

Therapy Provider Training



Provider Type 34



Nevada Medicaid Provider Training

2020

Objectives

Objectives

- Locate Medicaid Policy
- Locate Billing Information
- Review Therapy Billing Guideline
- Utilize the Search Fee Schedule and DHCFP Rates Unit
- Locate and use the Authorization Criteria function
- Locate Prior Authorization Forms
- Login to the Electronic Verification System (EVS)
- Successfully Submit a Prior Authorization
- View Prior Authorizations

Medicaid Website

Medicaid Website

www.medicaid.nv.gov

The screenshot shows the Nevada Department of Health and Human Services website. The header includes the state seal, the department name, and the Division of Health Care Financing and Policy Provider Portal. Navigation tabs include Providers, EVS, Pharmacy, Prior Authorization, Claims, Quick Links, and Calendar. A search bar is located in the top right. The main content area features a large banner for the 'New, Modernized Medicaid Management Information System' with a 'CLICK HERE FOR MORE DETAILS' button. Below the banner is a welcome message and a thank you note. The left sidebar contains 'Announcements Latest News' with several web announcements and 'Featured Links' with various service links. The right sidebar includes 'Notifications' with a claim adjustment notice, 'Provider Links' with various service links, and 'Scheduled Site Maintenance' with a notice about the provider web portal being unavailable during a maintenance window.

EVS

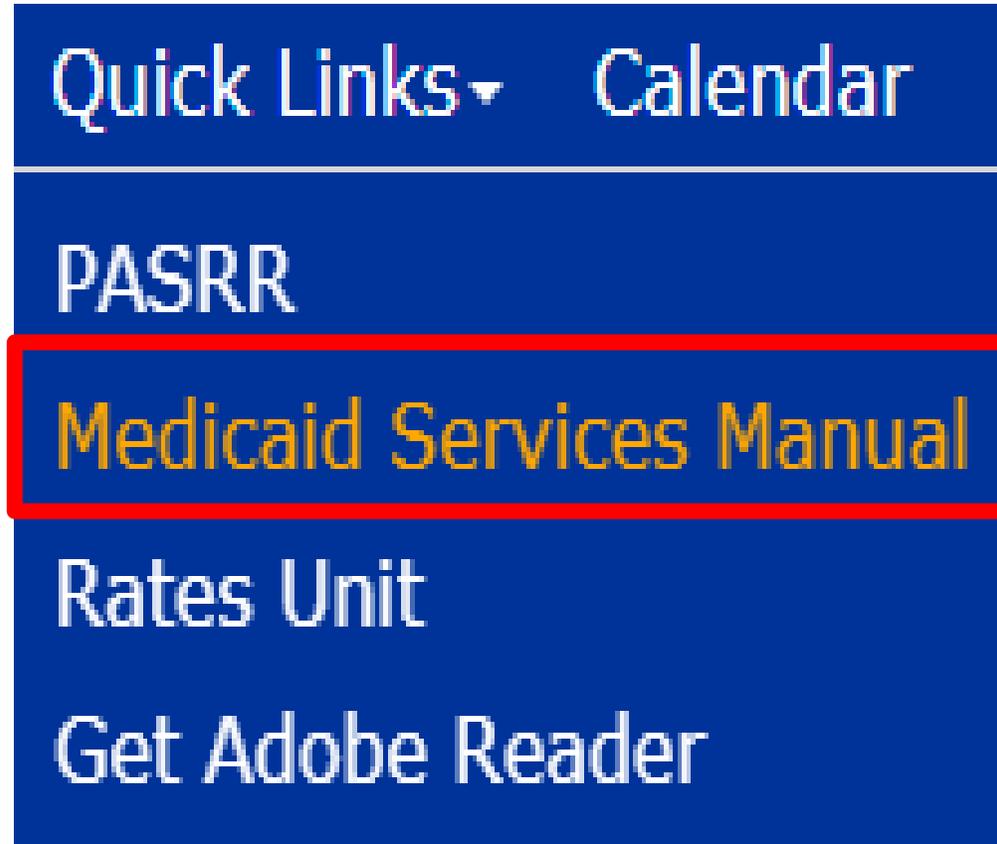
EVS is available 24 hours a day, seven days a week except during the scheduled weekly maintenance period (Monday-Friday 12:00am-12:30am and Mondays (8:00pm-12:00am Pacific Time)).

