

Outpatient mental health services rendered by a psychologist may be provided to individuals who have an identifiable, clinical psychiatric disorder for which treatment can reasonably be expected to assist the individual in achieving optimal levels of functioning.

Covered Services

Evaluations are limited to two hours per session. One psychological evaluation is covered per calendar year (with the exception of a new episode of illness).

Medicaid covers up to a combined total of 26 group, individual and/or family therapy sessions per calendar year. See “Prior Authorization Requirements” below for additional information.

Codes 96101-96103 (psychological testing) and 96110-96111 (developmental testing) are covered benefits. See “Prior Authorization Requirements” below for additional information.

Prior Authorization Requirements

A recipient may receive an initial psychological evaluation and a combination of 26 sessions of group, individual and/or family therapy in one year without prior authorization. A psychologist is responsible for requesting any subsequent authorizations for treatment based on the conclusion of the initial psychological evaluation and testing.

Prior authorization is required for all of the following services:

- Health and behavior assessment (CPT code 96150) and re-assessment (CPT code 96151)
- Psychological testing (CPT codes 96101-96103), developmental testing (CPT code 96111) and neuropsychological testing (CPT

codes 96118-96120). Prior authorization may be granted for up to 4 (four) hours, for codes 96101-96102 and for up to 6 (six) hours, for codes 96118-96120.

- Biofeedback training (CPT codes 90875, 90876, 90901 and 90911)
- Psychoanalysis (CPT code 90845)
- Single or multiple seizure electroconvulsive therapies (CPT codes 90870 and 90871, respectively)

If a service requires prior authorization, obtain authorization from Magellan Medicaid Administration, Inc. and enter your Authorization Number in **Field 23** on the CMS-1500 claim form.

Prior Authorization Forms

Use form FA-11 to submit an initial request for outpatient mental health services that require prior authorization.

Use form FA-9 to request authorization to continue services that have been previously authorized by Magellan Medicaid Administration. If the recipient needs to remain in treatment past the end date shown on their initial authorization, the provider is responsible for submitting form FA-9 to Magellan Medicaid Administration at least 5 days prior to the end dates shown on the initial authorization.

All psychological and neuropsychological testing must be prior authorized using forms FA-10A and FA-10B, respectively.

Notes

See the Nevada Medicaid Services Manual, Chapter 400 for additional information.