

STEVE SISOLAK
Governor



JULIE KOTCHEVAR, Ph.D.
Administrator

RICHARD WHITLEY, MS
Director


IHSAN AZZAM, M.D.
Chief Medical Officer

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
4150 Technology Way
Carson City, Nevada 89706
Telephone (775) 684-4200 • Fax (775) 687-7570
<http://dpbh.nv.gov>

MEMORANDUM

DATE: February 8, 2019

TO: Subrecipients, Contractors, County Officials, and State Agencies

FROM: Brook Adie, Bureau Chief 
Behavioral Health Wellness and Prevention

RE: Fee-For-Service Rate Schedule

During the last State Fiscal Year (SFY) 2018 (July 1, 2017 through June 30, 2018), the Bureau of Behavioral Health Wellness and Prevention (BBHWP) conducted monitors pursuant to Title 2 of the Code of Federal Regulations (CFR) section 200.331. During these monitors, BBHWP staff determined that there were various Fee-For-Service Rate Schedules distributed by BBHWP to treatment subrecipients. In these cases, the monitor findings related to this matter were issued to BBHWP via a corrective action plan. In an effort to be transparent and rectify this issue, please use the attached Fee-For-Service Rate Schedule for any Fee-For-Service BBHWP reimbursements. The attached rate schedule went into effect June 8, 2018. These rates will remain in effect until an official revised memorandum is released by BBHWP. Please review the attached rate schedule and compare it to your agency's SFY 2019 (July 1, 2018 through June 30, 2019) reimbursements to ensure that accurate rate schedule is being utilized. If your agency has determined that it used the incorrect rate schedule, please notify your designated analyst for more information. BBHWP will review this information and may require a final true-up reimbursement request for SFY 2019 subgrants. Failure to comply with this memorandum may result in a corrective action plan and the reimbursement of unallowable costs in future BBHWP monitors. BBHWP apologizes for any inconvenience this may have caused.

**Division of Public and Behavioral Health
Behavioral Health Wellness, Prevention and Treatment Program
Approved Rates List (Updated 06/08/2018)**

Code	Service Code Description	SAPTA Rate	Billable Service Levels														
			Level 0.5: Early Intervention	Level 1: Outpatient Services	Level 2.1: Intensive Outpatient Services	Level 2.5: Partial Hospitalization Services Level 3.1: CM Low-I Residential Services	Level 1-WM: Ambulatory WM	Level 3.2-WM: CM Residential WM	Level 3.5: CM Med-I Residential Services	Level 3.7: MM High-I Inpatient Services	Level 3.7-WM: MM Inpatient WM	OBOT/Level 1 Outpatient	OBOT / Level 2.1: IOP Services	Opitoid Treatment Services (Includes Level 1 OP and Level 1-WM)	Integrated Opioid Treatment & Recovery Center	Transitional Housing*	
99401	Preventive med counseling	\$ 38.27	X	X			X										
99406	Smoking and tobacco cessation counseling (3-10 Minutes)	\$ 13.59	X	X			X										
99407	Smoking and tobacco cessation counseling (>10 Minutes)	\$ 26.53	X	X			X										
99408	Alcohol and/or substance abuse screening (15-30 Minutes)	\$ 33.95	X	X			X										
99409	Alcohol and/or substance abuse screening (>30 Minutes)	\$ 66.14	X	X			X										
H0001	Alcohol and/or drug assessment (1 unit per assessment at least 30 minutes) * If a CADC-I completes the assessment, it will not be counted completed until it has been reviewed and approved by the clinical supervisor	\$ 152.15	X	X	X	X	X					X					
H0002	Behavioral health screening to determine eligibility for admission to treatment program (1 unit per assessment at least 30 minutes)	\$ 33.57	X	X	X	X	X					X					
H0005	Alcohol and/or drug services; group counseling by a clinician (1 unit per group at least 30 minutes)	\$ 32.57		X	X	X	X					X		X		X	
H0007	Alcohol and/or drug services; crisis intervention (outpatient)	\$ 23.69		X	X	X	X					X		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)	\$ 153.23			X	X	X					X					
H0020	Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program)	\$ 4.30		X	X	X	X					X		X		X	
H0034	Medication training and support: per 15 minutes	\$ 18.53		X	X	X	X					X		X		X	
H0035	Mental health partial hospitalization, treatment less than 24 hours (1 unit equals 60 minutes)	\$ 59.76		X	X	X	X					X		X		X	
H0038	Self-help/peer service: per 15 minutes	\$ 8.60		X	X	X	X					X		X		X	
H0038	Self-help/peer service; per 15 minutes; Use modifier HQ when requesting/billing for a group setting	\$ 1.72		X	X	X	X					X		X		X	
H0047	Alcohol and/or drug services; (State defined: Individual counseling by a clinician). (1 unit per session at least 30 minutes)	\$ 63.04		X	X	X	X					X		X		X	
H0049	Alcohol/drug screening (1 unit per screening)	\$ 10.64	X	X	X	X	X					X	X	X		X	
90785	Interactive Complexity	\$ 4.80		X	X	X	X					X		X		X	
90791	Psychiatric diagnostic evaluation	\$ 152.15		X	X	X	X					X		X		X	
90792	Psychiatric diagnostic evaluation with medical services	\$ 124.11		X	X	X	X					X		X		X	
90832	Psychotherapy, 30 mins, with pt and/or family member	\$ 63.04		X	X	X	X					X		X		X	
90834	Psychotherapy, 45 mins, with pt and/or family member	\$ 80.65		X	X	X	X					X		X		X	
90837	Psychotherapy, 60 mins, with pt and/or family member	\$ 117.99		X	X	X	X					X		X		X	
90846	Family psychotherapy (without the patient present)	\$ 88.83		X	X	X	X					X		X		X	
90847	Family psychotherapy (conjoint therapy) (with patient present)	\$ 106.75		X	X	X	X					X		X		X	
90849	Multiple-family group psychotherapy	\$ 31.13		X	X	X	X					X		X		X	
90853	Group psychotherapy (other than of a multiple-family group)	\$ 32.57		X	X	X	X					X		X		X	
90839	Psychotherapy for Crisis first 60 mins	\$ 122.80		X	X	X	X					X		X		X	
90840	Psychotherapy for Crisis each additional 30 mins	\$ 61.39		X	X	X	X					X		X		X	
90833	Psychotherapy, 30 mins, with pt and/or family member when performed with an E/M service.	\$ 41.52		X	X	X	X					X		X		X	
90836	Psychotherapy, 45 mins, with pt and/or family member when performed with an E/M service.	\$ 67.34		X	X	X	X					X		X		X	
90838	Psychotherapy, 60 mins, with pt and/or family member when performed with an E/M service.	\$ 108.54		X	X	X	X					X		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.	\$ 32.23		X	X	X	X					X		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.	\$ 58.41		X	X	X	X					X		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.	\$ 87.62		X	X	X	X					X		X		X	
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.	\$ 124.21		X	X	X	X					X		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.	\$ 125.05		X	X	X	X					X		X		X	