System Requirements

To access EVS, user must have internet access and a computer with a web browser. (Microsoft Internet Explorer 9.0 or higher recommended)

Medicaid Services Manual (MSM)

Locating Medicaid Services Manual (MSM)



Step 1: Highlight “Quick Links” from top blue tool bar at www.medicaid.nv.gov.

Step 2: Select “Medicaid Services Manual” from the drop-down menu.

Note: MSM Chapters will open in new webpage through the DHCFP website.

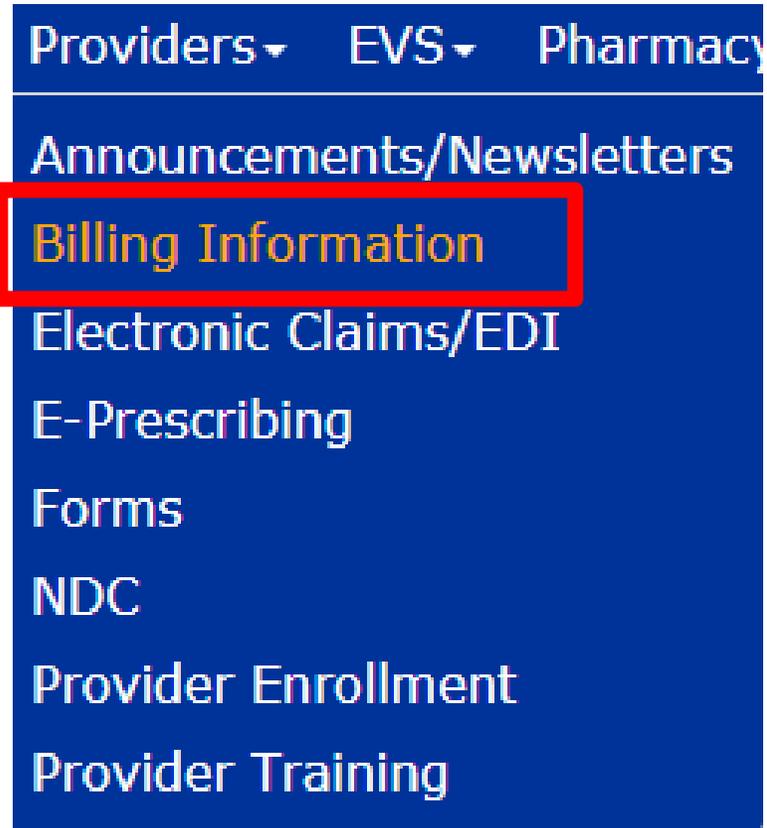
Locating MSM, continued

- Medicaid Services Manual - Complete
- 100 Medicaid Program
- 200 Hospital Services
- 300 Radiology Services
- 400 Mental Health and Alcohol and Substance Abuse Services
- 500 Nursing Facilities
- 600 Physician Services
- 700 Reimbursement, Analysis and Payment
- 800 Laboratory Services
- 900 Private Duty Nursing
- 1000 Dental
- 1100 Ocular Services
- 1200 Prescribed Drugs
- 1300 DME Disposable Supplies and Supplements
- 1400 Home Health Agency
- 1500 Healthy Kids Program
- 1600 Intermediate Care for Individuals with Intellectual Disabilities
- 1700 Therapy
- 1800 Adult Day Health Care
- 1900 Transportation Services
- 2000 Audiology Services
- 2100 Home and Community Based Waiver for Individuals with Intellectual Disabilities
- 2200 Home and Community Based Waiver for the Frail Elderly
- 2300 Waiver for Persons with Physical Disabilities
- 2400 Home Based Habilitation Services
- 2500 Case Management
- 2600 Intermediary Service Organization
- 2700 Certified Community Behavioral Health Clinic
- 2800 School Based Child Health Services
- 3000 Indian Health
- 3100 Hearings
- 3200 Hospice
- 3300 Program Integrity
- 3400 Telehealth Services
- 3500 Personal Care Services Program
- 3600 Managed Care Organization
- 3800 Care Management Organization
- 3900 Home and Community Based Waiver for Assisted Living
- Addendum

- Select “1700 Therapy”
- From the next page, always make sure to select the “Current” policy

Medicaid Billing Information

Locating Medicaid Billing Information



Step 1: Highlight “Providers” from top blue tool bar.

