

# Prior Authorization Submission

# NEVADA MEDICAID AND NEVADA CHECK UP

Updated June 2014

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[Prior Authorization Submission](#)



# Topics

- Submitting a prior authorization using the HP Enterprise Services (HPES) Provider Web Portal
- Where to go to submit a prior authorization request
- Logging in to the Provider Web Portal
- How to check recipient eligibility
- How to create/submit a request for authorization of services
- How to submit additional information
- How to view the status of an authorization
- How to search for authorizations
- How to copy an authorization
- Downloadable forms
- Submitting a prior authorization via FAX, Mail, Phone

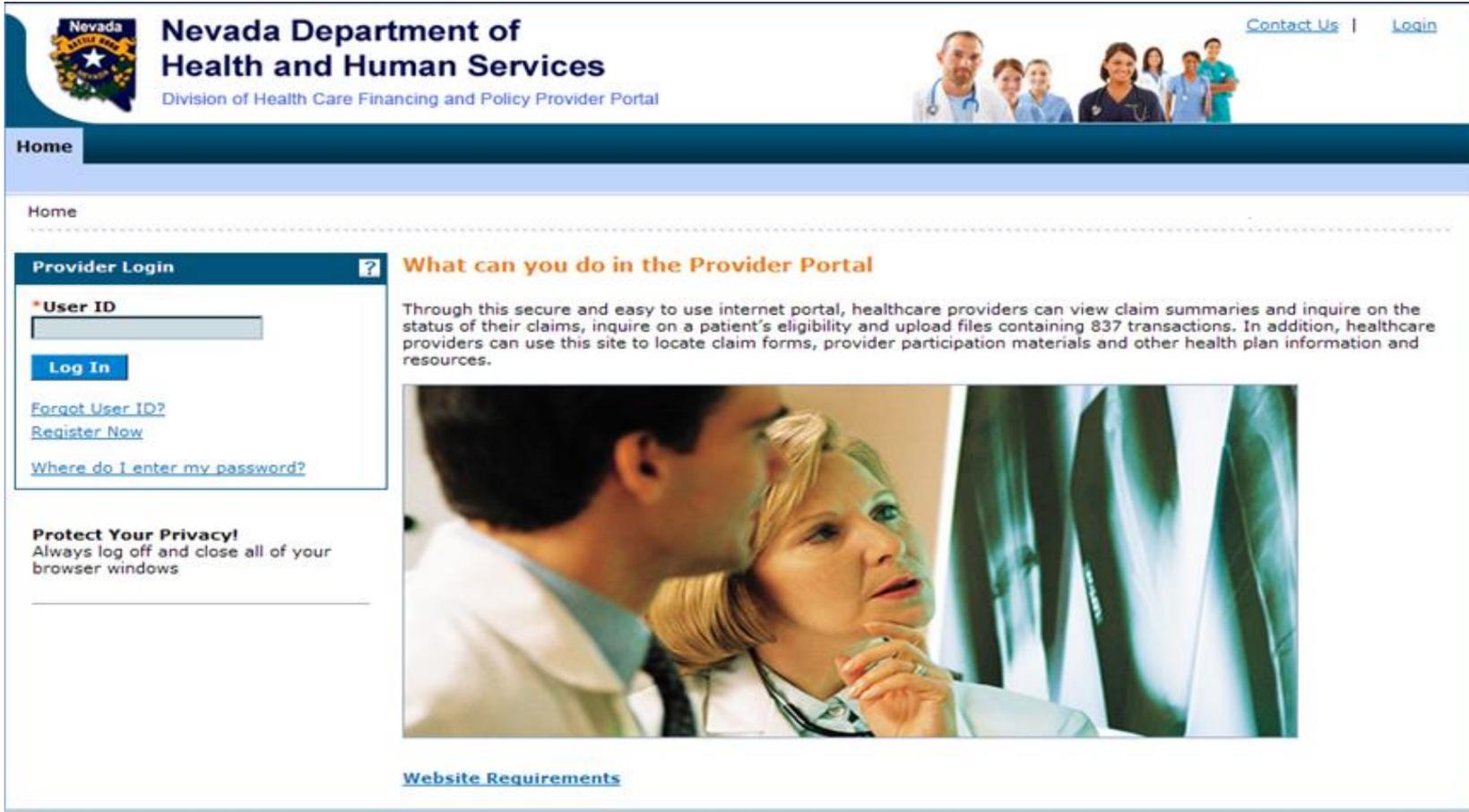




# Where to go to submit a prior authorization request

<http://www.medicaid.nv.gov>

Select "Prior Authorization" and then "PA Login"



The screenshot displays the Nevada Department of Health and Human Services website. At the top left is the Nevada state seal. The main header reads "Nevada Department of Health and Human Services" with the subtitle "Division of Health Care Financing and Policy Provider Portal". On the right, there are links for "Contact Us" and "Login" and a photograph of healthcare professionals. Below the header is a "Home" navigation bar. The main content area features a "Provider Login" section with a "User ID" input field, a "Log In" button, and links for "Forgot User ID?", "Register Now", and "Where do I enter my password?". To the right of the login section is a heading "What can you do in the Provider Portal" followed by a paragraph describing the portal's capabilities for healthcare providers. Below this text is a photograph of a doctor and a patient. At the bottom of the page, there is a link for "Website Requirements".

**Provider Login** ?

**User ID**

**Log In**

[Forgot User ID?](#)

[Register Now](#)

[Where do I enter my password?](#)

**What can you do in the Provider Portal**

Through this secure and easy to use internet portal, healthcare providers can view claim summaries and inquire on the status of their claims, inquire on a patient's eligibility and upload files containing 837 transactions. In addition, healthcare providers can use this site to locate claim forms, provider participation materials and other health plan information and resources.

[Website Requirements](#)

# Logging in to the Provider Web Portal

Logging in requires three steps

1. Login ID
2. Verification of identity via security question
3. Password (users must select a site key)



# Challenge Question



Nevada Department of  
Health and Human Services

Division of Health Care Financing and Policy Provider Portal

[Contact Us](#) | [Login](#)



Home

[Home](#) > Challenge Question

## Computer and Challenge Question

### Site Key

The HealthCare Portal uses a personalized site key to protect your privacy online. To use a site key, you are asked to respond to your Challenge question the first time you use a personal computer, or every time you use a public computer. When you type the correct answer to the Challenge question, your site key token displays which ensures that you have been correctly identified. Similarly, by displaying your personalized site key token, you can be sure that this is the actual HealthCare Portal and not an unauthorized site.

If this is your personal computer, you can register it now by selecting: **This is a personal computer. Register it now.**

If this is not your personal computer, such as a public computer, select: **This is a public computer. Do not register it.**

## Answer the challenge question to verify your identity.

**Challenge Question** What is your mother's maiden name?

**\*Your Answer**

[Forgot answer to challenge question?](#)

**Select**

- This is a personal computer. Register it now.  
 This is a public computer. Do not register it.

[Continue](#)

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# Site Key and Passphrase



## Nevada Department of Health and Human Services

Division of Health Care Financing and Policy Provider Portal

[Contact Us](#) | [Login](#)



Home

[Home](#) > [Challenge Question](#) > Site Token Password



### Confirm Site Key Token and Passphrase

Confirm that your site key token and passphrase are correct.

