

# State Medicaid to reverse mental health ruling



## Policy on prior authorization will be rescinded

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### ***About Medicaid***

*Nevada Medicaid covers nearly 660,000 low-income Nevadans, over one quarter of whom are on fee-for-service Medicaid — the type impacted by the prior authorization rule.*

*The program doubled in size when Nevada expanded its Medicaid program in 2014, putting a strain on available services in a state that already ranks near the bottom in health care nationwide. Nevada is last for access to mental health care, according to Mental Health America.*

Nevada Medicaid will reverse its decision to require prior authorization for mental health services after providers and patients raised concerns that the policy change could delay treatment.

The Division of Health Care Financing and Policy will hold a public hearing in October to rescind prior authorization requirements for psychotherapy and neurotherapy services, including “talk therapy” and biofeedback. Medicaid behavioral health supervisor Alexis Tucey announced the change Tuesday at a public workshop in Las Vegas.

The policy approved in August will still take effect Oct. 1, giving providers five sessions with a patient before they are required to submit additional documentation to the state Medicaid office.

But Tucey said Tuesday that she didn't anticipate providers would hit the five-session limit between the policy's effective date and the public hearing rescinding it.

The rollback was recommended by a focus group of industry leaders created by Medicaid officials in response to concerns about the policy change. A list of policy and procedural issues related to Medicaid billing, which accompanied the recommendations, are also up for review, including shortening the prior-authorization form for services that still require extra approvals.

The change came as a relief to providers who were worried they would have to stop seeing patients while waiting for approval of additional sessions or risk denial of payment by continuing to see clients to avoid disruption in care.

"I don't think I can overstate how relieved I am," said Adrianna Wechsler Zimring, a Las Vegas psychologist. "I'm very appreciative of the division's willingness to hear from the community at all levels."

The health care financing division, a branch of the Nevada Department of Health and Human Services, initially said it was imposing the prior authorization requirement to curb improper billing and fraud. The division said in an emailed statement that the work group proposed additional requirements for providers administering neurotherapy as a method for combating fraud.

But Wechsler Zimring said, "It sounds like there's willingness to find direct solutions (to fraud) that won't provide a barrier to services."

If approved at the public hearing in October, the policy would revert to its present status, which allows providers 18 to 26 psychotherapy sessions with a client, depending on their age, before mandating prior authorization. The focus group recommended allotment of neurotherapy sessions be based on diagnosis.

Tucey said her office is also looking to create an online patient database so providers can easily check to see if clients are nearing their session limit.

Even with a database, there is room for error, Tucey said. The database is based on claim information, which providers have up to 180 days to submit after seeing a patient, creating a lag in the system.

Chuck Duarte, chair of the Washoe Regional Behavioral Health Policy Board and former Medicaid administrator, applauded officials for reverting to the original policy but said industry professionals should have been consulted prior to making a change.

“A lot of angst and anxiety could’ve been avoided over the last several months,” Duarte said. “I really do think that if focus groups were held in advance of this type of policy change ... we could’ve avoided a lot of problems.”

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