Prior Authorization Submission

NEVADA MEDICAID
AND
NEVADA CHECK UP

Updated June 2014

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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”
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

Answer the challenge question to verify your identity.

**Challenge Question**

What is your mother's maiden name?

**Continue**

Forgot answer to challenge question?

Select:

- This is a personal computer. Register it now.
- This is a public computer. Do not register it.
Site Key and Passphrase

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

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
- EPSTI

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!

All Claim Inquiries should be submitted to the following Address:

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

Provider Web Portal Quick Reference Guide [Review]
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

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

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

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
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Welcome Health Care Professional!

Contact Us
Secure Correspondence

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P.O.Box 30042
Reno, NV 89520-3042

We are committed to making it easier for physicians and other providers to perform their business. 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.

Provider Web Portal Quick Reference Guide [Review]
Recipient Information Entry

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.

Recipient ID ____________________________

SSN ____________________________

* Effective From ____________________________

Last Name ____________________________

Birth Date ____________________________

First Name ____________________________

Effective To ____________________________

Service Type Code Search

Service Type Code: 30-Health Benefit Plan Coverage

Submit  Reset
**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.
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
Welcome Health Care Professional!

We are committed to making it easier for physicians and other providers to perform their business. 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.

Provider Web Portal Quick Reference Guide [Review]
Create Authorization

Step 1

Create Authorization

- 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

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.
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.
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.
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.
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

Create Authorization: Step 1

<table>
<thead>
<tr>
<th>General Auth Step 2 Instructions</th>
<th>Requesting Provider Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member Information and Authorization Type</td>
<td>Facility Information</td>
</tr>
</tbody>
</table>

Contact Us | Logout
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 will provide information regarding the implementation of ICD-10 codes)
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

* 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.

<table>
<thead>
<tr>
<th>Surgical Procedure Type</th>
<th>Surgical Procedure Code</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Surgical Procedure Type</td>
<td>Surgical ICD-9</td>
<td></td>
</tr>
</tbody>
</table>

[Add] [Cancel]

### 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.

<table>
<thead>
<tr>
<th>Transmission Method</th>
<th>File</th>
<th>Control #</th>
<th>Attachment Type</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Transmission Method</td>
<td>EL-Electronic Only</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Upload File</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*Attachment Type</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

[Add] [Cancel]

* 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 additional as needed. Click the Remove link to remove the entire row.

<table>
<thead>
<tr>
<th>Diagnosis Type</th>
<th>Diagnosis Code</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Diagnosis Type</td>
<td>100-900</td>
<td>*Diagnosis Code</td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>From Date</th>
<th>To Date</th>
<th>Code</th>
<th>Modifiers</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>*From Date</td>
<td>*To Date</td>
<td>*Code</td>
<td>*Modifiers</td>
<td>*Units</td>
</tr>
</tbody>
</table>

**Medical Justification**

**Attachments**

To include an attachment electronically with the Ancillary Prior Authorization Request, browse and select the attachment, select an Attachment Type and then click 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.

<table>
<thead>
<tr>
<th>Transmission Method</th>
<th>File</th>
<th>Control #</th>
<th>Attachment Type</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Transmission Method</td>
<td>*File</td>
<td>*Control #</td>
<td>*Attachment Type</td>
<td>*Action</td>
</tr>
</tbody>
</table>

* Required Fields
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.

<table>
<thead>
<tr>
<th>Diagnosis Type</th>
<th>Diagnosis Code</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICD-9-CM</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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.

<table>
<thead>
<tr>
<th>From Date</th>
<th>To Date</th>
<th>Code</th>
<th>Modifiers</th>
<th>Units</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Required Fields*
Create Authorization – M/S Outpatient/Lab, BH Outpatient, Home Health, DME

Step 2

* 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

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.

