

August 19, 2025 Nevada Medicaid Web Announcement 3700

<u>Attention Provider Type 34 (Therapy) Specialties 29 (Speech Pathologist) and 219 (Speech Pathologist Language):</u>

Prior Authorization Requirements Removed for Certain Speech Therapy Services Effective January 1, 2026

During the 83rd Nevada Legislative Session (2025), Assembly Bill 169 was passed, which will remove the prior authorization (PA) requirements for certain speech language pathology services if the recipient is under age 26 and has been diagnosed with a stutter using one of the following diagnosis codes:

- F80.81 Childhood onset fluency disorder
- F98.5 Adult-onset fluency disorder
- 169.023 Fluency disorder following non-traumatic subarachnoid hemorrhage
- R47.82 Fluency disorder in conditions classified elsewhere (may include other primary diagnosis)

Effective January 1, 2026, PA will no longer be required by provider type 34 (Therapy) specialties 29 (Speech Pathologist) and 219 (Speech Pathologist Language) for the codes listed below, if the above criteria are met.

Note: PA is still required for recipients who are age 26 or older or who do not have a stutter diagnosis.

Procedure Code	Description
92507	Treatment of speech, language, voice, communication and/or auditory processing disorder; individual
92508	Treatment of speech, language, voice, communication and/or auditory processing disorder; group, 2 or more individuals
92520	Laryngeal function studies (i.e., aerodynamic testing and acoustic testing)
92526	Treatment of swallowing dysfunction and/or oral function for feeding
92605	Evaluation for prescription of non-speech- generating augmentative and alternative communication device, face-to-face with the patient, first hour
92606	Therapeutic service(s) for the use of non- speech- generating device, including programming and modification
92607	Evaluation for prescription for speech- generating augmentative and alternative communication device, face-to-face with the patient; first hour
92608	Evaluation for prescription for speech- generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes
92609	Therapeutic services for the use of speech- generating device, including programming and modification
97129	Therapeutic interventions that focus on cognitive function and compensatory strategies to manage the performance of an activity, direct (one-on-one) patient contact; initial 15 minutes

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Procedure Code	Description
97130	Therapeutic interventions that focus on cognitive function and compensatory strategies to manage the performance of an activity, direct (one-on-one) patient contact; each additional 15 minutes
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) contact by the provider, each 15 min.