

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.

Nevada Medicaid covers procedure codes listed on the [“Provider Type 26 Reimbursement Rates”](#) document available on the Division of Health Care Financing and Policy (DHCFP) website.

[Medicaid Services Manual \(MSM\) Chapter 400](#) provides complete coverage and limitations for each covered service.

Current Procedural Terminology (CPT) code **90801** (psychiatric diagnostic interview examination) is covered once per calendar year for each episode of care.

Prior Authorization Requirements

A recipient may receive an initial psychological evaluation (i.e., code 90801) 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.

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 hours for codes 96101-96102 with one unit of 96103, and for up to 6 hours for codes 96118-96119 with one unit of 96120.
- Biofeedback training (CPT codes 90875, 90876, 90901 and 90911)
- Psychoanalysis (CPT code 90845)

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.

Use form FA-10A to request authorization for **psychological testing**.

Use form FA-10B to request authorization for **neuropsychological testing**.

Use form FA-10C to request authorization for **developmental testing**.