

Provider Bulletin

Molina Healthcare of Nevada

December 2024

RE: Behavioral Health Integration Codes Open for Billing – Provider Types 20, 24, 74, 77

Dear Providers,

Molina Healthcare of Nevada supports efforts to expand access to behavioral health care by integrating behavioral health into primary settings.

The Division of Health Care Financing and Policy (DHCFP) has published Nevada Medicaid Web Announcements 3493 and 3496, which inform providers of the approved behavioral health integration codes to be used for dates of service on or after July 31, 2024. These web announcements are attached to this bulletin.

Molina will automatically reprocess all denied claims containing service dates and procedure codes meeting this criterion. Please allow 60-90 days for processing and payment.

Questions?

We are here to help. Contact your Provider Relations Representative or email the Provider Relations team at NVProviderRelations@MolinaHealthcare.com.

To learn more about provider updates, visit MolinaHealthcare.com/NV.

Thank you for your continued partnership.

Sincerely,

Molina Healthcare of Nevada Provider Relations



December 4, 2024

Nevada Medicaid Web Announcement 3493

Attention Provider Types 20 (Physician, M.D., Osteopath, D.O.), 24 (Advanced Practice Registered Nurses) and 77 (Physician's Assistant):

Procedure Code 90846 Open for Billing

Effective for claims with dates of service on or after December 2, 2024, psychotherapy procedure code 90846 (Family psychotherapy without patient present, 50 min) may be billed by provider types (PT) 20 (Physician M.D., Osteopath, D.O.), 24 (Advanced Registered Nurses) and 77 (Physician's Assistant).

No claims will be reprocessed automatically as this is a go-forward change.



December 5, 2024

Nevada Medicaid Web Announcement 3496

Attention Provider Types 20 (Physician, M.D., Osteopath, D.O.), 24 (Advanced Practice Registered Nurse), 74 (Nurse Midwife) and 77 (Physician's Assistant):

Behavioral Health Integration Codes Open for Billing

During the 82nd Nevada Legislative Session (2023), Assembly Bill (AB) 138 was passed, which requires the Division of Health Care Financing and Policy (DHCFP) to reimburse for behavioral health integration services. This will support the expansion of behavioral health access by integrating behavioral health into primary care settings.

Effective for claims with dates of service on or after July 31, 2024, the following provider types (PT) can bill the approved behavioral health integration codes utilizing the Collaborative Care Model:

- 20 (Physician, M.D., Osteopath, D.O.)
- 24 (Advanced Practice Registered Nurse)
- 74 (Nurse Midwife)
- 77 (Physician's Assistant)

The approved codes are:

- 99492 (Initial Psychiatric Collaborative Care Management, first 70 minutes in the first calendar month)
- 99493 (Subsequent Psychiatric Collaborative Care Management, first 60 minutes in a subsequent month)
- 99494 (Add-on code) (Initial or Subsequent Psychiatric Collaborative Care Management, each additional 30 minutes in a calendar month)
- G2214 (Initial or Subsequent Psychiatric Collaborative Care Management, first 30 minutes in a month)

Any claims submitted by PT 20, 24, 74 or 77 for the above procedure codes with dates of service on or after July 31, 2024, that denied with error code 4801 (No billing rule for procedure) will be reprocessed automatically. Results of the reprocessed claims will appear on a future remittance advice.

When claims are reprocessed, please be aware that all system and clinical claim editor edits are applicable. As a result, there may be no additional payment, and other claim denials may be received. Providers have the right to appeal denied claims, including those denied upon reprocessing. Please refer to [Medicaid Services Manual Chapter 100](#) and the [Billing Manual](#) for information concerning the claim appeal process and time frames.