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

INTRODUCTION

This document provides tips for submitting an **outpatient** 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.

PROVIDER WEB PORTAL SUBMISSIONS:

- If the request is for speech, occupational or physical therapy, be sure to enter a modifier.
- Be sure to include enough information to determine medical necessity.
- Complete form FA-6 (Outpatient Medical/Surgical Services Prior Authorization Request), including the appropriate ICD-10 codes and Current Procedural Terminology (CPT) codes.
- Make sure your request is clear, i.e., which procedure is requested, why, and what has been tried and failed.
- For speech, occupational or physical therapy, use form FA-7 (Outpatient Rehabilitation and Therapy Services Prior Authorization Request) and include CPT codes with number of units and number of weeks requested. Also, include the date you would like services to start. You can put that information in the "Other Clinical Information" section of the form. Be sure to submit your request three (3) days prior to the start date you are requesting.

DOCUMENTATION:

- Provide enough clinical documentation to support the request. Why does the recipient need this procedure/test; what has been attempted prior to this request, etc.?
- Make sure all of the documentation is legible, including the physician's handwritten notes. Please type the notes if necessary.
- Include a contact person and telephone number in case Nevada Medicaid needs to call with questions/clarification.

DATA CORRECTIONS:

- Use form FA-29 (Prior Authorization Data Correction Form) to request a change to the dates of service requested. Please specify why the dates need to be changed.
- This form can NOT be used to request more units. Use form FA-6 (Outpatient Medical/Surgical Services Prior Authorization Request) to request more units.

WOUND CARE:

- Please provide measurements prior to starting treatment, as well as measurements when requesting additional visits.
- Describe the wound, i.e., black, yellow, red, white, swollen, draining, color of drainage, smell, size etc.

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THERAPIES (Speech, Occupational and Physical):

- Please provide medical diagnosis as well as therapy diagnosis; for example, currently wheelchair bound, nonverbal, deaf/hard of hearing, etc. This information helps to paint a complete picture of the recipient's needs.
- Requests for therapies (speech, occupational and physical) must include a treatment plan, functional deficits and measurable goals.
- Make sure the treatment plan matches your request and the physician's order.

ELECTROMYOGRAPHY AND NERVE CONDUCTION STUDIES (EMG/NCS):

- Have conservative treatments been tried?
- Magnetic Resonance Imaging (MRI) / Computed Axial Tomography (CAT) scan results?
- Has medication been tried?
- Has physical therapy been tried?
- Have splints been tried?

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.