



# Updated Nevada Medicaid Informational Bulletin on Medications and Services for Substance Use Disorders

*This bulletin is informational only and does not supersede any policy or information documented in the Fee-for-Service (FFS) or Managed Care Organization (MCO) policy and billing manuals.*

## **Nevada Medicaid consists of four different health care plans:**

1. Fee-for-Service (FFS)
2. Anthem Blue Cross and Blue Shield Healthcare Solutions (ANT) (MCO)
3. Health Plan of Nevada (HPN) (MCO)
4. SilverSummit Healthplan (SSH) (MCO)
5. Molina Healthcare of Nevada (Molina) (MCO)

Before providing any services to a Medicaid recipient, it is important to verify in which plan the recipient is enrolled, and that the recipient is currently eligible. Both eligibility status and plan enrollment are subject to change.

All pharmacies and servicing providers must be actively enrolled in the FFS system even if they do not intend to see FFS recipients. They must also enroll with each MCO for whose recipients they wish to provide services. The same rules apply to medical prescribers, except that they may complete an abbreviated enrollment as an Ordering/Prescribing/Referring (OPR) provider if they do not wish to bill for any services themselves.

## **Medicaid Covered Outpatient Drugs used for Opioid Addiction**

*These drugs may be subject to prior authorization (PA) approval and/or quantity limits (QL) and Preferred Drug List(PDL) status. \*Note: PDL is subject to change. Refer to the links below for the most current PDL Information.*

- Refer to the Medicaid Services Manual (MSM) Chapter 1200, Prescribed Drugs, for more FFS information:  
<http://dhcfp.nv.gov/Resources/AdminSupport/Manuals/MSM/C1200/Chapter1200/>
- Nevada Medicaid and Nevada Check Up PDL:
- <https://nv.primetherapeutics.com/provider/documents> Refer to the following website for more Anthem information:  
<https://mediproviders.anthem.com/nv/pages/formulary.aspx>
- Refer to the following website for more HPN information:  
<https://www.myhpnmedicaid.com/Provider>
- Refer to the following website for more SSH information:  
[https://www.silversummithealthplan.com/content/dam/centene/Nevada/Medicaid/PDFs/NV\\_SilverSummit-PDL.pdf](https://www.silversummithealthplan.com/content/dam/centene/Nevada/Medicaid/PDFs/NV_SilverSummit-PDL.pdf)
- Refer to the following website for more Molina information:  
[https://fm.formularynavigator.com/FBO/247/Medicaid\\_PDF\\_NV.pdf](https://fm.formularynavigator.com/FBO/247/Medicaid_PDF_NV.pdf)

Drug	FFS	HPN	ANT	SSH	MOLINA
<b>Drugs Used for Counteracting Opioid Overdose:</b>					
Naloxone (Narcan®)	X	X (QL <sup>+</sup> )	X (QL <sup>+</sup> )	X (QL <sup>+</sup> )	X (QL <sup>+</sup> )
Naloxone Nasal Spray (Narcan®)	X	X	X (QL <sup>+</sup> )	X	x
<b>Drugs Used for Treating Opioid Dependence:</b>					
Naltrexone ER Susp (Vivitrol®)	X (*PA )	X	X (QL <sup>+</sup> )	X	X (*PA)
Buprenorphine ER Inj (Sublocade®)	X	X (*PA)	X (QL <sup>+</sup> )	X	X (NP/*PA)
Naltrexone Tab (ReVia®)	X	X (GP)	(GP)	X (GP)	X
Buprenorphine/naloxone Suboxone®	X (QL <sup>+</sup> )	X (2mg and 8mg film only / QL <sup>+</sup> )	X (GP / QL <sup>+</sup> )	X (GP / QL <sup>+</sup> )	X (QL <sup>+</sup> )
Buprenorphine/naloxone Zubsolv®	X (NP/ **/ QL <sup>+</sup> )	X (QL <sup>+</sup> )	NP / *PA / QL <sup>+</sup>	X	+X (NP/*PA)
Buprenorphine (Subutex®)	X (QL <sup>+</sup> )	X (QL <sup>+</sup> / GP)	X (GP / QL <sup>+</sup> )	X	X (QL <sup>+</sup> )
<b>Drugs Used for Detoxification/Withdrawal:</b>					
Methadone (Dolophine®, Methadose®)	X (NP / **)	X (‡PA/GP)	X (GP / *PA / QL <sup>+</sup> )	X (‡PA/ *PA / ** / QL <sup>+</sup> )	X (*PA/QL <sup>+</sup> )
<b>Abuse-Deterrent Opioids:</b> (Drugs with physical barriers that can prevent chewing, crushing, cutting, grating orgrinding of the dosage form. Dosage forms with chemical barriers that resist extraction of the opioid through use of common solvents including water, alcohol or other organic solvents.)					
Oxycodone ER Tab (OxyContin®)	X (NP / **/ QL <sup>+</sup> )	X (NP / **)	X (NP / *PA / QL <sup>+</sup> )	X (NP /*PA/ **)	X (NP/*PA/QL <sup>+</sup> )
Oxycodone IR Tab (Roxybond®)	X	X (QL <sup>+</sup> )	X (*PA / QL <sup>+</sup> )	X (NP/*PA / / QL <sup>+</sup> )	X (QL <sup>+</sup> )
Morphine/Naltrexone ER Cap (Embeda®)	X	X (NP / **)	X (NP / *PA / QL <sup>+</sup> )	X (*PA / QL <sup>+</sup> )	X (NP/*PA/QL <sup>+</sup> )
Morphine Sulfate ER Tab (Morphabond ER®, Arymo ER®)	X (QL <sup>+</sup> )	X (NP / **)	X (GP / *PA / QL <sup>+</sup> )	X (*PA / ST / QL <sup>+</sup> )	X (ST/QL <sup>+</sup> )
Hydrocodone ER Tab (Hy Singla ER®)	X (NP/** )	X (NP / **)	X (NP / *PA / QL <sup>+</sup> )	X (*PA / NP)	X (NP/*PA/QL <sup>+</sup> )

