient visit for the E/M of an ESTABLISHED patient, which requires at least 2 of these 3 key components: a problem focused history, a problem focused examination, and medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the patient's problem(s) and/or family's needs. Usually, problem(s) are of moderate to high severity . Typically, 40 minutes face-to-face.		X			X
Code	Description	Level 0.5	Level 1	Level 2.1	Level 2.5	Level 3

99218	Initial Observation Care, per day, for the E/M of a patient which requires these 3 key components: a detailed or comprehensive history, a detailed or comprehensive examination, and medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's or family's needs. Usually, the problem(s) requiring admission to "observation status" are of low severity . Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.		X			X
99219	Initial Observation Care, per day, for the E/M of a patient which requires these 3 key components: a detailed or comprehensive history, a detailed or comprehensive examination, and medical decision making moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's or family's needs. Usually, the problem(s) requiring admission to "observation status" are of moderate severity . Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.		X			X
99220	Initial Observation Care, per day, for the E/M of a patient which requires these 3 key components: a detailed or comprehensive history, a detailed or comprehensive examination, and medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's or family's needs. Usually, the problem(s) requiring admission to "observation status" are of high severity . Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit.		X			X