If you recognize your site key token and passphrase, you can be more comfortable that you are at the valid HealthCare Portal site and therefore is safe to enter your password.

### Make sure your site key token and passphrase are correct.

If the site key token and passphrase are correct, type your password and click **Sign In**.

If this is not your site key token or passphrase, do not type your password. Call the [customer help desk](#) to report the incident.

Site Key:



Passphrase **demo**

\*Password

[Sign In](#)

[Forgot Password?](#)



# Welcome Screen

- You will be taken to the Welcome Screen/My Home page where you can verify all provider information on the left margin of the screen.
- It is important to verify all of the information to ensure that you are logged in correctly.
- On this page you will find important broadcast messages from the Division of Health Care Financing and Policy.
- You will also find a section for provider services.
- This page features links to contacts via telephone and secure email.

**NOTE:** The top of this page features a tabbed menu bar. This is the navigation tool for use within the portal.



# Welcome Screen



## Nevada Department of Health and Human Services

Division of Health Care Financing and Policy Provider Portal

[Contact Us](#) | [Logout](#)



[My Home](#) [Eligibility](#) [Claims](#) [Care Management](#) [Resources](#) [Switch Provider](#)

My Home

### Provider

Welcome

Name

Provider ID

Location ID

- ▶ [My Profile](#)
- ▶ [Switch Provider](#)

### Provider Services

- ▶ [Member Focused Viewing](#)
- ▶ [Search Payment History](#)
- ▶ [PASRR](#)
- ▶ [EHR Incentive Program](#)
- ▶ [EPSDT](#)

### Broadcast Messages

#### Hours of Availability

The Nevada Provider Web Portal is unavailable between midnight and 12:25 AM PST Monday-Saturday and between 8 PM and 12:25 AM PST on Sunday.

### Welcome Health Care Professional!



...tted to make it easier for physicians and other providers to perform  
In addition to providing the ability to verify member eligibility and search for claims, payment information, and access Remittance Advices. Our secure site provides access to eligibility, answers to frequently asked questions, and the ability to process authorizations.

New! Prior Authorization Quick Reference Guide [\[Review\]](#)

Provider Web Portal Quick Reference Guide [\[Review\]](#)

[Contact Us](#)

[Secure Correspondence](#)

All Claim Inquiries should be submitted to the following Address:

Nevada Medicaid Administration  
P.O.Box 30042  
Reno, NV 89520-3042



# Navigation Bar

The Navigation Bar contains 5 different tabs that allow you to move throughout the portal



- **My Home** - Provider information, contact information, messages
- **Eligibility** - Search recipient eligibility information
- **Claims** - Search claims and payment history
- **Care Management** - Create authorizations, view authorization status and maintain favorite providers
- **Resources** - Downloadable forms and documents

# Navigation Bar

## *Eligibility*

Search for recipient eligibility using one of the following required criteria:

- Recipient ID and Effective Date **or**
- Social Security Number, Birth Date and Effective Date **or**
- Last Name, First Name, Birth Date and Effective Date

Results returned include:

- Effective date
- End date
- Coverage type
- Service Type Codes
- Primary care provider
- Ability to view additional coverage information



# Eligibility Tab



My Home **Eligibility** Claims Care Management Resources Switch Provider

My Home

**Provider**

Welcome

Name

Provider ID

Location ID

- ▶ [My Profile](#)
- ▶ [Switch Provider](#)

**Provider Services**

- ▶ [Member Focused Viewing](#)
- ▶ [Search Payment History](#)
- ▶ [PASRR](#)
- ▶ [EHR Incentive Program](#)
- ▶ [EPSDT](#)

**Broadcast Messages**

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# Recipient Information Entry

**My Home** **Eligibility** **Claims** **Care Management** **Resources** **Switch Provider**

Eligibility

**Eligibility Verification Request** ?

\* Indicates a required field.  
Enter the recipient information. If Recipient ID is not known, enter SSN and Birth Date or Last Name, First Name and Birth Date. Please verify response below as not all information is currently used during search.

<b>Recipient ID</b>	<input type="text"/>	<b>Last Name</b>	<input type="text"/>	<b>First Name</b>	<input type="text"/>
<b>SSN</b>	<input type="text"/>	<b>Birth Date</b>	<input type="text"/>		
<b>*Effective From</b>	<input type="text"/>	<b>Effective To</b>	<input type="text"/>		

**Service Type Code Search**

**Service Type Code**  

**Submit** **Reset**

# Individual Recipient Information

My Home **Eligibility** Claims Care Management Resources Switch Provider

## Eligibility

### Eligibility Verification Request ?

\* Indicates a required field.  
 Enter the recipient information. If Recipient ID is not known, enter SSN and Birth Date or Last Name, First Name and Birth Date. Please verify response below as not all information is currently used during search.

<b>Recipient ID</b>	<input type="text"/>	<b>Last Name</b>	<input type="text"/>	<b>First Name</b>	<input type="text"/>
<b>SSN</b> *	<input type="text"/>	<b>Birth Date</b> *	<input type="text"/>		
<b>*Effective From</b> *	<input type="text"/>	<b>Effective To</b> *	<input type="text"/>		

### Service Type Code Search

**Service Type Code**

**Submit** **Reset**

### Eligibility Verification Information for \_\_\_\_\_ from \_\_\_\_\_

Recipient ID	Birth Date		
Coverage	Effective Date	End Date	Primary Care Provider
<a href="#">MEDICAID FFS</a>			
<a href="#">XIX BECKETT</a>			
<a href="#">Other Insurance Detail Information</a>			



# Member Focused Viewing



**Nevada Department of Health and Human Services**  
Division of Health Care Financing and Policy Provider Portal



[Contact Us](#) | [Logout](#)

[My Home](#) | [Eligibility](#) | [Claims](#) | [Care Management](#) | [Resources](#) | [Switch Provider](#)

[My Home](#) > [Member Focus Search](#) > **Member Focus View**

**Helpful Hint:** You can locate the member first from the welcome screen and that will pre-populate the date automatically when you select Submit an Authorization.

**Member Details**

Recipient ID  
Name  
Birth Date  
City  
State  
Gender  
Primary Language

**Coverage Details**

Coverage	Effective Date	End Date
MEDICAID FFS	07/29/2013	07/31/2013

[View eligibility verification information](#)

**Your Member Claims**

Medical/Dental

There are no claims for this member.

**Your Member Authorizations**

[Submit an Authorization](#)

There are no authorizations for this member.

**Other Details**

[Secure Correspondence](#)  
Review previously sent messages or send new secure messages.