Oxycodone ER Cap (Xtampza ER®)	<b>X</b>	<b>X (NP / **)</b>	<b>X (NP / *PA / QL+)</b>	<b>X (NP / *PA)</b>	<b>X (NP/*PA/QL+)</b>
<b>Drugs for Alcohol Dependence</b>					
Acamprosate Tab	<b>X</b>	<b>X</b>	<b>X (GP / QL+)</b>	<b>X (NP / **)</b>	<b>X</b>
Naltrexone Tab (ReVia®)	<b>X</b>	<b>X (GP)</b>	<b>X (GP)</b>	<b>X (GP)</b>	<b>X (QL+)</b>
Naltrexone ER Susp (Vivitrol®)	<b>X (*PA)</b>	<b>X (*PA)</b>	<b>X (QL+)</b>	<b>X</b>	<b>X (*PA)</b>
<b>Alcohol Sensitizing Drug:</b>					
Disulfiram	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X (QL+)</b>
<b>Methadone Clinics:</b> Payment for the direct observation of oral medications to treat opioid dependence/withdrawal given at methadone clinics.					
Direct Observation	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>
<b>Lock-In:</b> When a recipient has demonstrated drug seeking behaviors, they are locked-in to one specific pharmacy for all controlled substance scripts.					
Lock-In Program	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>

### Medication-Assisted Treatment (MAT)

Medication-Assisted Treatment (MAT), including opioid treatment programs, combines behavioral therapy and medications to treat substance use disorders as defined by the Substance Abuse and Mental Health Services Administration (SAMHSA). MAT is a combination of medications and services that are provided in concert to assist recipients with a substance use disorder.

- Refer to MSM Chapter 3800, Medication Assisted Treatment, at the following web address for more FFS information regarding office based opioid treatment: <http://dhcfp.nv.gov/Resources/AdminSupport/Manuals/MSM/C3800/Chapter3800/>

Refer to MSM Chapter 400, Mental Health and Alcohol and Substance Abuse Services, at the following web address for more FFS information regarding behavioral health services that can be used in combination with MAT: <a href="http://dhcfp.nv.gov/Resources/AdminSupport/Manuals/MSM/C400/Chapter400/">http://dhcfp.nv.gov/Resources/AdminSupport/Manuals/MSM/C400/Chapter400/</a>	
Refer to this website for more ANT information: <a href="https://mss.anthem.com/nevadamedicaid/benefits/edicaid-benefits.html">https://mss.anthem.com/nevadamedicaid/benefits/edicaid-benefits.html</a>	Refer to this website for more HPN information: <a href="https://www.healthplanofnevada.com/Member/Mental-Health">https://www.healthplanofnevada.com/Member/Mental-Health</a>
Refer to this website for more SSH information: <a href="https://www.silversummithealthplan.com/providers/pharmacy.html">https://www.silversummithealthplan.com/providers/pharmacy.html</a>	Refer to this website for more Molina information: <a href="https://www.molinahealthcare.com/members/nv/en-us/mem/medicaid/member-materials-and-forms.aspx">https://www.molinahealthcare.com/members/nv/en-us/mem/medicaid/member-materials-and-forms.aspx</a>