Step 2: Select “Billing Information” from the drop-down menu.

Locating Medicaid Billing Information, continued

Billing Information

Effective February 1, 2019, all providers will be required to submit their claims electronically (using Trading Partners or Direct Data Entry [DDE]), as paper claims submission will no longer be accepted with the go-live of the new modernized Medicaid Management Information System (MMIS). Please continue to review the modernization-related web announcements at <https://www.medicaid.nv.gov/providers/Modernization.aspx> for further details.

Attention All Providers: Requirements on When to Use the National Provider Identifier (NPI) of an Ordering, Prescribing or Referring (OPR) Provider on Claims [[Web Announcement 1711](#)]

FAQs: National Correct Coding Initiative (NCCI) Claim Review Edits [[Review Now](#)]

Clinical Claim Editor FAQs Updated December 5, 2011 [[Review Now](#)]

Third Party Liability Frequently Asked Questions [[Review Now](#)]

Billing Manual

For Archives [Click here](#)

Title	File Size	Last Update
Billing Manual	1 MB	02/01/2019

Review the Billing Manual for more information regarding:

- Introduction to Medicaid
- Contact Information
- Recipient Eligibility
- Prior Authorization
- Third Party Liability (TPL)
- Electronic Billing
- Frequently Asked Questions
- Claims Processing and Beyond

Locating Medicaid Billing Information, continued

Billing Information

Effective February 1, 2019, all providers will be required to submit their claims electronically (using Trading Partners or Direct Data Entry [DDE]), as paper claims submission will no longer be accepted with the go-live of the new modernized Medicaid Management Information System (MMIS). Please continue to review the modernization-related web announcements at <https://www.medicaid.nv.gov/providers/Modernization.aspx> for further details.

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Billing Manual

For Archives [Click here](#)

Title	File Size	Last Update
Billing Manual	2 MB	03/18/2019

Billing Guidelines (by Provider Type)

For Archives [Click here](#)

- Locate the section header “Billing Guidelines (by Provider Type)”
- Select appropriate provider type guideline

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Therapy

Billing Guideline

Billing Guideline – Page 1

State Medicaid Policy

- Therapy – Chapter 1700
- Waivers – Chapters 2300 and 2400

Prior Authorization

All services with the exception of evaluation and re-evaluation codes require a prior authorization

How to request a PA

Submit via the Electronic Verification System (EVS) portal and use form FA-7 (Outpatient Rehabilitation and Therapy Services)

How to bill for therapy services

- Enter one (1) date of service per claim line (to and from must be the same)
- Enter appropriate modifier
- Claim must match services that were authorized by Nevada Medicaid
- Enter PA Number

See Chapter 3 of the EVS User Manual for instructions.

Therapy

Where to find state policy

The [Medicaid Services Manual \(MSM\) Chapter 1700](#) contains State policy for all therapy services, including respiratory therapy services (not discussed here. See MSM Chapter 1700 Section 1703.4). For coverage options under a Medicaid waiver program, see MSM [Chapters 2300](#) and [2400](#).

What's in Table 34A

The following describes the columns in Table 34A:

- **Code:** All codes in the table are covered. With the exception of lymphedema therapy services, codes that are not in the table are not covered.
- **Description:** This is the code description per the CPT Manual.
- **Session Limit:** *This column indicates the number of units allowed per day, by the same provider, with the same recipient. Codes with a 1 unit maximum are occurrence-based and all other codes are time-based. A combination of occurrence- and time-based codes may be used but may not exceed a total of four units.*
- **Other Instructions:** Other important information regarding the code.

Prior authorization for therapy services

With the exception of evaluation and re-evaluation codes, all physical, occupational, speech and language, respiratory therapy and maintenance therapy services must be prior authorized.

Authorization does not guarantee payment of a claim. Payment is contingent upon eligibility, available benefits, contractual terms, limitations, exclusions, coordination of benefits and other terms and conditions set forth by the benefit program.

How to request prior authorization

Submit prior authorization requests to Nevada Medicaid using the online prior authorization system on the [Provider Web Portal](#) by using form [FA-7](#). Complete all applicable form fields.

The request must include measurable goals and sufficient documentation to illustrate that the proposed services are medically necessary as defined in MSM Chapters 100 and 1700. If you have any questions regarding authorization, call Nevada Medicaid at (800) 525-2395.

