Prior Authorization
Quick Reference Guide

This document provides valuable tips for navigating the Prior Authorization (PA) Submission Tool.

Quick Tip #1: Faxed Authorization Submissions

1.) When submitting a request for authorization, ensure that all necessary documents are being sent in, i.e., plan of treatment, initial assessment, etc.

2.) Include your NPI and provider type (i.e. 10, 11, 12, 20, etc.) on the faxed documents. These elements can be written or typed on your fax cover sheet or on the documents you are faxing, such as an "FA" prior authorization form.

3.) Utilize the "FA" forms. These forms ensure you are providing the information required to process your authorization request. The forms can be found at www.medicaid.nv.gov. Click on the "Provider" tab, click on "Forms," and then choose, complete, print and fax the appropriate "FA" form.

4.) If you have submitted your PA request via the Provider Web Portal, but were unable to attach your documents because of the size, you may fax those documents. You MUST reference the original prior authorization tracking number on your documents to ensure the faxed documents will be matched up to the correct request.

Quick Tip #2: Online Authorization Submissions

1.) Remember that the application times out after 30 minutes of inactivity; for this reason, it is advisable to complete the PA submission in one sitting.

2.) At this time, the "Medical Justification" field is limited to 100 characters. HPES is currently working to expand the limit. Providers will be notified when this feature is available.

3.) After a PA is submitted through the Provider Web Portal, you CANNOT submit/attach additional information to that PA. You will need to fax the additional documents and reference the PA number on the documents.

4.) Concurrent/continued stays cannot be submitted through the Provider Web Portal at this time. If you need to request a concurrent/continued stay, you will need to fax the request and reference the original PA number on the form. If additional units/days are approved, they will be added to the original authorization and a new PA number will not be issued. If you submit a new PA request through the Provider Web Portal, a new authorization number will be issued.

5.) Use "Member Focused Viewing" to start your authorization submission. This will save time and help to eliminate "mis-matched" recipient information.

6.) Do NOT key any decimals into the diagnosis code fields.

7.) Utilize the current "FA" forms as attachments. This can be done by completing the form, saving it to your desktop, then attaching the document to the online submission. An example would be the FA-11A form.

8.) Follow these steps to ensure that your attachment has been added to your service line:

   a. Enter the appropriate diagnosis code.
   b. Enter the "Service Details."
   c. Click on "Browse" to choose your attachment.
   d. Click on "Add" for the attachment.
   e. Click on "Add Service."

9.) Be sure to review your information before clicking the "Confirm" button.

Quick Tip #3: Searching Authorization Status

1.) Keep your PA tracking number handy. This is the easiest way to search for status.

2.) Follow these steps to search for information:

   a. Authorization Information

    i. Enter the "Authorization Tracking Number."

    ii. Select the "Day Range." To indicate a "Day Range" that is not within the last 30 days, scroll to the top of the "Day Range" categories and select the blank range.

    iii. Click "Search."

    iv. Search results will appear at the bottom of the screen.

  b. Member Information

    i. Enter the member's information. Enter only the Recipient ID # or the Recipient's Last name, First name & Date of Birth.

    ii. Select a "Day Range."

    iii. Click "Search."

    iv. Search results will be displayed at the bottom of the screen.

  c. Provider Information

    i. Enter the provider's NPI.

    ii. Select a "Day Range."

    iii. Click "Search."

    iv. Search results will be displayed at the bottom of the screen.

Quick Tip #4: Viewing Authorizations

1.) To view the details of an authorization, click on the "Authorization Tracking Number." It will be blue in color and underlined.

2.) The status of an authorization always defaults to "Pended" until a determination is complete. While in "Pended" status, the "Reason" will show "Additional Patient Information Required." This means that your authorization is still in process. You do not need to submit additional information unless you are requested to do so.

3.) Always check the details of your authorization by clicking all the way into it. It may show "Pended" on the summary view, but when you view the details you may find that it has been partially approved.

4.) The "Remaining Units/Days" will begin to count down as claims are processed. You will see only a "dash" in this field until a claim is processed.

5.) "Certified in Total" means that your PA request was approved for exactly what you requested.

6.) "Not Certified" means that your PA was not approved.

7.) Pay attention to the "Medical Citation" field. If additional information is needed, a note will be added to this field for you to click on and view details. This also applies to PA requests that have been denied. The details can be accessed through this field.

8.) If you submitted your authorization request through the Provider Web Portal, you will be able to view the original request, which will include codes. If you faxed your request, you may only be able to see the summary and status of the request, not the original details.

9.) If you are searching for a PA number by the Recipient ID and it is more than 30 days old and you do not know the start date of the authorization, you will need to call to get the PA number. You will not be able to find the information on the web portal. Please call (877) 638-3472.