Substance Use Services				
<b>Residential Substance Use Treatment</b> --Residential Substance use disorder treatment programs provide individuals in recovery from substance use and co-occurring disorders a safe and stable 24-hour live-in setting staffed by designated addiction treatment personnel who provide a planned and structured regimen of care in order to recover skills, utilizing harm reduction principles, where skill restoration and counseling services are provided on-site to the residents as a condition of tenancy. The type and intensity of services is determined by the recipient's need and must be clinically appropriate and medically necessary.				
PLAN	PA REQUIRED USING ASAM CRITERIA	ASAM RESIDENTIAL LEVEL OF CARE		
		3.1 H0018	3.5 H0019	3.7WM H0011
FFS	YES	Authorized for up to 30 days if documentation shows medical necessity.	Authorized for up to 30 days if documentation shows medical necessity.	Authorized for 5 days with medical necessity.
ANTHEM	YES	Authorized for up to 30 days if documentation shows medical necessity. More time authorized at subsequent reviews when medical necessity is met.	Authorized for up to 30 days if documentation shows medical necessity. More time authorized at subsequent reviews when medical necessity is met.	Authorized and re-evaluated every 7 days.
SILVERSUMMIT	YES	Authorized for up to 30 days if documentation shows medical necessity.	Authorized for up to 30 days if documentation shows medical necessity.	Authorized for 5 days with medical necessity.
HPN	YES	Authorized at 14 days if medically necessary. <b>*This could change at any time and the provider should verify current policy with the plan.</b>	Authorized at 14 days if medically necessary. <b>*This could change at any time and the provider should verify current policy with the plan.</b>	Authorized for 5 days with medical necessity.
MOLINA	YES	Reviewed and authorized for 14-15 days with medical necessity.	Reviewed and authorized for 14-15 days with medical necessity.	Reviewed and authorized for 3-5 days with medical necessity.

Medications
Refer to the Medicaid-Covered Outpatient Drugs used for Opioid Addiction table beginning on Page 1 of this bulletin.
<b>NV Physician Administered Drugs (NVPAD):</b> These are drugs administered in places such as a physician's office, outpatient clinic, End-Stage Renal Disease (ESRD) facility, etc. These drugs are not subject to PDL requirements.

Screening, Brief Intervention and Referral to Treatment (SBIRT) - SBIRT is an evidence-based practice used to identify, reduce and prevent problematic use, abuse and dependence on alcohol and illicit drugs.					
Services	FFS	HPN	ANT	SSH	MOLINA

Brief face-to-face behavior counseling for alcohol misuse; 15 minutes: H0049	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b> (*PA for OON provider only)	<b>X</b>
Alcohol and/or substance (other than tobaccos) abuse structured screening (e.g. AUDIT, DAST), and brief intervention (SBI) services; 15 to 30 minutes: 99408	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b> (*PA for OON provider only)	<b>X</b>
Greater than 30 minutes: 99409	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>	<b>X</b>

**Detoxification** - Inpatient substance abuse services are those services delivered in freestanding substance abuse treatment hospitals or general hospitals with a specialized substance abuse treatment unit which includes a secure, structured environment, 24-hour observation and supervision by mental health substance abuse professionals and a structured multidisciplinary clinical approach to treatment. These hospitals provide medical detoxification and treatment services for individuals suffering from acute alcohol and substance abuse conditions.

