

Prior Authorization Submission



©2013 Hewlett-Packard Development Company, L.P.
The information contained herein is subject to change without notice



Topics

- Submitting a prior authorization using the 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>

The screenshot shows the homepage of the Nevada Department of Health and Human Services Provider Portal. At the top left is the Nevada state seal. The main header reads "Nevada Department of Health and Human Services" and "Division of Health Care Financing and Policy Provider Portal". On the right, there are links for "Contact Us" and "Login" next to a group photo of healthcare professionals. A navigation bar below the header has "Home" selected. The main content area includes a "Provider Login" section with a text input field for "User ID", 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 features for healthcare providers. Below this text is a photograph of two healthcare professionals in white coats looking at a computer monitor. At the bottom of the main content area is a link for "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 In what city were you born?

***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

R3.5

© 2011 Hewlett-Packard Development Company, L.P. All rights reserved. | [Privacy Notice](#)



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

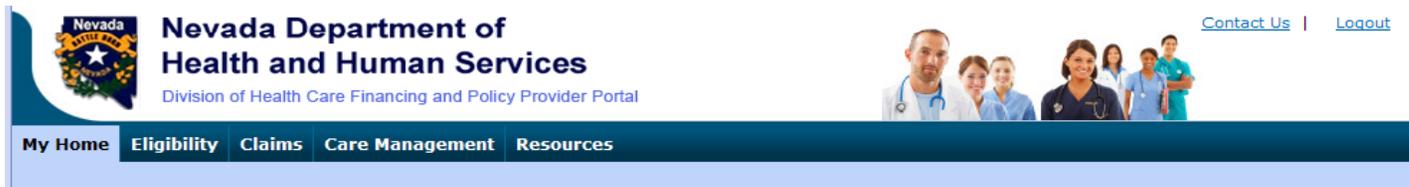
- You will be taken to the Welcome Screen/page where you can verify all provider information on left margin of screen.
- It is important to verify all of the information to ensure that you are logged in correctly.
- On this page you will find important broadcast messages from the Division of Health Care 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.



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

Return to 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**

My Home

Provider

- Name
- Provider ID
- Location ID
- ▶ [My Profile](#)
- ▶ [Manage Account](#)

Provider Services

- ▶ [Member Focused Viewing](#)
- ▶ [Search Payment History](#)

Welcome Health Care Professional!



[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

Broadcast Messages

We Have a New Look

Welcome to the new Nevada Department of Human Services Medicaid Administration Portal. We have recently switched over to a new look and feel. Please take a few minutes and look around to get familiar with the new layout. The new site has all the same functionality as the old plus we have added a few new features.



Navigation Bar

Eligibility

Search for recipient eligibility using the following required criteria:

- Last name
- First name
- Birth date
- Effective date
- Social Security Number or recipient ID number

Results returned include:

- Effective date
- End date
- Coverage type
- 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



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

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

My Home

Provider

Name Joan Thompson
Provider ID 3332229990 (NPI)
Location ID LOC-34545

- [My Profile](#)
- [Manage Account](#)

Provider Services

- [Member Focused Viewing](#)
- [Search Payment History](#)

Welcome Health Care Professional!



[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

We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and submit claims, our secure site provides access to benefits, answers to frequently asked questions, and the ability to search for providers.

Broadcast Messages

We Have a New Look
01/01/2011

Welcome to the new Nevada Department of Human Services Medicaid Administration Portal. We have recently switched over to a new look and feel. Please take a few minutes and look around to get familiar with the new layout. The new site has all the same functionality as the old plus we have added a few new features.



Recipient Information Entry



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](#)

Eligibility

Eligibility Verification Request ?

* Indicates a required field.
Enter the Patient information. Verification for a Member requires either Member ID or SSN.

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

R3.5 © 2011 Hewlett-Packard Development Company, L.P. All rights reserved. | [Privacy Notice](#)



Individual Recipient Information



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

Eligibility

Eligibility Verification Request
?

* Indicates a required field.
Enter the Patient information. Verification for a Member requires either Member ID or SSN.