# Navigation Bar

## *Care Management*

### Create authorization

- Create authorizations for eligible recipients

### View authorization status

- Prospective authorizations identifying you as the requesting or servicing provider are listed

### Maintain favorite providers

- Allows a provider and their delegates to create a list of frequently used providers
- The providers on the list will be available for selection as the facility or servicing provider when you are creating an authorization
- A provider and their delegates may have up to 20 providers on their favorites list



# Care Management Tab

 **Nevada Department of Health and Human Services**  
Division of Health Care Financing and Policy Provider Portal

[Contact Us](#) | [Logout](#)

[My Home](#) | [Eligibility](#) | [Claims](#) | **[Care Management](#)** | [Resources](#) | [Switch Provider](#)

My Home

**Provider**

Welcome

Name

Provider ID

Location ID

- ▶ [My Profile](#)
- ▶ [Switch Provider](#)

**Provider Services**

- ▶ [Member Focused Viewing](#)
- ▶ [Search Payment History](#)
- ▶ [PASRR](#)
- ▶ [EHR Incentive Program](#)
- ▶ [EPSDT](#)

**Broadcast Messages**

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Provider Web Portal Quick Reference Guide [\[Review\]](#)

[Contact Us](#)

[Secure Correspondence](#)

All Claim Inquiries should be submitted to the following Address:

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Reno, NV 89520-3042



# Create Authorization

## Step 1



The screenshot shows the Nevada Department of Health and Human Services Provider Portal. At the top left is the Nevada state seal. To its right is the text "Nevada Department of Health and Human Services" in a large, bold, dark blue font, with "Division of Health Care Financing and Policy Provider Portal" in a smaller, lighter blue font below it. A dark blue navigation bar contains the following menu items: "My Home", "Eligibility", "Claims", "Care Management" (which is highlighted in a lighter blue), and "Resources". Below this bar is a light blue horizontal bar with the text "Create Authorization | View Authorization Status | Maintain Favorite Providers". Underneath, the "Care Management" section is visible, followed by a dashed line. A light blue button with a document icon and the text "Authorizations" is present. Below this button is a list of three links, each preceded by a right-pointing triangle: "Create Authorization" (highlighted with a red rectangular border), "View Status of Authorizations", and "Maintain Favorite Provider List".

**Nevada**  
Nevada Department of  
**Health and Human Services**  
Division of Health Care Financing and Policy Provider Portal

**My Home** **Eligibility** **Claims** **Care Management** **Resources**

Create Authorization | View Authorization Status | Maintain Favorite Providers

Care Management

**Authorizations**

- ▶ [Create Authorization](#)
- ▶ [View Status of Authorizations](#)
- ▶ [Maintain Favorite Provider List](#)

# Create Authorization

The following fields are required:

## Personal Information

- Recipient ID
- Last name
- First name
- Date of birth (DOB)

## Authorization Type

- **M/S Inpatient**
  - Medical Surgical inpatient PA requests
- **M/S Outpatient**
  - Medical Surgical outpatient or lab PA requests
- **BH Inpatient/RTC/PHP/IOP**
  - Behavioral Health inpatient, residential treatment center, partial hospitalization and intensive outpatient PA requests
- **BH Outpatient**
  - Behavior Health outpatient and rehabilitation PA requests
- **Home Health**
  - Home Health and Private Duty Nursing PA requests
- **DME**
  - Durable Medical Equipment, ocular and audiology PA requests



# Create Authorization

## Step 1

 **Nevada Department of Health and Human Services**  
Division of Health Care Financing and Policy Provider Portal

[Contact Us](#) | [Logout](#)

[My Home](#) | [Eligibility](#) | [Claims](#) | [Care Management](#) | [Resources](#)

[Create Authorization](#) | [View Authorization Status](#) | [Maintain Favorite Providers](#)

[Care Management](#) > Create Authorization

**Create Authorization: Step 1** ?

\* Indicates a required field.

**Requesting Provider Information**

General Provider Header Instructions

Provider ID	ID Type	NPI	Name
-------------	---------	-----	------

**Member Information and Authorization Type**

General Member and Auth Type Instructions

\*Recipient ID

\*Last Name

\*Birth Date  

\*First Name

\*Authorization Type

[Continue](#) [Cancel](#)

Enter the recipient information or use Member Focused Viewing to auto-populate the recipient information on the screen.

# Inpatient Authorizations

Required fields are based on the Authorization Type selected in the previous section.

The M/S Inpatient and BH Inpatient/RTC/PHP/IOP authorization provider required fields (\*) are: Facility ID, ID Type and Facility Type.

\*Authorization Type

---

**Facility Information**

General Facility Header Instructions

Select from Favorites

\*Facility ID   \*ID Type  Name  Add to Favorites

\*Facility Type

\*Authorization Type

---

**Facility Information**

General Facility Header Instructions

Select from Favorites

\*Facility ID   \*ID Type  Name  Add to Favorites

\*Facility Type



# M/S Outpatient/Lab and BH Outpatient Authorizations

Required fields are based on the Authorization Type selected in the previous section.

The M/S Outpatient/Lab and BH Outpatient authorization type provider required fields (\*) are: Provider ID, Service Type, ID Type.

**\*Authorization Type** M/S Outpatient/Lab

**Service Provider Information**

General Service Provider Header Instructions

Service Provider same as Requesting Provider

Select from Favorites

\*Provider ID   \*ID Type  Name  Add to Favorites

\*Service Type  Location

**\*Authorization Type** BH Outpatient

**Service Provider Information**

General Service Provider Header Instructions

Service Provider same as Requesting Provider

Select from Favorites

\*Provider ID   \*ID Type  Name  Add to Favorites

\*Service Type  Location



# Home Health Authorization

Required fields are based on the Authorization Type selected in the previous section.

The Home Health authorization type provider required fields (\*) are: Provider ID, Service Type, ID Type.

**\*Authorization Type** HH

---

**Service Provider Information**

General Service Provider Header Instructions

**Service Provider same as Requesting Provider**

**Select from Favorites**

**\*Provider ID**   **\*ID Type**  **Name**  **Add to Favorites**

**\*Service Type**  **Location**

# DME Authorization

Required fields are based on the Authorization Type selected in the previous section.

The DME authorization type provider required fields (\*) are: Provider ID, Service Type, ID Type.

**\*Authorization Type**

---

**Service Provider Information**

General Service Provider Header Instructions

**Service Provider same as Requesting Provider**

**Select from Favorites**

**\*Provider ID**   **\*ID Type**  **Name**  **Add to Favorites**

**\*Service Type**  **Location**



# Create Authorization

## *Step 2*

When you first arrive on the next page, Step 1 is collapsed. This section contains all previously entered information from the last screen.

- To expand and view this information, click on the (–) button on the right hand side of the screen to expand the screen.

### Collapsed fields include:

- Requesting provider information
- Member information and authorization type
- Servicing provider information

Expanded information cannot be modified.

# Create Authorization

## Step 2



**Nevada Department of Health and Human Services**  
Division of Health Care Financing and Policy Provider Portal



[Contact Us](#) | [Logout](#)

[My Home](#) | [Eligibility](#) | [Claims](#) | **Care Management** | [Resources](#)

[Create Authorization](#) | [View Authorization Status](#) | [Maintain Favorite Providers](#)

[Care Management](#) > Create Authorization 2

---

Create Authorization: Step 1 <span>?</span>	
General Auth Step 2 Instructions	<a href="#">Expand All</a>   <a href="#">Collapse All</a>
<b>Requesting Provider Information</b>	<b>+</b>
<b>Member Information and Authorization Type</b>	<b>+</b>
<b>Facility Information</b>	<b>+</b>

# Create Authorization

## *Step 2*

- The type of authorization selected in step 1 drives the fields present in step 2.
  - All authorizations will require a diagnosis (enter without decimals).
  - All authorizations allow for attachment of documents.
  - Diagnosis can be entered up to 5 digits.
  - Diagnosis, CPT, HCPCS and ICD-9 surgical codes are searchable.
  - Enter the first three letters or the first three numbers of the code.

