PROVIDER QUICK TIP GUIDE:
Submitting INPATIENT Medical/Surgical Prior Authorization Requests

INTRODUCTION

This document provides tips for submitting an **inpatient** medical/surgical prior authorization (PA) request to assist in reducing the need for PA requests to be pended for additional information and to assist in a quick turnaround of provider requests.

RETROSPECTIVE SUBMISSIONS:

When submitting a request for a retrospective review, please provide the following:

- Contact name and phone number of a person at your facility who can answer questions regarding the submission.
- The Date of Decision (Eligibility).
- Actual documentation that a request is being made for a retrospective review.
- Please submit sufficient documentation to meet InterQual® SI: Severity of Illness/IS: Intensity of Service for the length of stay and Level of Care (LOC) for which you are requesting. Submit summary documentation of the medical necessity for the entire stay; do not send the chart. Nevada Medicaid needs the highlights, in summary fashion. Staff does not have the ability to review multiple pages of documentation and retain the specifics related to the medical need. Suggested inclusions:
    - History.
    - Medication List.
    - Labs.
    - Final Physician Report.
    - Admit and Discharge Summaries.

CONCURRENT REVIEW SUBMISSIONS:

When submitting a request for a concurrent review, please provide the following:

- Contact name and phone number of a person at your facility who can answer questions regarding the submission.
- Completed form FA-8 (Inpatient Medical/Surgical Prior Authorization Request).
- Complete Medical History and Physical Exam.
- Consultations.
- Physician Orders.
- Labs.
- Imaging Reports.
- Nursing Assessments.
- Operative Reports and Documentation.
- Progress Notes.
- Admission Summary.

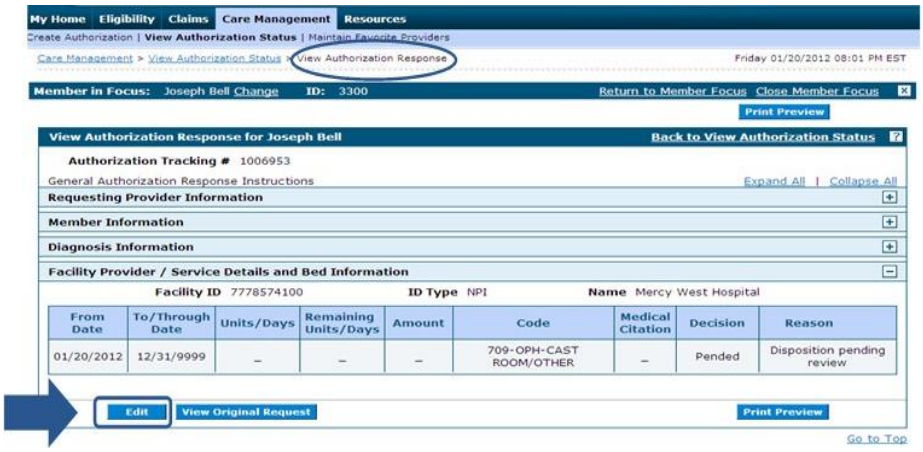
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PROVIDER WEB PORTAL SUBMISSION OF A CONTINUED STAY REQUEST:

- When submitting a request for a continued stay for a recipient, providers should use the edit button on the existing request located in the Provider Web Portal.
- Continued Stay requests should not be submitted as a new request for authorization.
- Please see the following examples of edit function and those requests that are not eligible for use of the edit button.

Prior authorization – initiate update to a PA:

Click the Edit button on the View Authorization Response page.



TIP: If the authorization is ineligible for an update, no Edit button displays.

Provider Web Portal – authorizations ineligible for continued stay (updates):

Excluded from the continued stay update process (Edit button will not appear on portal):

Auth Types
- Dental, Dental Orthodontia
- Retrospective review
- Intermediate Care Facility for Individuals with Intellectual Disabilities

Auth Status
- Cancel
- Denied

Auth Request Source
- Nevada Medicaid Prior Authorizations

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DOCUMENTATION NEEDS:

Documentation submitted should be legible, accurate, sufficient and appropriate:

- Illegible handwritten notes will not be reviewed. Please type the notes.
- Nevada Medicaid must meet InterQual based on the documentation provided; supplying only the information to meet InterQual is not acceptable. Supplying information such as the admit history and continued stay history as well as any treatment/meds/labs/scans, etc. (a physician summary explaining the results of tests is sufficient in lieu of the test results) ensures that the Nevada Medicaid reviewer has an all-encompassing picture of the recipient's care and treatment.
- Use of the Medical Justification Notes in the Provider Web Portal is acceptable if sufficient and appropriate information is received. This will save Nevada Medicaid from issuing a "Pend for information" and a subsequent letter. The goal is to provide providers with timely completion of authorization and to reduce the number of requests being made to providers for additional information, which causes additional work.

SUBMISSION OF FORM FA-29 FOR DATA CORRECTIONS:

- Always include the contact name and phone number of a person at your facility who can answer questions regarding the submission.
- When submitting form FA-29 (Prior Authorization Data Correction Form), provide a detailed explanation of the exact problem with the data that was previously submitted and what you expect the outcome of the data correction to accomplish.

NOTIFICATION OF ADMISSIONS:

When submitting a notification of admission, please provide:

- Contact name and phone number of a person at your facility who can answer questions regarding the submission.
- A revenue code.
- The days of service being requested.
- An ICD-10 diagnosis code.
    - Providing this information will lessen the chances of the request being sent back to the provider, which is the standard Nevada Medicaid process.

Note: This Provider Quick Tip Guide is meant to be used as a reference in conjunction with the Billing Manual for Nevada Medicaid and Nevada Check Up. For more information regarding PA submissions, forms and/or billing information, please refer to the Billing Manual on the Providers Billing Information webpage at www.medicaid.nv.gov. Forms can be found on the Providers Forms webpage at www.medicaid.nv.gov.