

Joe Lombardo  
Governor

Richard Whitley, MS  
Director



# DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH CARE FINANCING AND POLICY

*Helping people. It's who we are and what we do.*



Stacie Weeks,  
JD MPH  
Administrator

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February 5, 2025

Diane Thornton, Acting Director  
Legislative Counsel Bureau  
401 S. Carson Street  
Carson City, NV 89701

Dear Acting Director Thornton:

Enclosed please find the Department of Health and Human Services (DHHS), Division of Health Care Financing and Policy's (DHCFP's) report on the activities required by Nevada Revised Statutes (NRS) 422.27497 to the Legislature concerning the provision of services to recipients of Medicaid who have been diagnosed with an autism spectrum disorder.

This report provides requested data elements as requested by the legislation.

If you have any questions regarding the Autism Spectrum Disorder report, please contact Lori Follett at [lfollett@dncfp.nv.gov](mailto:lfollett@dncfp.nv.gov).

Respectfully,

A handwritten signature in blue ink that reads "Stacie Weeks".

Stacie Weeks  
Administrator

cc: Richard Whitley, Director, Department of Health and Human Services  
Shannon Litz, Deputy Director-Programs, Department of Health and Human Services

# Nevada Medicaid Autism Services Report

Pursuant to NRS 422.27497

January 31, 2025



Department of Health and Human Services  
Division of Health Care Financing and Policy

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*Administrator*

*Division of Health Care Financing and Policy*

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## Background & Authority

Pursuant to Nevada Revised Statutes (NRS) 422.27497, the Nevada Department of Health and Human Services (DHHS), Division of Health Care Financing and Policy (DHCFP) must provide an annual report to the Nevada Legislature concerning the provision of services to recipients of Medicaid who have been diagnosed with an Autism Spectrum Disorder (ASD). Each section of this report complies with the reporting requirements contained in NRS 422.27497(4)(a).

## Newly Diagnosed Members

**Reporting requirement: The number of recipients of Medicaid who were newly diagnosed with an autism spectrum disorder during the immediately preceding year, and the number of those recipients for whom assistance with care management was provided between July 1, 2023, and June 30, 2024 (State Fiscal Year 24/SFY24).**

The table below shows the distinct count of Managed Care Organization (MCO) and Fee for Service (FFS) members categorized by who had received case management services and those members who did not.

**Table 1: Newly Diagnosed Members by MCO/FFS**

Newly Diagnosed Members, by MCO/FFS; with and without Targeted Case Management	MCO	FFS
No Targeted Case Management	1,957	898
Case Management	6	939
<b>Total</b>	<b>1,963</b>	<b>1,837</b>

*-Members are considered newly diagnosed if their first claim with an ASD Diagnosis (identified by ICD-10 code F84.0) occurred in SFY 2024. If a member was previously diagnosed with health insurance other than Medicaid, they may have been diagnosed prior to SFY 2024.*

*-Members are considered newly diagnosed with Targeted Case Management if they had at least one claim for targeted case management (CPT HCPCS: T1017) and fit the newly diagnosed criteria as stated above.*

*-Medicaid identified a list of individuals who were under MCO care. Each MCO responded whether the individual received targeted case management for managing their ASD diagnosis.*

*-Case management is an included service with managed care delivery and is not collected at the claim level. Therefore, MCOs were surveyed to provide the number of members who received case management.*

## Targeted Case Management of All ASD Members

**Reporting requirement: The number of recipients of Medicaid diagnosed with an autism spectrum disorder for whom assistance with care management was reimbursed through Medicaid during the immediately preceding year.**

The table below shows the Medicaid recipients who had been previously diagnosed with ASD and received case management services reimbursed through Medicaid during SFY24.

**Table 2: Count of Targeted Case Management Members by MCO/FFS**

Count of Targeted Case Management Members by MCO/FFS	
MCO	113
FFS	4,094
<b>Total</b>	<b>4,207</b>

*-Individuals had at least one claim for targeted case management (CPT HCPCS: T1017) in the current year, SFY2024.*

*-FFS Members were identified with CPT Code T1017*

*-Medicaid identified a list of individuals who were under MCO care. Each MCO responded whether the individuals identified received targeted case management for managing their ASD diagnosis.*

*-Case management is an included service with managed care delivery and is not collected at the claim level. MCOs were surveyed to provide the number of members who received case management.*

## Registered Behavior Technician Claims

**Reporting requirement: The number of recipients of Medicaid for whom the first claim for reimbursement for the services of a registered behavior technician was submitted during the immediately preceding year.**

The table below shows members whose first claim for reimbursement for the services of a Registered Behavior Technician (RBT) was submitted during SFY24. RBT claims are identified by the Provider Type Specialty Code “314” on reporting claims.