# Create Authorization

## Step 2

### Diagnosis information

- Please note that the first diagnosis entered is considered to be the principal or primary diagnosis code.
- Portal allows for up to 9 diagnosis codes.
- This is a required field (\*).
- Click "Add" button to add each diagnosis code.
- Currently, only ICD-9 diagnosis type is accepted (Web announcements at [www.medicaid.nv.gov](http://www.medicaid.nv.gov) will provide information regarding the implementation of ICD-10 codes)

[Expand All](#) | [Collapse All](#)

**Diagnosis Information** -

Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.  
Insert decimals as needed.  
Click the **Remove** link to remove the entire row.

Diagnosis Type	Diagnosis Code	Action
<input type="checkbox"/> Click to collapse.		
<b>*Diagnosis Type</b> <input type="text" value="ICD-9-CM"/>	<b>*Diagnosis Code</b> <input type="text"/>	



# Create Authorization – M/S Inpatient and BH Inpatient/RTC/PHP/IOP

## Step 2

M/S Inpatient and BH Inpatient/RTC/PHP/IOP authorizations

- M/S Inpatient and BH Inpatient/RTC/PHP/IOP authorizations can now have up to 27 lines
  - Line limit includes the bed information lines and surgical procedure lines. The total lines can't exceed 27 lines.
- Diagnosis
- Bed information
  - From date
  - Number of days
- Revenue code – searchable using the first characters of the code or part of the description of the code
- Medical justification
- Procedures
  - ICD-9 surgical codes – searchable using the first three characters of the code or part of the description of the code
  - ICD-10 type is not currently accepted
- Attachments



# Create Authorization – M/S Inpatient and BH Inpatient/RTC/PHP/IOP

## Step 2

[Expand All](#) | [Collapse All](#)

**Diagnosis Information**

Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.  
 Insert decimals as needed.  
 Click the **Remove** link to remove the entire row.

Diagnosis Type	Diagnosis Code	Action
<input type="checkbox"/> Click to collapse.		
*Diagnosis Type <input type="text" value="ICD-9-CM"/>	*Diagnosis Code <input type="text"/>	
<input type="button" value="Add"/> <input type="button" value="Cancel"/>		

**Bed Information**

Click '+' to view or update the details of a row. Click '-' to collapse the row. Click **Copy** to copy or **Remove** to remove the entire row.

From Date	# of Days	Through Date	Code	Action
<input type="checkbox"/> Click to collapse.				
*From Date <input type="text"/>	*# of Days <input type="text"/>	Code Type Revenue	*Code <input type="text"/>	
*Medical Justification <input style="width: 100%; height: 50px;" type="text"/>				
<input type="button" value="Add"/> <input type="button" value="Cancel"/>				

\* Required Fields



# Create Authorization – M/S Inpatient and BH Inpatient/RTC/PHP/IOP

## Step 2

### Surgical Procedures

Click the **Remove** link to remove the entire row.

Surgical Procedure Type	Surgical Procedure Code	Action
-------------------------	-------------------------	--------

Click to collapse.

\*Surgical Procedure Type  \*Surgical Procedure Code

### Attachments

To include an attachment electronically with the Inpatient prior authorization request, browse and select the attachment, select an Attachment Type and then click on the Add button. The system assigns a control number for future tracking.

[Prior Authorization Forms](#)

If you will not be sending an attachment electronically, but you have information about files that were sent using another method, such as by fax or that are available on request, select the appropriate Transmission Method and enter all the fields displayed.

Click the **Remove** link to remove the entire row.

Transmission Method	File	Control #	Attachment Type	Action
---------------------	------	-----------	-----------------	--------

Click to collapse.

\*Transmission Method

\*Upload File

\*Attachment Type

\* Required Fields



# M/S Inpatient and BH Inpatient/RTC/PHP/IOP Authorizations

*Attention Provider Types 11, 13, 56, 63 and 75:*

*Instruction for Concurrent Review PAs That Are Greater Than 27 Lines*

- For hospital inpatient concurrent reviews that are greater than 27 lines: If a concurrent review PA requires more than 27 lines, beginning at what would be line 28, please start a new PA with the next day's date **following** the "through" date from line 27.
- For example:
  - Line 27: 1/1 to 1/4
  - Line 28 of new PA: 1/5
- This change is **only** for PAs more than 27 lines, and for the first line of the new PA.
- Please remember that only one (1) PA is allowed per claim. If you have more than one PA, please split bill the claim if it is for one continuous stay.



# Create Authorization – M/S Outpatient/Lab, BH Outpatient, Home Health, DME

## *Step 2*

- M/S Outpatient/Lab, BH Outpatient, Home Health and DME authorizations can have up to 27 service lines
  - Diagnosis
  - Service details
    - From date
    - Code type – CPT/HCPCS, ICD-9 surgical code – searchable using the first 3 characters of the code
    - Modifiers
    - Units
    - Medical justification
  - Attachments

# Create Authorization – M/S Outpatient/Lab, BH Outpatient, Home Health, DME

## Step 2

**Diagnosis Information**

Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code. Insert decimals as needed. Click the **Remove** link to remove the entire row.

Diagnosis Type	Diagnosis Code	Action
Click to collapse.		
*Diagnosis Type <input type="text" value="ICD-9"/>	*Diagnosis Code <input type="text"/>	
<input type="button" value="Add"/> <input type="button" value="Cancel"/>		

**Service Details**

Click "+" to view or update the details of a row. Click "-" to collapse the row. Click **Copy** to copy or **Remove** to remove the entire row.

From Date	To Date	Code	Modifiers	Units	Action
Click to collapse.					
*From Date <input type="text"/>	To Date <input type="text"/>	*Code Type <input type="text"/>	*Code <input type="text"/>		
*Modifiers <input type="text"/>					
*Units <input type="text"/>					
*Medical Justification <input style="width: 100%;" type="text"/>					

**Attachments**

To include an attachment electronically with the Ancillary prior authorization request, browse and select the attachment, select an Attachment Type and then click on the Add button. The system assigns a control number for future tracking.

[Prior Authorization Forms](#)

If you will not be sending an attachment electronically, but you have information about files that were sent using another method, such as by fax or that are available on request, select the appropriate Transmission Method and enter all the fields displayed.

Click the **Remove** link to remove the entire row.

Transmission Method	File	Control #	Attachment Type	Action
Click to collapse.				
*Transmission Method <input type="text" value="EL-Electronic Only"/>	*Upload File <input type="text"/>		*Attachment Type <input type="text"/>	<input type="button" value="Browse"/>
<input type="button" value="Add"/> <input type="button" value="Cancel"/>				



# Create Authorization – M/S Outpatient/Lab, BH Outpatient, Home Health, DME

## Step 2

[Expand All](#) | [Collapse All](#)

**Diagnosis Information**

Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code. Insert decimals as needed. Click the **Remove** link to remove the entire row.

Diagnosis Type	Diagnosis Code	Action
<input type="checkbox"/> Click to collapse.		
*Diagnosis Type <input type="text" value="ICD-9-CM"/>	*Diagnosis Code <input type="text"/>	
<input type="button" value="Add"/> <input type="button" value="Cancel"/>		

**Service Details**

Click '+' to view or update the details of a row. Click '-' to collapse the row. Click **Copy** to copy or **Remove** to remove the entire row.