How to bill for therapy services

Enter one date of service per claim line (*From* and *To* dates must be the same). Include the appropriate modifier (i.e., GO) on all claims. After prior authorization is issued, billed services must match the approved authorization. Be sure to include the authorization number on all claims.

Submit claims using Direct Data Entry through the Electronic Verification System (EVS) secure Provider Web Portal or use an approved Trading Partner to submit your claims. See EVS User Manual Chapter 3 Claims and the Professional Fee-for-Service B37P Companion Guide for claim submission instructions.

Billing Guideline – Ordering, Prescribing or Referring Providers

Ordering, Prescribing or Referring (OPR) Provider Requirements

- Referring National Provider Identifier (NPI) of the OPR Provider is always required for Therapy services
- The OPR provider **must** be enrolled with Nevada Medicaid

Therapy

Ordering, Prescribing or Referring (OPR) Provider Requirements

The Patient Protection and Affordable Care Act and the Centers for Medicare & Medicaid Services (CMS) require all ordering, prescribing and referring physicians to be enrolled in the state Medicaid program (\$455.410 Enrollment and Screening of Providers). The Affordable Care Act (ACA) requires physicians or other eligible practitioners to enroll in the Medicaid program to order, prescribe and refer items or services for Medicaid recipients, even when they do not submit claims to Medicaid. Physicians or other eligible professionals who are already enrolled in Medicaid as participating providers and who submit claims to Medicaid are not required to enroll separately as OPR providers.

For any services or supplies that are ordered, prescribed or referred, the National Provider Identifier (NPI) of the Nevada Medicaid-enrolled Ordering, Prescribing or Referring (OPR) provider must be included on Nevada Medicaid/Nevada Check Up claims or those claims will be denied. To prevent claim denials for this reason, please confirm that the OPR provider is enrolled with Nevada Medicaid; this can be done on the Provider Web Portal by using the Search Providers feature:

<https://www.medicaid.nv.gov/hcp/provider/Resources/SearchProviders/tabid/220/Default.aspx>

Electronic Claims instructions: When reporting the provider who ordered services such as diagnostic and lab, use Loop ID-2310A. For ordered services such as Durable Medical Equipment, use Loop ID-2420E. For detailed information, refer to the 837P FFS Companion Guide located at: <https://www.medicaid.nv.gov/providers/edi.aspx>

Direct Data Entry/Provider Web Portal instructions: On the Service Detail line enter the OPR provider's NPI in the Referring/Ordering Provider ID field, and select "Yes" or "No" to indicate it if is an Ordering Provider. For further instructions, see the Electronic Verification System (EVS) User Manual Chapter 3 located at: <https://www.medicaid.nv.gov/providers/evsusermanual.aspx>

Billing Guideline – Covered Codes

Table 34A: Covered Codes for Therapy Providers

Code	Description	Session Limit	Prior Authorization	Other Instructions
Covered Codes for Occupational Therapists (OT) Use modifier GO when billing these codes.				
97010	Application of a modality to one or more areas; hot or cold packs	1 unit	Required	Covered codes in the range of 97010-97124 are limited to 4 modalities and/or therapeutic procedures in one day.
97014	Application of a modality to one or more areas; electrical stimulation (unattended)	1 unit	Required	See "Other Instructions" for code 97010.
97016*	Application of a modality to one or more areas; <u>vasopneumatic</u> devices	1 unit	Required	See "Other Instructions" for code 97010.
97018	Application of a modality to one or more areas; paraffin bath	1 unit	Required	See "Other Instructions" for code 97010.
97022*	Application of a modality to one or more areas; whirlpool	1 unit	Required	See "Other Instructions" for code 97010.
97032*	Application of a modality to one or more areas; electrical stimulation (manual), each 15 min.	1 unit	Required	See "Other Instructions" for code 97010.
97033*	Application of a modality to one or more areas; iontophoresis, each 15 min.	1 unit	Required	See "Other Instructions" for code 97010.
97034*	Application of a modality to one or more areas; contrast baths, each 15 min.	1 unit	Required	See "Other Instructions" for code 97010.
97035*	Application of a modality to one or more areas; ultrasound, each 15 min.	1 unit	Required	See "Other Instructions" for code 97010.
97036*	Application of a modality to one or more areas; Hubbard tank, each 15 min.	1 unit	Required	See "Other Instructions" for code 97010.
97110*	Therapeutic procedure, one or more areas, each 15 min.; therapeutic exercises	1 unit	Required	See "Other Instructions" for code 97010.
97112*	Therapeutic procedure, one or more areas, each 15 min.; neuromuscular reeducation	1 unit	Required	See "Other Instructions" for code 97010.