**Table 3: Recipients w/first Registered Behavioral Technician Claim by MCO/FFS**

Count of Recipients with first Registered Behavioral Technician Claim by MCO/FFS	
MCO	621
FFS	958
<b>Total</b>	<b>1,579</b>

*-Population only includes members newly diagnosed with ASD in SFY 2024. RBT Claims are differentiated by Provider Specialty Code 314*

## Behavioral Assessments

**Reporting requirement: The number of assessments or evaluations by a behavior analyst that were reimbursed through Medicaid during the immediately preceding year.**

The table below shows the number of assessments or evaluations by a behavior analyst that were reimbursed through Medicaid during SFY24.

**Table 4: Behavior Analyst Assessments/Evaluations by MCO/FFS**

Count of Behavior Analyst Assessments/Evaluations by MCO/FFS	
MCO	600
FFS	782
<b>Total</b>	<b>1,382</b>

-Population includes members newly diagnosed with ASD in SFY 2024. Behavior Analyst Assessments are differentiated by CPT HCPCS Procedure Codes of: 97151 & 97152

### Applied Behavioral Analysis Claims

**Reporting requirement: The total number of claims for applied behavior analysis (ABA) services provided to recipients of Medicaid made during the immediately preceding year.**

The table below shows total unique number of claims submitted for ABA services during SFY24. This is inclusive of all Medicaid members with an ASD diagnosis.

**Table 5: Count of Applied Behavioral Analysis Claims**

Count of Applied Behavioral Analysis Claims	
MCO	49,724
FFS	74,758
<b>Total</b>	<b>124,482</b>

-The ABA claim count is based on distinct claim IDs submitted by Provider Type 85

### Average Time Between Treatment Services

**Reporting requirement: For the immediately preceding year, the average time(s) that elapsed between claims for each step of the process that a recipient of Medicaid must undergo to receive treatment from a registered behavior technician, beginning with initial diagnosis with an ASD and including, without limitation, comprehensive diagnosis with an ASD, evaluation and treatment by a behavior analyst and treatment by a registered behavior technician.**

Of those individuals who were newly diagnosed with ASD during SFY24, the average time elapsed between claims for treatment was approximately 3.2 days.

**Table 6: Average Time Elapsed Between Claims in Treatment Process (in Days)**

Average Time Elapsed Between Claims in Treatment Process (Days)	
MCO	2.9
FFS	3.4
<b>Overall Average</b>	<b>3.2</b>

-Timeframe=First DOS (Diagnosis) to Last DOS [max= 6/30/24]

-Average taken of total claims incurred during the Timeframe (in days)

### **Wait Time for ABA Services**

**The number of recipients of Medicaid receiving services through Medicaid Managed Care who were, at the end of the immediately preceding year, on a waitlist for applied behavior analysis services.**

- o **Anthem**: No waitlist.
- o **Health Plan of Nevada**: No waitlist.
- o **Molina**: No waitlist.
- o **Silver Summit Healthcare**: No waitlist.

### **ABA Service Recipients to Provider Ratio (MCOs Only)**

**Reporting requirement: An assessment of the adequacy of the network of each health maintenance organization or MCO that provides services to recipients of Medicaid under the State Plan for Medicaid for ABA services, as compared to the applicable standard for network adequacy set forth in the contract between the health maintenance organization or MCO and the Division.**

The table below shows the network adequacy for each MCO providing services to members under the state plan for ABA.

Please note, there is no provider network standard specific to ABA service providers. If members have trouble locating a service provider, then they can contact their MCO or the DHCFP District Office for assistance.

