

Home and Community Based Waiver for Persons with Physical Disabilities

Definition

Nevada Medicaid's Home and Community Based Waiver for Persons with Physical Disabilities (PD) program offers home and community based services to recipients with physical disabilities. Recipients enrolled in this program would require institutional care without these waiver services.

Prior authorization

All services except case management must be prior authorized in order to receive payment.

Each recipient is assigned a case manager from the nearest DHCFP District Office. The case manager requests prior authorization for all services (with the exception of case management) based on medical necessity as documented in the recipient's POC.

Verify prior authorization before providing service

Providers should verify that an approved prior authorization is in place before providing service. It is the DHCFP case manager's responsibility to obtain prior authorization.

Approved authorization can be verified online through **EVS**, by calling **ARS at (800) 942- 6511** or by utilizing a **swipe card system**. Each of these methods is described in Chapter 3 of the [Billing Manual](#) on the Hewlett Packard Enterprise (HPE) website (select "Billing Information" from the "Providers" menu).

Providers may also **contact the recipient's case manager** to verify that a service(s) has been prior authorized. Case managers may be reached at the following DHCFP District Offices:

Carson City

1000 East William Street, Suite 118
Carson City, NV 89701
Phone: (775) 684- 3651
Fax: (775) 684-3663

Elko

1010 Ruby Vista Drive, Suite 103
Elko, NV 89801
Phone: (775) 753-1191
Fax: (775) 753-1101

Las Vegas

1210 S. Valley View, Suite 104
Las Vegas, NV 89102
Phone: (702) 668-4200
Fax: (702) 668-4280

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Reno

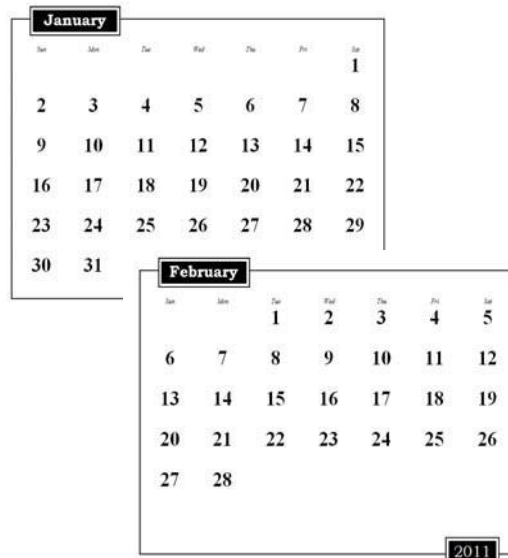
560 Hammill Lane
Reno, NV 89511
Phone: (775) 687-1900
Fax: (775) 687-1901

Billing instructions

Submit claims to HPE. Claims must comply with the [CMS-1500 Claim Form Instructions](#) on the HPE website (at www.medicaid.nv.gov select "Billing Information" from the "Providers" menu).

Please note:

- **Field 21** (Diagnosis or nature of illness or injury) is required.
- In **Field 23**, you may only enter one authorization number per claim form.
- In **Field 24A**:
 - You may only bill for dates within the approved authorization period.
 - You may only bill for dates on which service was provided—per diem services may not be billed for days the recipient is not present in the facility.
 - You may bill up to one *calendar* week of service per claim line provided that service was rendered on each day and the week does not span calendar months, e.g., billing January 30, 2011 through February 5, 2011 on one claim line is unacceptable. One *calendar* week is defined as Sunday through Saturday—e.g., a Wednesday through Wednesday billing contains days from two different calendar weeks and cannot be billed on one claim line.
 - You may only bill one calendar month of service on a claim form, e.g., you may bill January 1 through January 30 on one claim form or February 1 through 28 on one claim form—but not January 15 through February 15.



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As an example, the following table illustrates the dates to enter on each claim line in Field 24A when billing for services provided each day from January 24, 2011 through February 28, 2011. Two claim forms are required.

Form #	Line #	Dates to Bill
1	1	January 24-29
1	2	January 30-31
2	1	February 1-5
2	2	February 6-12
2	3	February 13-19
2	4	February 20-26
2	5	February 27-28

In the un-shaded area of **Field 24D**, enter one of the codes below to bill for services rendered according to the recipient's POC.

- S5120 (chore services); 15 minutes = 1 unit
 - S5125 (attendant care service); 15 minutes = 1 unit
 - S5130 (homemaker service NOS); 15 minutes = 1 unit
 - S5150 (unskilled respite care); 15 minutes = 1 unit
 - S5160 (emergency response system installation and testing)
 - S5161 (emergency response system monthly service fee)
 - S5165 (home modifications per service)
 - S5170 (home-delivered, prepared meal)
 - S5199 (personal care item NOS, each)
 - T1016 (case management)
 - T2031 (Assisted Living waiver); paid per diem
- **Field 24E** (Diagnosis pointer) is required.