

Joe Lombardo
Governor



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Director

AB 138-Behavioral Health Integration Services

Division of Health Care Financing and Policy

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Department of Health and Human Services

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Agenda

1. MSM 600-Physician Services
 - Proposed policy outlining Behavioral Health Integration Services

2. SPA-Attachment 3.1-A (Coverage)
 - Proposed updates to coverage for Physicians, Physician's Assistants, and Advanced Practice Registered Nurses.

3. SPA-Attachment 4.19-B (Rates)
 - Proposed updates to incorporated Behavioral Health Integration Codes and associated rates



AB 138: MSM 600-Physician Services

DESCRIPTION

- For Nevada Medicaid Recipients
- Utilizing the Collaborative Care Model
- Primary Care Provider identifies Behavioral Health Needs
- Care Management and Psychiatric Consultation (Integrated w/ PCP Services)
- Episode Range (Up to 3-12 months in duration)
- Episode Ends- Goals Met; Referral for Psychiatric Care, Break in Episode



AB 138: MSM 600-Physician Services

PROVIDER QUALIFICATIONS

Team Must Include:

1. Treating Practitioner (Billing Provider)

- Physician, Advanced Practice Registered Nurse (APRN), Certified Midwife, or Physician's Assistant
- Primary care or specialty care providers
- Enrolled in NV Medicaid

2. Behavioral Care Manager

- Bachelor's Degree (Human Service-Related)
- Supervised experience in the behavioral health field
- Minimum meet QMHA Qualifications (MSM 400)

3. Consulting Psychiatrist

- Licensed psychiatrist, psychiatric advanced practice nurse, or psychiatric-certified physician assistant
- Enrolled in NV Medicaid



AB 138: MSM 600-Physician Services

ELIGIBILITY

To Qualify:

1. Any Age
2. Mental, Behavioral Health, or Psychiatric Condition
3. Working with Treating Practitioner
4. Treat Practitioner recommends integrating behavioral health services



AB 138: MSM 600-Physician Services

PRIOR AUTHORIZATION

CODES	DESCRIPTION	FEE SCHEDULE
99492	Initial psychiatric collaborative care management, first 70 minutes in the first calendar month of behavioral health care manager activities	\$107.30
99493	Subsequent psychiatric collaborative care management, first 60 minutes in a subsequent month of behavioral health care manager activities	\$85.93
99494	Initial or subsequent psychiatric collaborative care management, each additional 30 minutes in a calendar month of behavioral health care manager activities.	\$44.39
G2214	Initial or subsequent psychiatric collaborative care management, first 30 minutes in a month of behavioral health care manager activities	\$42.09



AB 138: MSM 600-Physician Services

COVERAGE AND LIMITATIONS

1. Patient Outreach and Engagement
2. Initial Patient Assessment
3. Psychiatric Consultant review/ modifications of plan
4. Patient Tracking and Progress Monitoring
5. Brief Interventions using Evidence Based Techniques

Non-Covered

- Administrative or Clerical Staff Time



AB 138: SPA-Attachment 3.1-A (Coverage)

21-3a

5a: Physician Services

- 5.a. Physician Services are only covered when deemed medically necessary. Cosmetic surgery that does not meaningfully promote the proper function of the body; does not prevent or treat illness or disease and is primarily directed at improving the appearance of a person is not covered.

Behavioral Health Integration Services:

Effective July 31, 2024, physician services will include Collaborative Care Model (CoCM) services provided to Medicaid eligible recipients who have been identified as having a behavioral health need. Services integrate care management support for the recipient and regular psychiatric inter-specialty consultation with the primary care team. The recipient's condition(s) could be pre-existing or diagnosed by the treating practitioner. Members may have comorbid, chronic, or other medical conditions that are being managed by the treating practitioner.

Physician services must be provided by a qualified physician who meets the requirements of, and in accordance with, 42 CFR §440.50 and other applicable state and federal law or regulation.



AB 138: SPA-Attachment 3.1-A (Coverage)

2I-3a

6d: Other Practitioner Services

1. Physician Services
2. Advanced Practice Registered Nurses

Example:

6.d. Other practitioner services

Services of a licensed Physician Assistant within their scope of practice according to state law.

- Physician Assistants assume professional liability for services furnished by a certified community health worker effective February 1, 2022.
- Effective July 31, 2024, Physician Assistants will be included as approved providers in the Collaborative Care Model (CoCM) services provided to Medicaid eligible recipients.



AB 138: SPA-Attachment 4.19-B (Rates)

4.19-B (1c)

Evaluation and Management Codes 99201 – 99499 will be reimbursed at 99.75% of the Medicare non-facility rate.

1. Effective for dates of service on or after July 31, 2024, the rates for these codes will be:
 - i. Code 99492; \$107.30
 - ii. Code 99493; \$85.93
 - iii. Code 99494; \$44.39
 - iv. Code G2214; \$42.09



Questions?



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