Recipient ID

SSN

***Effective From**

***Last Name**

***Birth Date**

Effective To

***First Name**

Eligibility Verification Information

Recipient ID	Birth Date	End Date	Primary Care Provider
Coverage	Effective Date	End Date	
Medicaid Healthy Care 2	02/01/2010	12/31/2010	

[Other Insurance Detail Information](#)

R3.5
© 2011 Hewlett-Packard Development Company, L.P. All rights reserved. | [Privacy Notice](#)



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 you 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
- You may have up to 20 providers on your 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**

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

My Home | [Create Authorization](#) | Wednesday 06/22/2011 01:46 PM EST

Provider

Name Joan Thompson
Provider ID 3
Location ID L
[My Profile](#)
[Manage Account](#)

Provider Services

- [Member Focused Viewing](#)
- [Search Payment History](#)

Welcome Health Care Professional!

[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

We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and submit claims, our secure site provides access to benefits, answers to frequently asked questions, and the ability to search for providers.

Broadcast Messages

We Have a New Look

01/01/2011

Welcome to the new Nevada Department of Human Services Medicaid Administration website. We have recently switched over to a new look and feel. Please take a few minutes and look around to get familiar with the new website. The new website has all the same functionality as the old plus we have added a few new features.



Create Authorization

Step 1



 **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

- **Inpatient**
 - Acute, Rehab, SNF/ICF, Mental Health
- **Outpatient**
 - Med/Surg, Referral, Therapies, HH, OB, Mental Health
- **Ancillary**
 - DME, LAB, Diagnostics, Transportation

I have secured a signed statement permitting release of medical billing data related to a claim.

NOTE: This box **MUST** be checked or you cannot proceed with requesting an authorization.

Select

Continue



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 Wednesday 06/22/2011 01:46 PM EST

Create Authorization: Step 1 ?

* Indicates a required field.

Requesting Provider Information

General Provider Header Instructions

Provider ID	3332229990	ID Type	NPI	Name	Joan Thompson
--------------------	------------	----------------	-----	-------------	---------------

Member Information and Authorization Type

General Member and Auth Type Instructions

*Recipient ID	<input type="text"/>	*First Name	<input type="text"/>
*Last Name	<input type="text"/>	*Authorization Type	<input type="text"/>
*Birth Date	<input type="text"/>		

***I have secured a signed statement permitting release of medical billing data related to a claim.**

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

R3.5

© 2011 Hewlett-Packard Development Company, L.P. All rights reserved. | [Privacy Notice](#)



Inpatient Authorization

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

The inpatient authorization provider required fields (*) are:
Facility ID, ID Type and Facility Type.

***I have secured a signed statement permitting release of medical billing data related to a claim.**

***Authorization Type**

Facility Information

General Facility Header Instructions

Select from Favorites

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

***Facility Type**



Outpatient & Ancillary Authorization

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

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

***I have secured a signed statement permitting release of medical billing data related to a claim.**

***Authorization Type** Ancillary (DME, Lab, Diagnostics, Transportation)

Service Provider Information

General Service Provider Header Instructions

Service Provider same as Requesting Provider

Select from Favorites

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

***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 Wednesday 06/22/2011 01:50 PM EST

Create Authorization: Step 1 ?	
General Auth Step 2 Instructions	Expand All Collapse All
Requesting Provider Information	+
Member Information and Authorization Type	+
Facility Information	+



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
 - 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 (*)

Diagnosis Information

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

***Diagnosis Codes**



Create Authorization

Step 2

Inpatient authorizations

- Diagnosis
- Bed information
 - From date
 - Number of days
- Revenue code – searchable using the first characters of the code
- Medical justification
- Procedures
 - ICD-9 surgical codes – searchable using the first characters of the code
- Attachments



Create Authorization

Step 2

Create Authorization: Step 2 [Expand All](#) | [Collapse All](#)

* Indicates a required field.

Diagnosis Information [-]

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

***Diagnosis Codes**

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 type="text"/>				
<input type="button" value="Add"/> <input type="button" value="Cancel"/>				

Procedures [-]

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

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

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

* Required Fields



Create Authorization

Step 2

Outpatient authorization

- 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

Step 2

Create Authorization: Step 2

* Indicates a required field. [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.

*Diagnosis Codes

*Is this a request for home health care, private duty nursing, or services by a nurses' agency? Yes No

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 CPT/HCPCS	*Code <input type="text"/>		
Modifiers <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
*Units <input type="text"/>					
Homebound - Unable to receive services in alternative setting <input type="checkbox"/>	Making Progress in Therapy <input type="checkbox"/>				
*Goals <input type="text"/>					
*Medical Justification <input type="text"/>					

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.

