


NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES

# GUIDANCE DOCUMENT

“This guidance document is advisory in nature but is binding on an agency until amended by such agency. A guidance document does not include internal procedural documents that only affect the internal operations of the agency and does not impose additional requirements or penalties on regulated parties or include confidential information or rules and regulations made in accordance with the Nebraska Administrative Procedure Act. If you believe that this guidance document imposes additional requirements or penalties on regulated parties, you may request a review of the document.”

Pursuant to  
Neb. Rev. Stat. § 84-901.03

**To:** Nebraska Medicaid Managed Care Plans  
**From:** Drew Gonshorowski, Director   
**Date:** June 30, 2025  
**Re:** Updates to Multisystemic Therapy Requirements

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This health plan advisory is being issued to notify Heritage Health managed care organizations of changes to the Medicaid Service Definition for multisystemic therapy (MST) to clarify service requirements and billing procedures, effective **August 1, 2025**.

MST services involving clinical contact should be billed using the H2033 Healthcare Common Procedure Coding System (HCPCS) billing code. Clinical contact involves initial diagnostic interviews, family assessments, and individual and family psychotherapy.

MST services involving non-clinical contact (MST conferences) should be billed using the H2033 HCPCS billing code with the 52 modifier. MST conferences involve collateral and telephone contacts that coordinate care and share clinical information about the individual with the parents, legal guardians or other involved parties.

MST conferences must be documented, must focus on specific treatment goals, and must be part of an active treatment intervention and not simply an exchange of information between the provider and caregiver(s) or other involved parties. MST conferences may be provided without prior authorization but must otherwise follow the requirements outline in NAC Title 471, Chapter 32, section 32-002.18.

Activities that may not be billed include supervision, staff meetings, court appearances, scheduling appointments, text messages, reports on individual progress, and time spent on outreach to families or individuals when “no shows” occur or to increase engagement with treatment.

## Resources

More information about behavioral health services, and the Nebraska Medicaid coverage of MST services is available at:

Nebraska Administrative Code Title 471, Chapter 32:  
<https://rules.nebraska.gov/rules?agencyId=37&titleId=226>

Nebraska Medicaid State Plan:  
<https://dhhs.ne.gov/Documents/Medicaid%20State%20Plan%20Part%202.pdf>

Nebraska Medicaid Service Definitions:  
<https://dhhs.ne.gov/Behavioral%20Health%20Service%20Definitions/Medicaid%20Requirements%20for%20Substance%20Use%20Disorder%20and%20Applied%20Behavior%20Analysis%20Services.pdf>

and  
<https://dhhs.ne.gov/Behavioral%20Health%20Service%20Definitions/Multisystemic%20Therapy.pdf>

Reimbursement rates:  
<https://dhhs.ne.gov/Pages/Medicaid-Provider-Rates-and-Fee-Schedules.aspx>

If you have questions regarding this bulletin, please contact [DHHS.MedicaidMHSU@nebraska.gov](mailto:DHHS.MedicaidMHSU@nebraska.gov). Health plans should also copy their contract manager.

Health Plan Advisories, such as this one, are posted on the DHHS website at <https://dhhs.ne.gov/Pages/Heritage-Health-Plan-Advisories.aspx>. Please subscribe to the page to help you stay up to date about new Health Plan Advisories.