

PT 34 Therapy Providers Tip Sheet

New to Nevada Medicaid Provider Resources

PT 34 Billing Guidelines


Starting point for basic requirements, policy specifics, FA-7 form for prior authorizations, and much more

Billing Manual Chapter 4

List of prior authorization guidelines including how to request a prior authorization

PWP User Manual

Chapter 1 will provide information on how to register (if you have not done so). Chapter 4 will provide step-by-step prior authorization instructions.

 **Reminder:** Medical records and documents that consist of multiple pages must contain the following information on each page: *Recipient's name, date of service, and page number*

First Prior Authorization

*Must be requested at least three (3) days prior to services being rendered

Use form FA-7 (*Outpatient Rehabilitation and Therapy Services Prior Authorization Request*) Process Type will be OUTPT M/S

First PA submission will need:

FA-7, Provider Referral, Evaluation, and Plan of Care (POC)

A therapy evaluation that includes deficits (functional limitations defined by level of difficulty) will require a treatment plan and measurable goals. Weeks and units requested need to align with all documents and fields in the PA. Be sure the treatment plan matches both your request and physician's order.

FA-7 requests can be up to 90 days for ages 21+ and 180 days for age 20 and younger

Speech, Occupational, or Physical Therapy: Use Form FA-7 In "Other Clinical Information", include CPT Codes with number of units and weeks requested, and date to begin services. Reminder that the PA request date must be at least three days prior to start date of services.

Be sure to make the request clear. Please include:

Which procedure is requested, why it is requested, any additional background information, and medical diagnosis (ex: wheelchair bound, nonverbal, deaf/hard of hearing, etc.)

If the provider referral includes a specific date range or times per week, the prior authorization request must match to ensure the treatment plan matches the request/provider referral.

Referrals Should Include:

- Recipient's Name
- Recipient's ID
- Date
- Description of the abnormality
- Contact information for the recipient's primary care provider (if different from screening provider)
- Name of the provider who is to perform the referred service (if known)

Retro Prior Authorization

A retro prior authorization may only be requested when recipient eligibility is backdated or NPI terms during the revalidation process.

Use [Chapter 4 of the Medicaid Billing Manual](#) for more information.

Continued Service Requests

*Recommended 5-15 days before current services end

Please include: *re-evaluation note, doctor or physician order, progress report, and new FA-7*

- Doctor order/referral can be written for one year and used every 90/180 days up to a year with continued services PA request
- When requesting additional units, it is required to provide a progress report, unless the second page of the new FA-7 is completely filled out

Other Forms

FA-6: [Unscheduled Revisions](#) (Requests for revenue code, CPT code, or units)

FA-29: [Data Correction for Non-Clinical Information](#) (Used to correct or modify non-clinical, identifying data on a previously submitted request)

FA-29A: [Termination of Services](#) (Used when recipient has or is receiving services with a different provider and now wants services with you; to be completed with your initial PA request. Must be complete along with services/CPT's to avoid denial.)

FA-29B: [Reconsideration](#) (Used when a PA has been denied and you have additional documentation or information you want to submit for review and consideration that supports the request.)

Helpful Tools



[Authorization Criteria Search](#)



[Nevada Medicaid YouTube: PA Overview](#)



[Day Calculator](#)



[Provider Web Portal](#)



[Fee Schedule Search](#)



[WA 1728 \(FA-7 Information\)](#)



[Nevada Medicaid Website](#)



[WA 3609 \(Medical Record Documentation Policy\)](#)

Contact Information

Prior Authorization Call Center (PA Questions): 800-525-2395

Gainwell Technologies Contact Center: 877-638-3472

To contact a Field Representative, send your inquiry along with NPI to

nevadaprovidertraining@gainwelltechnologies.com