From Date	To Date	Code	Modifiers	Units	Action
<input type="checkbox"/> Click to collapse.					
*From Date <input type="text"/>	To Date <input type="text"/>	*Code Type <input type="text"/>	*Code <input type="text"/>		
Modifiers <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/>			
*Units <input type="text"/>	Cost per Unit <input type="text"/>				
*Medical Justification	<input style="width: 100%; height: 40px;" type="text"/>				

\* Required Fields



# Create Authorization – M/S Outpatient/Lab, BH Outpatient, Home Health, DME

## Step 2

### Attachments

To include an attachment electronically with the Ancillary prior authorization request, browse and select the attachment, select an Attachment Type and then click on the Add button. The system assigns a control number for future tracking.

[Prior Authorization Forms](#)

If you will not be sending an attachment electronically, but you have information about files that were sent using another method, such as by fax or that are available on request, select the appropriate Transmission Method and enter all the fields displayed.

Click the **Remove** link to remove the entire row.

Transmission Method	File	Control #	Attachment Type	Action
Click to collapse.				
*Transmission Method	EL-Electronic Only			
*Upload File				Browse...
*Attachment Type				
<a href="#">Add</a> <a href="#">Cancel</a>				
<a href="#">Add Service</a> <a href="#">Cancel Service</a>				

[Submit](#) [Cancel](#)

\* Required Fields



# Attachments

- Add one Service (Details or Bed Information) before an attachment, then include additional Service entries
- To include attachments electronically with a prior authorization request, enter the following information:
  - Transmission Method EL- Electronically Only
  - Upload File – click browse button and locate file to be attached and click to attach
  - Attachment type – select from the drop-down box the type of attachment being sent
- Select the ADD button to attach your file
- Repeat for additional attachments if needed (Note: the combined size of all attachments cannot exceed **4 MB**)
- Once attachments are added, a control number will be visible
- Option to remove if you attached incorrectly



# Attachments

### Attachments

To include an attachment electronically with the Outpatient prior authorization request, browse and select the attachment, select an Attachment Type and then click on the Add button. The system assigns a control number for future tracking.

[Prior Authorization Forms](#)

If you will not be sending an attachment electronically, but you have information about files that were sent using another method, such as by fax or that are available on request, select the appropriate Transmission Method and enter all the fields displayed.

Click the **Remove** link to remove the entire row.

Transmission Method	File	Control #	Attachment Type	Action
---------------------	------	-----------	-----------------	--------

Click to collapse.

\*Transmission Method

\*Upload File

\*Attachment Type

### Facility

General Facility Header Instructions

Select from Favorites

Facility ID   ID Type  Name

Facility Type

\* Required Fields



# Service Details – Unsaved Data Warning

For new a prior authorization request when at least one service line has been entered and there is another service line added but not saved by clicking the “Add” button before clicking the “Submit” button, then the following error message will be displayed:



# Service Details – Unsaved Data Warning

For a new or resubmitted prior authorization request when at least one service line has been entered and there is another service line added but not saved by clicking the “Add” button before clicking the “Submit” button, then the following error message will be displayed:



# Summary

## Step 1

- Enter recipient information
- Select authorization type
- Enter provider information

## Step 2

- Enter diagnosis information
- Enter service details
- Add attachments

**Select**

**Submit**



# Finalizing Authorization

Review all information for accuracy

- Return to step 2 if errors are present
- Use  if necessary

All steps of the authorization are visible

- Use the plus/minus buttons or the *Expand all Collapse All*

All service details are visible

- Use the plus/minus buttons

**Select**  to send your authorization.

# Finalizing Authorization

## Confirming your submission

**Confirm Authorization** ?

General Auth Step 2 Instructions [Expand All](#) | [Collapse All](#)

**Requesting Provider Information** +

**Member Information and Authorization Type** +

**Service Provider Information** +

[Expand All](#) | [Collapse All](#)

**Diagnosis Information** -

Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.

Diagnosis Type	Diagnosis Code
ICD-9-CM	4019-HYPERTENSION NOS

**Is this request pregnancy related?** No

**Is the EDC related to the service?** No

**Service Details** -

	From Date	To Date	Code	Modifiers	Units	
<span>+</span>	06/05/2014	06/05/2014	CPT/HCPCS 99213-OFFICE/OUTPATIENT VISIT EST		1	

**Back** **Confirm** **Cancel**



# Confirmation Page

## Authorization tracking number

- Number used to track your authorization in the portal

## Print preview

- Opens new window with all of the authorization information viewable
- Printable page with date and time stamp

## Copy

- Copy member data or authorization data to a new authorization

## New

- Create a new authorization for a different member

# Authorization Tracking Number



## Nevada Department of Health and Human Services

Division of Health Care Financing and Policy Provider Portal

[Contact Us](#) | [Logout](#)



[My Home](#) [Eligibility](#) [Claims](#) [Care Management](#) [Resources](#)

[Create Authorization](#) | [View Authorization Status](#) | [Maintain Favorite Providers](#)

[Care Management](#) > Authorization Receipt

Wednesday 06/22/2011 01:59 PM EST

### Authorization Receipt



Your Authorization Tracking Number 1006683 was successfully submitted.

Click **Print Preview** to view authorization details and receipt.  
Click **Copy** to copy member data or authorization data.  
Click **New** to create a new authorization for a different member.

[General Authorization Receipt Instructions](#)

[Print Preview](#)

[Copy](#)

[New](#)

# Copying an Authorization

The ability to copy an authorization, by recipient or service, is available on the authorization receipt screen, after successfully submitting an authorization.

## Copy authorizations by member

- You can copy an authorization for an existing recipient when requesting a new service.
- Only the member data is copied for the copy request.

## Copy authorizations by service

- You can copy an authorization by service, so a specialist can submit authorizations for similar services but for a different recipient.
- The entire auth data is copied with the exception of the recipient data and the attachments section.
- The ability to copy an auth, by recipient or service, is available on the authorization receipt screen, after successfully submitting an authorization.

# Copying an Authorization



**Nevada Department of Health and Human Services**  
Division of Health Care Financing and Policy Provider Portal

[Contact Us](#) | [Logout](#)



**My Home** | **Eligibility** | **Claims** | **Care Management** | **Resources**

[Create Authorization](#) | [View Authorization Status](#) | [Maintain Favorite Providers](#)

[Care Management](#) > Authorization Receipt

---

**Authorization Receipt** ?

Your Authorization Tracking Number 1006684 was successfully submitted.

Click **Print Preview** to view authorization details and receipt.  
Click **Copy** to copy member data or authorization data.  
Click **New** to create a new authorization for a different member.  
[General Authorization Receipt Instructions](#)

[Print Preview](#) [Copy](#) [New](#)

# Copying an Authorization

Select authorization data

Select



**Copy Data** ?

Select the information you would like to have copied to the new authorization. Press **Copy** to initiate the new authorization request and continue entering authorization information.

**Member Data**  
Copy the member data to a new authorization request.

**Authorization Data**  
Copy authorization data to a different member.

**Copy** **Cancel**

# Copying an Authorization

Step 1:

- Enter member data
- Select continue

Step 2:

- Review all pre-populated data
- Add attachments
- Select submit

Review all information

**Select**

**Confirm**

# Copying an Authorization

Select member data

**Select**

**Copy**

## Copy Data

Select the information you would like to have copied to the new authorization. Press **Copy** to initiate the new authorization request and continue entering authorization information.