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 Name	Control #	Attachment Type	Action
Click to collapse.				
*Transmission Method <input type="text"/>				
Upload File <input type="text"/>	<input type="button" value="Browse..."/>			
*Attachment Type <input type="text"/>				

* Required Fields



Create Authorization

Step 2

Ancillary authorization

- Diagnosis
- Service details
 - From date
 - Code type – CPT/HCPCS, ICD-9 surgical code
 - ICD-9 Code – Searchable using the first 3 characters of the code
 - Modifiers
 - Units
 - Medical Justification
- Attachments



Create Authorization

Step 2

Service Provider Information +

Create Authorization: Step 2

* Indicates a required field. [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.

***Diagnosis Codes**

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** **To Date** ***Code Type** ***Code**

Modifiers

***Units**

***Medical Justification**

Attachments +

Facility -

General Facility Header Instructions

Select from Favorites

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

Facility Type

* Required Fields



Attachments

- 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
- 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 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.

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 of 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 Name	Control #	Attachment Type	Action
EL-Electronically Only	This is a test attachment for testing the system.docx (260K)	20110622577423	D2-Physician Order	Remove

Click to collapse.

*Transmission Method

Upload File

*Attachment Type



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 to Step 2** 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

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

Create Authorization | View Authorization Status | Maintain Favorite Providers

Care Management > Create Authorization 2 > Confirm Authorization

Create Authorization: Step 1 ?

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

Requesting Provider Information +

Member Information and Authorization Type +

Service Provider Information +

Create Authorization: Step 2

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

Diagnosis Information -

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

Diagnosis Codes 331-WHOOPING COUGH DUE TO BORDETELLA PARAPERTUSSIS

Service Details -

	From Date	To Date	Code	Modifiers	Units
+	07/11/2011	07/11/2011	21282-LAT CANTHOPEXY		1

[Back to Step 2](#) [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

Authorization Receipt ?

Your Authorization Tracking Number 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 Thursday 06/23/2011 08:35 AM EST

Authorization Receipt ?

Your Authorization Tracking Number 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

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 



Navigation Bar

Care Management: view authorization status

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



The screenshot displays a web application navigation bar with the following elements:

- Navigation Tabs:** My Home, Eligibility, Claims, **Care Management** (selected), Resources
- Sub-navigation:** Create Authorization | View Authorization Status | Maintain Favorite Providers
- Care Management Section:** Care Management
- Authorizations Section:** Authorizations
- Links:**
 - ▶ [Create Authorization](#)
 - ▶ [View Status of Authorizations](#) (highlighted with a red box)
 - ▶ [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.

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

- A snapshot of the authorization is displayed
- Click on  **Display My 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
- Columns are sortable by clicking on column heading

View Authorization Status ?

Prospective Authorizations
Search Options

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							
Authorization Tracking Number	Service Date ▲	Status	Recipient Name	Recipient ID	Authorization Type	Requesting Provider	Servicing Provider
1006692	07/11/2011	Pended	Bell, Joseph	330001	Outpatient (Med/Surg, Referral, PT/OT, HH, Maternity)	Joan Thompson, MD	Joan Thompson, MD
1006691	07/11/2011	Pended	Bell, Joseph	330001	Outpatient (Med/Surg, Referral, PT/OT, HH, Maternity)	Joan Thompson, MD	Joan Thompson, MD
1006693	07/19/2011	Pended	Bell, Joseph	330001	Outpatient (Med/Surg, Referral, PT/OT, HH, Maternity)	Joan Thompson, MD	Joan Thompson, MD



View 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](#) > [View Authorization Status](#) > View Authorization Response Wednesday 06/22/2011 02:00 PM EST

[Print Preview](#)

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

Authorization Tracking # 1006683

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

Requesting Provider Information +

Member Information +

Diagnosis Information +

Service Provider / Service Details Information -

Provider ID 3332229990 **ID Type** NPI **Name** Joan Thompson, MD

Svc #	From Date	To Date	Units	Remaining Units	Amount	Code	Remarks	Status	Reason
1	06/22/2011	12/31/9999	-	-	-	21282-LAT CANTHOPEXY	-	Pended	-

[Display My Request](#)

[Print Preview](#)

