



Date: 02/15/11

Web Announcement 377

URGENT: Proposed Prior Authorization Changes for Outpatient Therapists Cancelled

The proposed prior authorization changes for Outpatient Therapists (provider type 12 - Hospital Outpatient and provider type 34 - Community Based) have been cancelled. A public hearing will be forthcoming to adopt the remaining material.

Physical Therapy (PT), Occupational Therapy (OT) and Speech/Language Therapy (ST) services may be rendered by provider types 12 and 34 to Nevada Medicaid and Nevada Check Up recipients without prior authorization up to 12 sessions for adults and 24 sessions for children per discipline per calendar year. Additional services must be prior authorized by Magellan Medicaid Administration, Inc. This statement is not considered policy. Current medical coverage policy may be located in [Medicaid Services Manual \(MSM\) Chapter 1700](#).

Providers may request prior authorization at their convenience before the prior authorization requirement is necessary. However, if there is a denial or partial approval, providers must utilize the reconsideration and/or peer-to-peer appeal process. All services must be medically necessary, even those that are not subject to the prior authorization process. Therefore, if services have been reduced, these services may not be billed without the prior authorization. Denied or reduced units will be considered not medically necessary under an audit.

If you have already received a prior authorization number for services from Magellan Medicaid Administration, please continue using that number on your claim in order to ensure prompt and accurate payment.