**Member Data**

Copy the member data to a new authorization request.

**Authorization Data**

Copy authorization data to a different member.

**Copy**

**Cancel**

# Copying an Authorization

## Step 1:

- Review pre-populated member data
- Select authorization type
- Enter facility/provider information
- Click continue

## Step 2:

- Enter all required data
- Click submit

Review all information

Select

**Confirm**

# Navigation Bar

*Care Management: view authorization status*

- Click on the “Care Management” tab
- Click “View Status of Authorizations”



The screenshot shows a web application interface. At the top, there is a dark blue navigation bar with five tabs: "My Home", "Eligibility", "Claims", "Care Management", and "Resources". The "Care Management" tab is highlighted in a lighter blue. Below the navigation bar, there is a light blue sub-navigation bar with three links: "Create Authorization", "View Authorization Status", and "Maintain Favorite Providers". Below this, the main content area is titled "Care Management" and contains a dashed horizontal line. A blue button labeled "Authorizations" with a document icon is visible. Below the button, there is a list of three links: "Create Authorization", "View Status of Authorizations" (which is highlighted with a red rectangular box), and "Maintain Favorite Provider List".

# View Authorization Status

Prospective authorizations identifying you as the requesting or servicing provider are listed. These results include the first (20) authorizations with a beginning services date of today or greater. Search results may contain dental authorizations, which cannot be created through the Provider Portal, but are available for inquiry.

Click the “Authorization Tracking Number” to view the authorization response details:

- A snapshot of the authorization is displayed
- Click on “View Original Request”
- A new window opens with printable authorization

“Back to View Authorization Status” goes back to authorization summary.

# View Authorization Status

- Click on “Authorization Tracking Number” to view
- Sort columns by clicking on column heading
- NOTE: Since detail statuses may be different, the “Decision” may not reflect the decision for each line. **Be sure to click on the authorization tracking number to view individual service line statuses.**

**View Authorization Status** ?

Prospective Authorizations

Prospective authorizations identifying you as the Requesting or Servicing Provider are listed below. These results include the first (20) authorizations with a beginning Services Date of today or greater. Click the Authorization Tracking Number to view the authorization response details or select the Search Options tab to search for a different authorization.

Prospective Authorizations						
<u>Authorization Tracking Number</u>	<u>Service Date</u> ▲	<u>Recipient Name</u>	<u>Recipient ID</u>	<u>Authorization Type</u>	<u>Requesting Provider</u>	<u>Servicing Provider</u>
<a href="#">20000</a>	06/05/2014 - 06/07/2014		0019	M/S Inpatient		



# View Authorization

**View Authorization Response for** [Back to View Authorization Status](#) ?

**Authorization Tracking #**  
 General Authorization Response Instructions [Expand All](#) | [Collapse All](#)

**Requesting Provider Information** +

**Member Information** +

**Diagnosis Information** +

**Facility Provider / Service Details and Bed Information** -

Facility ID		ID Type	NPI	Name				
From Date	To/Through Date	Units/Days	Remaining Units/Days	Amount	Code	Medical Citation	Decision	Reason
06/05/2014	12/31/9999	-	-	-	Revenue 0121-R&B-2 BED-MED-SURG-GYN	<a href="#">View</a>	Pended	Disposition pending review
06/26/2014	12/31/9999	-	-	-	Revenue 0001-Total Charge	<a href="#">View</a>	Pended	Disposition pending review
06/25/2014	12/31/9999	-	-	-	Revenue 0001-Total Charge	<a href="#">View</a>	Pended	Disposition pending review

Edit **View Original Request** **Print Preview**



# Print Authorization



## Nevada Department of Health and Human Services

Division of Health Care Financing and Policy Provider Portal

Print

View Authorization Response for

**Authorization Tracking #**  
General Authorization Response Instructions

**Requesting Provider Information**

**Provider ID**                      **ID Type** NPI  
Provider

**Member Information**

**Recipient ID** 66  
Recipient  
**Birth Date**

**Diagnosis Information**

Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.

Diagnosis Type	Diagnosis Code
ICD-9-CM	4809-VIRAL PNEUMONIA NOS

**Facility Provider / Service Details and Bed Information**

Facility ID	ID Type	NPI	Name	From Date	To/Through Date	Units/Days	Remaining Units/Days	Amount	Code	Decision	Reason
				06/05/2014	12/31/9999	-	-	-	Revenue 0121-R&B-2 BED-MED-SURG-GYN	Pended	Disposition pending review
<b>Medical Citation</b> -											
				06/26/2014	12/31/9999	-	-	-	Revenue 0001-Total Charge	Pended	Disposition pending review
<b>Medical Citation</b> -											
				06/25/2014	12/31/9999	-	-	-	Revenue 0001-Total Charge	Pended	Disposition pending review
<b>Medical Citation</b> -											

Print

Close



# Navigation Bar

*Care management: searching for an authorization*

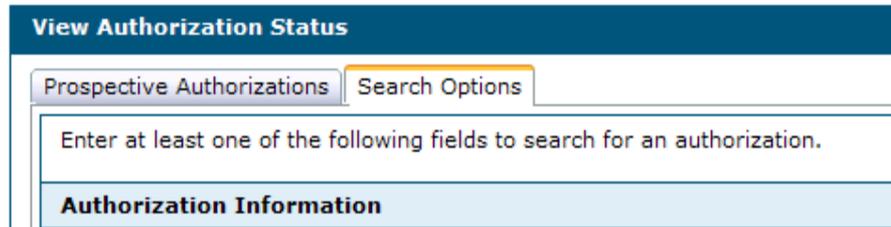
- Click on the “Care Management” tab
- Click “View Status of Authorization”



The screenshot shows a web application interface with a dark blue navigation bar at the top. The bar contains five tabs: "My Home", "Eligibility", "Claims", "Care Management", and "Resources". The "Care Management" tab is currently selected and highlighted in a lighter blue. Below the navigation bar, there is a light blue sub-header area with the text "Create Authorization | View Authorization Status | Maintain Favorite Providers". Underneath this, the text "Care Management" is displayed. A dashed horizontal line separates this from the main content area. In the main content area, there is a light blue button with a document icon and the text "Authorizations". Below this button, there is a list of three links, each preceded by a right-pointing triangle icon: "Create Authorization", "View Status of Authorizations", and "Maintain Favorite Provider List". The link "View Status of Authorizations" is highlighted with a red rectangular border.

# Search for an Authorization

Click on the “Search Options” tab in the view authorization status box



**View Authorization Status**

Prospective Authorizations Search Options

Enter at least one of the following fields to search for an authorization.

**Authorization Information**

Enter any of the following sets of information into the search box:

## 1. Authorization information

- Authorization tracking number (if you have the authorization tracking number you will not need to enter any other information to perform the search)
- Authorization type - select from the drop-down box
- Enter a date range - select from the drop-down box or
- Enter the service date - select from the drop-down box

# Search for an Authorization

## 2. Member information

- Recipient ID
- Birth date
- Last name
- First name

## 3. Provider information

- Enter the following information
- ID Type - select from the drop-down box
- Click on the box that identifies whether you are the servicing or referring provider on the authorization

**Select**

**Search**

# Search Options

**View Authorization Status** ?

Prospective Authorizations **Search Options**

Enter at least one of the following fields to search for an authorization.