[Go to Top](#)

R3.5

© 2011 Hewlett-Packard Development Company, L.P. All rights reserved. | [Privacy Notice](#)

48 2013 Prior Authorization Submission

Print Authorization



Nevada Department of Health and Human Services

Division of Health Care Financing and Policy Provider Portal

Print

Authorization Request				
Authorization Tracking # _				
Requesting Provider Information				
Provider ID	3332229990	ID Type	NPI	
Member Information and Authorization Type				
Recipient ID	3300	Recipient	Joseph Bell	Gender Male
Birth Date	01/01/1999	Authorization Type	Outpatient (Med/Surg, Referral, Therapies, HH, OB, MH)	
Service Provider Information				
Provider ID	3332229990	ID Type	NPI	Name Joan Thompson
Service Type	Therapies/Home Health		Location	Rehabilitation Facility
Diagnosis Information				
Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.				
Diagnosis Codes 907.4-LATE EFF INJURY PERIPH NERV SHLDR GIRDL and UP LIMB 773.5-LATE ANEMIA DUE TO ISOIMMUNIZATION FETUS/NEWBORN				
Is this a request for home health care, private duty nursing, or services by a nurses' agency? No				
Service Details				
From Date	To Date	Code	Modifiers	Units
06/22/2011	06/29/2011	21282-LAT CANTHOPEXY		5
Homebound - Unable to receive services in alternative setting <input type="checkbox"/>		Making Progress in Therapy <input type="checkbox"/>		
Goals test				
Medical Justification test				
No Attachments exist for this service detail				
Print		Close		



Navigation Bar

Care management: searching for an authorization

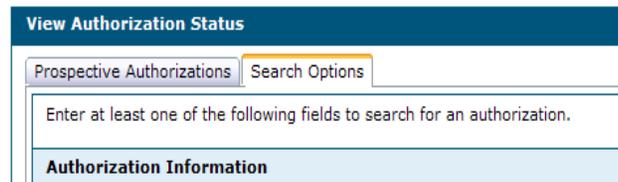
- Click on the “Care Management” tab
- Click “View Status of Authorization”



The screenshot shows a navigation bar with five tabs: "My Home", "Eligibility", "Claims", "Care Management", and "Resources". The "Care Management" tab is selected and highlighted in light blue. Below the tabs is a sub-navigation bar with three links: "Create Authorization", "View Authorization Status", and "Maintain Favorite Providers". Below this is a section titled "Care Management" with a dashed line separator. Underneath is a blue button labeled "Authorizations" with a document icon. Below the button is a list of three links: "Create Authorization", "View Status of Authorizations", and "Maintain Favorite Provider List". The link "View Status of Authorizations" is highlighted with a red rectangular box.

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
- Authorization status - 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

Authorization Type

Authorization Status

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

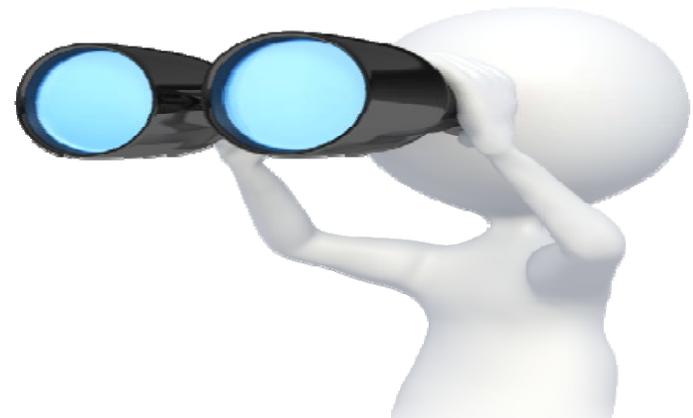


Searching for an Authorization

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

Create Authorization | **View Authorization Status** | Maintain Favorite Providers

Care Management > View Authorization Status Wednesday 06/22/2011 02:05 PM EST

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

Authorization Type

Authorization Status

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

Search Results

Authorization	Service Date	Status	Recipient Name	Recipient ID	Authorization Type	Requesting Provider	Servicing Provider
1006683	06/22/2011 - 06/29/2011	Pending	Bell, Joseph	330001	Outpatient (Med/Surg, Referral, PT/OT, HH, Maternity)	Joan Thompson, MD	Joan Thompson, MD
	06/21/2011 - 06/28/2011	Pending			Outpatient (Med/Surg, Referral, PT/OT, HH, Maternity)		
	05/26/2011 - 05/31/2011	Pending			Outpatient (Med/Surg, Referral, PT/OT, HH, Maternity)		
	05/24/2011 - 05/31/2011	Pending			Outpatient (Med/Surg, Referral, PT/OT, HH, Maternity)		