* 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:

![Unsaved Data Warning]

**The prior page contained unsaved Service Detail changes. If changes needed to be saved, navigate back to the page, reapply the changes to the table, and save.**
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:

![Unsaved Data Warning](image)
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 Back 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 Confirm to send your authorization.
Finalizing Authorization
Confirming your submission

### Confirm Authorization

<table>
<thead>
<tr>
<th>General Auth Step 2 Instructions</th>
<th>Expand All</th>
<th>Collapse All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requesting Provider Information</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Member Information and Authorization Type</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service Provider Information</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Diagnosis Information

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

<table>
<thead>
<tr>
<th>Diagnosis Type</th>
<th>Diagnosis Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICD-9-CM</td>
<td>4019-HYPERTENSION NOS</td>
</tr>
</tbody>
</table>

Is this request pregnancy related? No
Is the EDC related to the service? No

### Service Details

<table>
<thead>
<tr>
<th>From Date</th>
<th>To Date</th>
<th>Code</th>
<th>Modifiers</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/05/2014</td>
<td>06/05/2014</td>
<td>CPT/HCPCS 99213-OFFICE/OUTPATIENT VISIT EST</td>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>
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

Your Authorization Tracking Number 1006883 was successfully submitted.

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

General Authorization Receipt Instructions
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

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
Copying an Authorization

Select authorization 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:
• 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”
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](image)

<table>
<thead>
<tr>
<th>Authorization Tracking Number</th>
<th>Service Date</th>
<th>Recipient Name</th>
<th>Recipient ID</th>
<th>Authorization Type</th>
<th>Requesting Provider</th>
<th>Servicing Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>20000</td>
<td>06/05/2014 - 06/07/2014</td>
<td></td>
<td>0019</td>
<td>M/S Inpatient</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## View Authorization

### View Authorization Response for

#### General Authorization Response Instructions

#### Requesting Provider Information

#### Member Information

#### Diagnosis Information

### Facility Provider / Service Details and Bed Information

<table>
<thead>
<tr>
<th>From Date</th>
<th>To/Through Date</th>
<th>Units/Days</th>
<th>Remaining Units/Days</th>
<th>Amount</th>
<th>Code</th>
<th>Medical Citation</th>
<th>Decision</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/05/2014</td>
<td>12/31/9999</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>Revenue 0121-R&amp;B-2 BED-MEDSURG-GYN</td>
<td>View</td>
<td>Pended</td>
<td>Disposition pending review</td>
</tr>
<tr>
<td>06/26/2014</td>
<td>12/31/9999</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>Revenue 0001-Total Charge</td>
<td>View</td>
<td>Pended</td>
<td>Disposition pending review</td>
</tr>
<tr>
<td>06/25/2014</td>
<td>12/31/9999</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>Revenue 0001-Total Charge</td>
<td>View</td>
<td>Pended</td>
<td>Disposition pending review</td>
</tr>
</tbody>
</table>

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**Edit**

**View Original Request**

**Print Preview**
# Print Authorization

## Nevada Department of Health and Human Services

**Division of Health Care Financing and Policy Provider Portal**

---

### View Authorization Response for

**Authorization Tracking #:**

**General Authorization Response Instructions**

**Requesting Provider Information**

- **Provider ID:** 
- **ID Type:** 
- **NPI:** 

**Provider:**

**Recipient Information**

- **Recipient ID:** 56
- **Recipient:** 
- **Birth Date:** 

**Diagnosis Information**

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

<table>
<thead>
<tr>
<th>Diagnosis Type</th>
<th>Diagnosis Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICD-9-CM</td>
<td>4809-VIRAL PNEUMONIA NOS</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Facility ID</th>
<th>ID Type</th>
<th>NPI</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>From Date</th>
<th>To/Through Date</th>
<th>Units/Days</th>
<th>Remaining Units/Days</th>
<th>Amount</th>
<th>Code</th>
<th>Decision</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/05/2014</td>
<td>12/31/9999</td>
<td></td>
<td></td>
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<td></td>
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<td>Disposition pending review</td>
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<td>Disposition pending review</td>
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<td>Pended</td>
<td>Disposition pending review</td>
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**Medical Citation**

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<thead>
<tr>
<th>From Date</th>
<th>To/Through Date</th>
<th>Units/Days</th>
<th>Remaining Units/Days</th>
<th>Amount</th>
<th>Code</th>
<th>Decision</th>
<th>Reason</th>
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</tr>
</tbody>
</table>

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56 2014 Prior Authorization Submission
Navigation Bar

Care management: searching for an authorization

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

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

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
Search Options

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

Last Name

Birth Date

First Name

Provider Information

Provider ID

ID Type

This Provider is the

Servicing Provider on the Authorization

Referring Provider on the Authorization

Search  Reset
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 Reset 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.
Navigation Bar

Resources

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

This tutorial is available from:

1. The Downloads page

2. The Provider Training page at 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:

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

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