**Authorization Information**

**Authorization Tracking Number**

Select a Day Range or specify a Service Date

**Day Range**   **OR** **Service Date**

**Member Information**

Member information is not mandatory. You can either enter the Member ID; or the Last Name, First Name, and Birth Date.

**Recipient ID**  **Birth Date**

**Last Name**  **First Name**

**Provider Information**

**Provider ID**   **ID Type**

**This Provider is the**

Servicing Provider on the Authorization

Referring Provider on the Authorization

# Searching for an Authorization

Results returned will appear at the bottom of the search box:

- Click on “Authorization Tracking Number” to view the authorization
- Columns can be sorted by clicking on the column headers

**Select**  to clear the search and start over



# Searching for an Authorization

- Search Results will be listed on the lower section of the search page.
- From this screen you can click on a tracking number to be taken to the detail of that authorization.

**View Authorization Status** ?

Prospective Authorizations | **Search Options**

Enter at least one of the following fields to search for an authorization.

**Authorization Information**

**Authorization Tracking Number**

Select a Day Range or specify a Service Date

**Day Range** Last 7 days  **OR** **Service Date**

**Member Information**

Member information is not mandatory. You can either enter the Member ID; or the Last Name, First Name, and Birth Date.

**Recipient ID**  **Birth Date**

**Last Name**  **First Name**

**Provider Information**

**Provider ID**   **ID Type**

**This Provider is the**  Servicing Provider on the Authorization  
 Referring Provider on the Authorization

**Search Results**

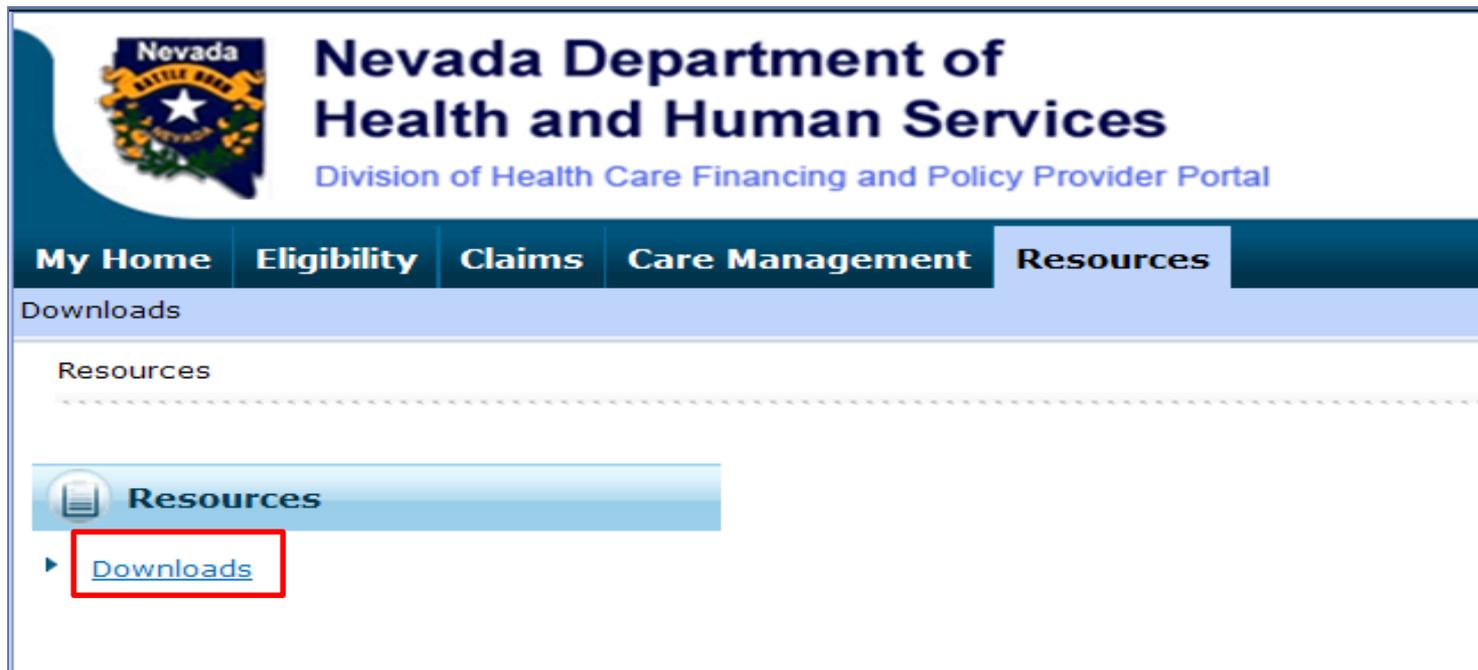
<u>Authorization Tracking Number</u>	<u>Service Date</u> <input type="button" value="v"/>	<u>Recipient Name</u>	<u>Recipient ID</u>	<u>Authorization Type</u>	<u>Requesting Provider</u>	<u>Servicing Provider</u>
<a href="#">20000</a>	06/02/2014 - 06/04/2014			M/S Inpatient		
<a href="#">20000</a>	06/01/2014 - 06/02/2014			M/S Inpatient		
<a href="#">20000</a>	05/28/2014			HH		



# Navigation Bar

## *Resources*

- Click on the “Resources” tab in the Navigation Bar
- Brings you to the resources page
- Click on downloads

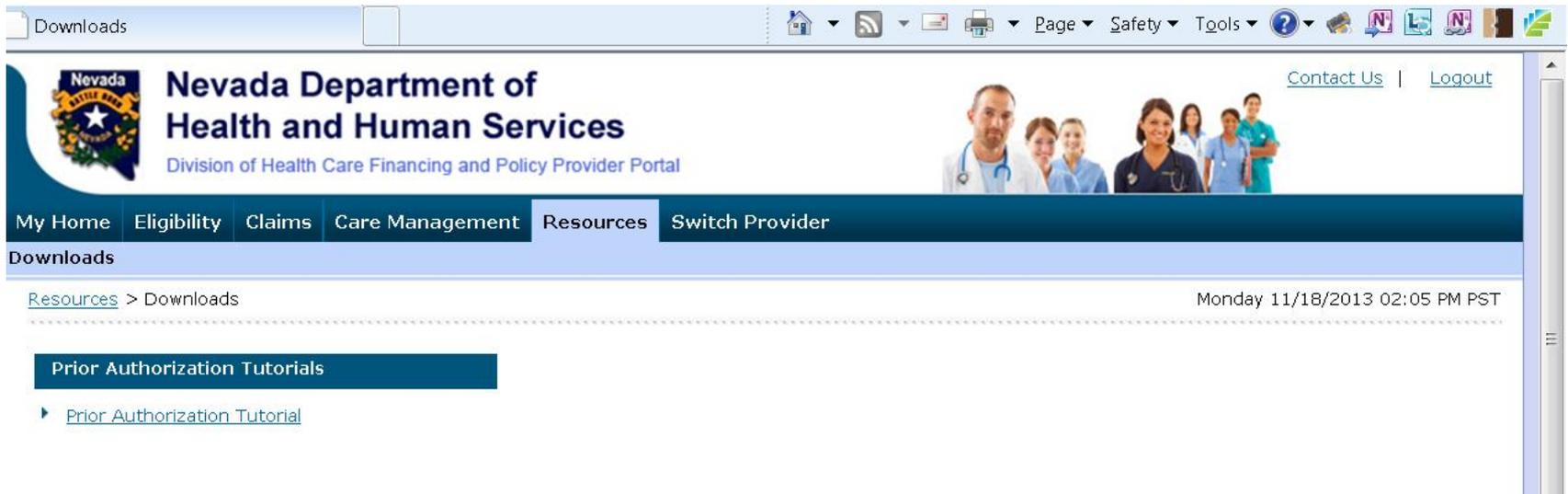


The screenshot shows the top navigation bar of the Nevada Department of Health and Human Services website. The navigation bar includes tabs for 'My Home', 'Eligibility', 'Claims', 'Care Management', and 'Resources'. The 'Resources' tab is currently selected and highlighted. Below the navigation bar, there is a 'Downloads' section. A dropdown menu is open under 'Downloads', showing a 'Resources' link and a 'Downloads' link. The 'Downloads' link is highlighted with a red rectangular box.