**Table 7: Behavioral Health Providers**

ABA Service Recipients to Provider Ratio (MCO Only)								
	Anthem		Molina		Silver Summit		United Healthcare HPN	
Provider Category	Providers	Ratio	Providers	Ratio	Providers	Ratio	Providers	Ratio
Outpatient Mental Health Facilities	22	1:15.77	104	1:26	114	1:517	18	1:10,971
Behavior Analyst/Technician	1,041	1:0.33	836	1:3	401	1:147	1,357	1:146
Counselor	737	1:0.47	612	1:4	277	1:213	350	1:564
Substance Abuse Counselor	173	1:2.01	151	1:18	59	1:998	183	1:1,080
Marriage and Family Therapist	333	1:1.04	436	1:6	153	1:385	407	1:485
Psychologist	118	1:2.94	78	1:35	52	1:1,133	70	1:2,821
Pediatric Psychologist	5	1:6.94	75	1:36	3	1:14,515	23	1:4,504
Social Worker	567	1:0.61	722	1:4	335	1:176	650	1:304
Psychiatrist	191	1:1.82	141	1:19	112	1:526	523	1:378
Pediatric Psychiatrist	24	1:14.46	126	1:21	28	1:1,555	86	1:1,205
Substance Abuse Facilities/Clinics	39	1:8.90	29	1:93	40	1:1,472	7	1:28,210

*-Information provided by MCO's*

**ABA Billing Providers by Specialty Type and Plan Type**

**Reporting requirement: The number of behavior analysts and registered behavior technicians who are currently providing services to recipients of Medicaid who receive services through each health maintenance organization or MCO described in subparagraph (8); and the number of behavior analysts and registered behavior technicians who provide services to recipients of Medicaid who do not receive services through managed care.**

The table below shows the Provider Specialty Codes for ABA services on behalf of recipients in SFY24.

**Table 8: Providers Delivering Services by Specialty & MCO/FFS**

Providers Delivering Services by Specialty & MCO/FFS	MCO	FFS
310 - Licensed & Board-Certified Behavior Analyst	93	100
311 - Psychologist	2	1
312 -Licensed & Board-Certified Assistant Behavior Analyst	11	15
314 - Registered Behavior Technician	78	89
885 - Applied Behavior Analysis	19	0
<b>TOTAL COUNT OF ABA PROVIDERS</b>	<b>203</b>	<b>205</b>

*-Provider Type = 85 & Provider Specialty Code = 310,311,312,314,885*

## ABA Enrolled Providers by Specialty Type

**Reporting requirement: The number of enrolled ABA providers under each specialty.**

**Table 9: Enrolled Providers by Specialty**

<b>Enrolled Providers by Specialty</b>	
310 - Licensed & Board-Certified Behavior Analyst	443
311 - Psychologist	6
312 -Licensed & Board-Certified Assistant Behavior Analyst	29
314 - Registered Behavior Technician	2,010
885 - Applied Behavior Analysis	131
<b>Total Count of Enrolled ABA Providers</b>	<b>2,619</b>

*-Provider Type = 85 & Provider Specialty Code = 310,311,312,314,885*

*-Nevada Medicaid (MCO/FFS), July 1, 2023 - June 30, 2024*

Recipient Counts are distinct; however, due to crossover across FFS/MCO, the total number of recipients by FFS/MCO may not represent a distinct total.

Data was gathered and the report was authored using the Nevada Medicaid Data Warehouse DDM Business Views. The Division of Health Care Financing and Policy (DHCFP) data warehouse is comprised of claims data submitted by over 35,000 Medicaid providers from within Nevada and across the country. While DHCFP staff conscientiously make every effort to validate these data through continuous provider education and the use of highly experienced audit staff, the Division relies heavily on providers to submit accurate and complete information on Medicaid patients. It should therefore be understood by the users of DHCFP reports on disease morbidity and patient health that the data source for these reports are based solely on patient claims data and may not be a complete and comprehensive health record. The data for this report is procured from databases that are currently being modernized from their legacy versions. Considering the unpredictable technical challenges that may arise during the migration of data from legacy to modernized versions of the databases, it is advised to use the data with caution.

This analysis is based on Autism Spectrum Disorder patients (defined by diagnosis code F84.0) Applied Behavioral Analysis is based on Billing and Performing Provider Type Code 85. Registered Behavioral Technicians are defined by Billing and Performing Provider Type Code 85 with Specialty Code 314. Behavior Assessments and Evaluations are based on CPT Procedure Codes 97151 and 97152. Targeted Case Management is defined by CPT Procedure Code T1017. Provider Enrollment Counts are obtained from DSS.

State fiscal year 2024 (based on first date of service) is used in this analysis. Latest paid claims are used in this analysis. Fee For Service (FFS) and Managed Care Organization (MCO) claims for Nevada Medicaid and Nevada Check Up enrollees of all ages are included in this data.

Data Source: Nevada Medicaid Data Warehouse DDM BV and DSS; Data Provided by MM 12/21/24