<b>Services</b>	<b>FFS</b>	<b>HPN)</b>	<b>ANT</b>	<b>SSH</b>	<b>MOLINA</b>
Inpatient detoxification	<b>X</b> (*PA / SL)	<b>X</b> (*PA / SL)	<b>X</b> (*PA)	<b>X</b> (*PA)	<b>X</b> (*PA)
Outpatient Observation (not to exceed 48 hrs.)	<b>X</b> (*PA / SL)	<b>X</b> (*PA / SL)	<b>X</b>	<b>X</b>	<b>X</b>

<b>Symbol Legend</b>			
<b>*PA</b> = Clinical PA Required	<b>QL†</b> = Quantity Limit	<b>NP</b> = Non-preferred Agent	<b>ST</b> = Step Therapy
<b>OON</b> = Out of Network	<b>X</b> = Covered	<b>XM</b> = Covered by Medical Benefit	<b>GP</b> = Generic Preferred
<b>‡PA</b> = Requirement can be overridden when prescribed for treatment of detoxification/withdrawal			
<b>**</b> = Requires a Standard Preferred Drug List Exception Criteria Prior Authorization			
<b>SL</b> = <b>Service Limitations</b>		<b>^PASL</b> = PA required after service limitations met and/or exceeded	

## Resources & Links

### Resources for Providers

**MSM Chapter 4100:** [https://dhcfp.nv.gov/uploadedFiles/dhcfpnvgov/content/Resources/AdminSupport/Manuals/MSM/C4100/MSM\\_4100\\_24\\_09\\_25.pdf](https://dhcfp.nv.gov/uploadedFiles/dhcfpnvgov/content/Resources/AdminSupport/Manuals/MSM/C4100/MSM_4100_24_09_25.pdf)

**MSM Chapter 400:** <http://dhcfp.nv.gov/Resources/AdminSupport/Manuals/MSM/C400/Chapter400/>

**MSM Chapter 600:** <http://dhcfp.nv.gov/Resources/AdminSupport/Manuals/MSM/C600/Chapter600/>

**MSM Chapter 1200:** <http://dhcfp.nv.gov/Resources/AdminSupport/Manuals/MSM/C1200/Chapter1200/>

**MSM Chapter 3800:** <http://dhcfp.nv.gov/Resources/AdminSupport/Manuals/MSM/C3800/Chapter3800/>

**Provider Billing Guides for Quantity Limits for FFS:** <https://www.medicaid.nv.gov/providers/rx/billinginfo.aspx>

**Preferred Drug List (PDL) for FFS:** [NV Medicaid Providers](#) | [Documents](#)

#### Information Bulletin on MAT

<https://www.medicaid.gov/Federal-Policy-Guidance/downloads/CIB-07-11-2014.pdf>

#### Fact Sheet for SBIRT:

[https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/SBIRT\\_Factsheet\\_ICN904084.pdf](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/SBIRT_Factsheet_ICN904084.pdf)

### Resources for Recipients

**Crisis Call Center** – 24-hour crisis line is available to provide a safe, non-judgmental source of support for individual type of crisis. In addition to a 24-hour crisis hotline, Crisis Call Center also offers crisis intervention through text

- <https://cssnv.org> 1 (775) 784-8090
- 1 (800) 273-8255
- Text "ANSWER" to 839863
- Medicaid District Office staff can assist with recipient benefit questions or problems

**Nevada 2-1-1 Services** – Nevada 2-1-1, a program of the Financial Guidance Center, is committed to helping Nevadans connect with the services they need. If it's not an emergency, recipients may call 2-1-1 to find a hotline to servicemental health, housing and shelter, addiction, and family support. The 2-1-1 operator will help recipients find the service resources in Nevada. Or recipients may go to the website at: <http://www.nevada211.org/>

**Substance Abuse Prevention and Treatment Agency (SAPTA)** – SAPTA administers programs and activities that pcommunity-based prevention and treatment. <http://dpbh.nv.gov/Programs/ClinicalSAPTA/Home> - [SAPTA/](#)

Find certified behavioral health providers specializing in substance use disorder and co-occurring mental healthdisorder treatment services here: <https://behavioralhealthnv.org/>

**Medicaid District Office Staff Assistance:**

<b>Carson City District Office</b>	<b>Las Vegas District Office</b>	<b>Elko District Office</b>	<b>Reno District Office</b>
1000 E. William St., Ste. 11 Carson City, NV 89701 Telephone: (775) 684-3651	1210 S. Valley View, Ste.104 Las Vegas, NV 89102 Telephone: (702) 668-4200	1010 Ruby Vista Dr, Ste. 101 Elko, NV 89801 Telephone: (775) 753-1233	745 W. Moana Lane, Suite 200 Reno, NV 89509 Telephone: (775) 687-1900

**For Eligibility Contact:**

State of Nevada, Division of Welfare and Supportive Services  
P.O. Box 15400  
Las Vegas NV 89114-5400  
Telephone: (800) 992-0900 ext. 47200