R3.5 © 2011 Hewlett-Packard Development Company, L.P. All rights reserved. | [Privacy Notice](#)



Downloadable Forms

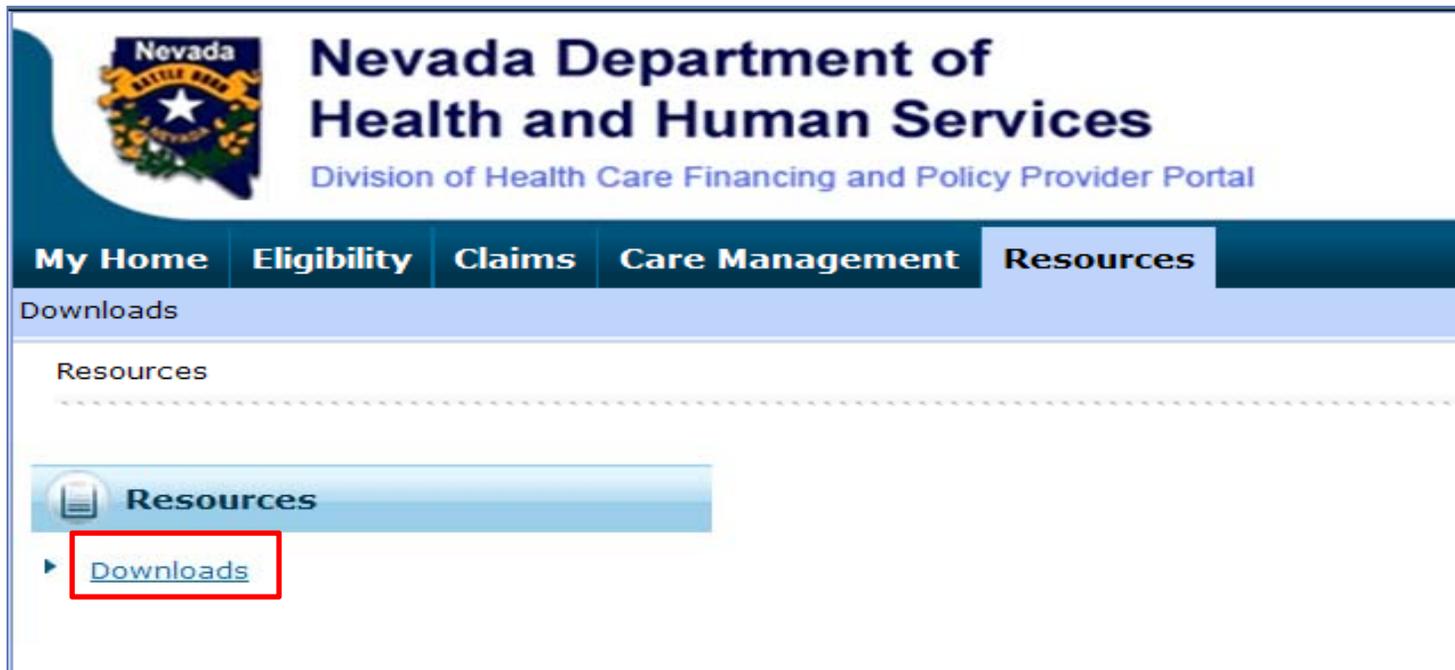
Prior Authorization
Submission



Navigation Bar

Resources

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



Downloadable forms

Use these forms when requesting a prior authorization:

FA-1	 Durable Medical Equipment Prior Authorization Request
FA-1A	 Usage Evaluation for Continuing Use of BIPAP and CPAP Devices
FA-1B	 Mobility Assessment and Prior Authorization (PA), Revised 12/29/10
FA-1B Instructions	 Mobility Assessment and Prior Authorization (PA) Instructions
FA-3	 Inpatient Rehabilitation Referral/Assignment
FA-4	 Long Term Acute Care Prior Authorization
FA-6	 Outpatient Medical/Surgical Services Prior Authorization Request
FA-7	 Outpatient Rehabilitation and Therapy Services Prior Authorization Request
FA-8	 Inpatient Medical/Surgical Prior Authorization Request
FA-8A	 Induction of Labor Prior to 39 Weeks and Scheduled Elective C-Sections
FA-10A	 Psychological Testing
FA-10B	 Neuropsychological Testing
FA-10C	 Developmental Testing
FA-10D	 Neurobehavioral Status Exam
FA-11	 Outpatient Mental Health Request
FA-11A	 Behavioral Health Authorization
FA-11C	 Crisis Intervention Services
FA-12	 Inpatient Mental Health Prior Authorization
FA-13	 Residential Treatment Center Concurrent Review
FA-13A	 RTC Therapeutic Home Pass Form
FA-14	 Inpatient Mental Health Services Concurrent Review Request
FA-15	 Residential Treatment Center Prior Authorization



Downloadable forms, continued

FA-16	 Home Health Agency Prior Authorization Request
FA-17	 Adult Day Health Care Services Prior Authorization Request
FA-17 Instructions	 Adult Day Health Care Services Prior Authorization Request Instructions
FA-18	 Level 1 Identification Screening for PASRR
FA-19	 Level of Care Assessment for Nursing Facilities
FA-19 Instructions	 Level of Care Assessment for Nursing Facilities Instructions
FA-20	 PASRR and LOC Copy Request
FA-21	 PASRR and LOC Data Correction Form
FA-22	 Screening Request for Pediatric Specialty Care Services
FA-24	 Personal Care Services (PCS) Prior Authorization  PCS Assessment Forms
FA-24 Instructions	 Personal Care Services (PCS) Prior Authorization Instructions
FA-24A	 Coordination of Hospice and Waiver or Personal Care Services (PCS)
FA-24A Instructions	 Coordination of Hospice and Waiver or Personal Care Services (PCS) Instructions
FA-24B	 Legally Responsible Individual (LRI) Availability Determination for the Personal Care Services Program
FA-25	 Handicapping Bilingual Deviation (HLD) Index Report
FA-26	 Client Treatment History Report (For Medicaid Orthodontic Treatment)
FA-26A	 Dental History Request
FA-27	 Hospice Notification Form
FA-28	 Hospice Medical Ancillary Information
FA-29	 Prior Authorization Data Correction Form



Fax/Mail/Phone Submission of Authorization

Prior Authorization
Submission



Faxing Authorization Requests



November 16, 2012
Announcement 534

New Fax Numbers for ADHC, LOC, PASRR, PCS and Dental Forms

Fax numbers providers use to submit some prior authorization forms to HP Enterprise Services (HPES) were changed on November 5, 2012, in order to enhance the authorization process. The process enhancement allows documents to go directly to the staff responsible for authorizing the services.

Fax numbers have changed only for the forms listed below. Prior authorization forms not listed here will continue to be faxed to 866-480-9903.

Dental services: The fax number for form FA-26A Dental History Request has been changed to 855-709-6848. Dental prior authorization requests that do not require x-rays (submit with the ADA claim form marked prior authorization) may be faxed to 855-709-6848.

The new fax numbers are indicated at the top of each form and are listed in the following table.

Form Number	Form Name	New Fax Number
FA-17	Adult Day Health Care (ADHC)	855-709-6846
FA-18	Level 1 Identification Screening for PASRR	855-709-6847
FA-19	Level of Care Assessment for Nursing Facilities	855-709-6847
FA-20	PASRR and LOC Copy Request	855-709-6847
FA-21	PASRR and LOC Data Correction Form	855-709-6847
FA-22	Screening Request for Pediatric Specialty Care Services	855-709-6847
FA-24	Personal Care Services (PCS) Prior Authorization	855-709-6846
FA-24A	Coordination of Hospice and Waiver or Personal Care Services (PCS)	855-709-6847
FA-24B	Legally Responsible Relative Waiver For the Personal Care Services Program	855-709-6846
FA-26A	Dental History Request	855-709-6848



Submitting additional information

Additional information including:

- Downloaded 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



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:

HPES

Attention: Prior Authorization – Appeals

6700 SW Topeka, Bldg 283J

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.

Please complete the evaluation BEFORE you leave.