# Downloads

This tutorial is available from:

1. The Downloads page



The screenshot shows a web browser window displaying the Nevada Department of Health and Human Services website. The browser's address bar shows "Downloads". The website header includes the Nevada state seal, the text "Nevada Department of Health and Human Services", and "Division of Health Care Financing and Policy Provider Portal". There are links for "Contact Us" and "Logout". A navigation menu contains "My Home", "Eligibility", "Claims", "Care Management", "Resources", and "Switch Provider". Below the navigation menu, the page title is "Downloads". A breadcrumb trail shows "Resources > Downloads". The date and time "Monday 11/18/2013 02:05 PM PST" are displayed in the top right. A blue button labeled "Prior Authorization Tutorials" is visible, with a link below it labeled "Prior Authorization Tutorial".

2. The Provider Training page at [www.medicaid.nv.gov](http://www.medicaid.nv.gov)

3. The Prior Authorization PA Tutorials page at [www.medicaid.nv.gov](http://www.medicaid.nv.gov)

# Downloadable forms

Use these forms that are available on the Providers Forms page at [www.medicaid.nv.gov](http://www.medicaid.nv.gov) when requesting a prior authorization:

Form Number	Title
FA-1	 <a href="#">Durable Medical Equipment Prior Authorization Request</a>
FA-1A	 <a href="#">Usage Evaluation for Continuing Use of BIPAP and CPAP Devices</a>
FA-1B	 <a href="#">Mobility Assessment and Prior Authorization (PA), Revised 12/29/10</a>
FA-1B Instructions	 <a href="#">Mobility Assessment and Prior Authorization (PA) Instructions</a>
FA-2	 <a href="#">Durable Medical Equipment (DME) and Vision History Request</a>
FA-3	 <a href="#">Inpatient Rehabilitation Referral/Assignment</a>
FA-4	 <a href="#">Long Term Acute Care Prior Authorization</a>
FA-6	 <a href="#">Outpatient Medical/Surgical Services Prior Authorization Request</a>
FA-7	 <a href="#">Outpatient Rehabilitation and Therapy Services Prior Authorization Request</a>
FA-8	 <a href="#">Inpatient Medical/Surgical Prior Authorization Request</a>
FA-8A	 <a href="#">Induction of Labor Prior to 39 Weeks and Scheduled Elective C-Sections</a>
FA-10A	 <a href="#">Psychological Testing</a>
FA-10B	 <a href="#">Neuropsychological Testing</a>
FA-10C	 <a href="#">Developmental Testing</a>
FA-10D	 <a href="#">Neurobehavioral Status Exam</a>
FA-11	 <a href="#">Outpatient Mental Health Request</a>
FA-11A	 <a href="#">Behavioral Health Authorization</a>
FA-11D	 <a href="#">Substance Abuse/Behavioral Health Authorization Request</a>
FA-12	 <a href="#">Inpatient Mental Health Prior Authorization</a>



# Downloadable forms

FA-13	 <a href="#">Residential Treatment Center Concurrent Review</a>
FA-13A	 <a href="#">RTC Therapeutic Home Pass Form</a>
FA-14	 <a href="#">Inpatient Mental Health Services Concurrent Review Request</a>
FA-15	 <a href="#">Residential Treatment Center Prior Authorization</a>
FA-16	 <a href="#">Home Health Agency Prior Authorization Request</a>
FA-17	 <a href="#">Adult Day Health Care Services Prior Authorization Request</a>
FA-17 Instructions	 <a href="#">Adult Day Health Care Services Prior Authorization Request Instructions</a>
FA-18	 <a href="#">Level 1 Identification Screening for PASRR</a>
FA-19	 <a href="#">Level of Care Assessment for Nursing Facilities</a>
FA-19 Instructions	 <a href="#">Level of Care Assessment for Nursing Facilities Instructions</a>
FA-20	 <a href="#">PASRR and LOC Copy Request</a>
FA-21	 <a href="#">PASRR and LOC Data Correction Form</a>
FA-22	 <a href="#">Screening Request for Pediatric Specialty Care Services</a>
FA-24	 <a href="#">Personal Care Services (PCS) Prior Authorization</a>    <a href="#">PCS Assessment Forms</a>
FA-24 Instructions	 <a href="#">Personal Care Services (PCS) Prior Authorization Instructions</a>
FA-24A	 <a href="#">Coordination of Hospice and Waiver or Personal Care Services (PCS)</a>
FA-24A Instructions	 <a href="#">Coordination of Hospice and Waiver or Personal Care Services (PCS) Instructions</a>
FA-24B	 <a href="#">Legally Responsible Individual (LRI) Availability Determination for the Personal Care Services Program</a>
FA-25	 <a href="#">Handicapping Labiolinqual Deviation (HLD) Index Report</a>
FA-26	 <a href="#">Client Treatment History Report (For Medicaid Orthodontic Treatment)</a>
FA-26A	 <a href="#">Dental History Request</a>
FA-27	 <a href="#">Hospice Notification Form</a>
FA-28	 <a href="#">Hospice Medical Ancillary Information</a>
FA-29	 <a href="#">Prior Authorization Data Correction Form</a>

# Fax/Mail/Phone Submission of Authorization

Prior Authorization  
Submission



# Submitting additional information



Additional information including:

- Forms that were not submitted with original authorization
- Notes
- Medical justification

Fax to:

HPES Prior Authorization department  
Each form lists the correct fax number to use

\*Note: Include the original PA tracking number on all additional correspondence

# Faxing Authorization Requests

Requests may be faxed to HPES as indicated:

Dental: 855-709-6848

PASRR: 855-709-6847

PCS: 855-709-6846

All Other: 866-480-9903



# Mailing Authorization Requests

## **Dental and Personal Care Aid (PCA) Requests:**

HPES

Attention: "Dental PA" or "PCA PA"

PO BOX 30042

Reno, NV 89520-3042



## **All Other Services (except Pharmacy):**

HPES

Attention: Nevada Medicaid Prior Authorization

6511 SE Forbes Ave., Bldg 283

Topeka, KS 66619-0287

# Phone Requests for Authorization

Calls are accepted at our Customer Service Center  
Monday – Friday 8:00 a.m. – 5:00 p.m. Pacific Time  
Prior Authorization  
1-800-525-2395



# QUESTIONS?



Thank you for attending today's session.