Billing Guideline – Covered Codes, continued

Code	Description	Session Limit	Prior Authorization	Other Instructions
97124	Therapeutic procedure, one or more areas, each 15 min.; massage, including effleurage, petrissage and/or tapotement	1 unit	Required	See “Other Instructions” for code 97010.
97140*	Manual therapy techniques (e.g., mobilization/ manipulation, manual lymphatic drainage, manual traction) one or more regions, each 15 min.	6 units of code 97140	Required	One prior authorization is issued for diagnosis codes I97.2, I89.0 and Q82.0 for use with a combination of procedure codes 97140, 97110 and/or 97535 for a maximum of 15 sessions (6 units per session) for a total of 90 units to be completed in approximately 3 weeks.
		OR 6 combined units of codes 97140, 97110 and/or 97535	Required	
97150*	Therapeutic procedure(s), group (a group is 2 to 4 individuals.)	1 unit	Required	Bill 1 unit for <i>each</i> recipient per session.
97165	Occupational therapy evaluation, low complexity, each 30 min.	1 unit	Not Required	Code 97165 does not require prior authorization. Limited to one evaluation per provider, per condition, per calendar year.
97166	Occupational therapy evaluation, moderate complexity, each 45 min.	1 unit	Not Required	Code 97166 does not require prior authorization. Limited to one evaluation per provider, per condition, per calendar year.
97167	Occupational therapy evaluation, high complexity, each 60 min.	1 unit	Not Required	Code 97167 does not require prior authorization. Limited to one evaluation per provider, per condition, per calendar year.
97168	Reevaluation of occupational therapy established plan of care, each 30 min.	1 unit	Not Required	Code 97165 does not require prior authorization. Limited to one every 3 months.
97530*	Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 min.	4 units	Required	

Billing Guideline – Covered Codes, continued

Code	Description	Session Limit	Prior Authorization	Other Instructions
97533*	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) contact by the provider, each 15 min.	4 units	Required	
97535*	Self-care/home management training (e.g., ADLs) direct (one-on-one) contact by provider, each 15 min.	4 units	Required	See "Other Instructions" for code 97140.
97542	Wheelchair management/propulsion training, each 15 min.	4 units	Required	
97597	Debridement		Required	
97598	Debridement, each additional		Required	
97602	Removal of devitalized tissue		Required	
97605	Negative pressure wound therapy		Required	
97606	Total wound surface area greater than 50 square centimeters		Required	
97760	Orthotic(s) fitting and training, upper extremity(ies), lower extremity(ies), and/or trunk, each 15 min.	4 units	Required	
97761	Prosthetic training, upper and/or lower extremities, each 15 min.	4 units	Required	
97762	Checkout for orthotic/prosthetic use, established patient, each 15 min.	4 units	Required	
98960*	Education and training for patient self-management by a Qualified, Nonphysician Health Care Professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family), each 30 min; individual	1 unit	Required	Covered for maintenance therapy only, upon the completion of rehabilitative therapy, 10 units every 3 years
98961*	Education and training for patient self-management by a Qualified, Nonphysician Health Care Professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family), each 30 min; 2-4 patients	1 unit	Required	Covered for maintenance therapy only, upon the completion of rehabilitative therapy, 10 units every 3 years

Billing Guideline – Covered Codes, continued

Code	Description	Session Limit	Prior Authorization	Other Instructions
98962*	Education and training for patient self-management by a Qualified, Nonphysician Health Care Professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family), each 30 min; 5-8 patients	1 unit	Required	Covered for maintenance therapy only, upon the completion of rehabilitative therapy, 10 units every 3 years
<p>* NOTE: Codes with (*) may be billed for maintenance therapy. All maintenance therapy must be prior authorized, provided by a skilled therapist, and can only be billed upon the completion of a rehabilitative program. All maintenance therapy is limited to 10 sessions every 3 years.</p>				
<p>Covered Codes for Physical Therapists (PT)- Use modifier GP when billing these codes.</p>				
97010	Application of a modality to one or more areas: hot or cold packs	4 units	Required	
97012*	Application of a modality to one or more areas; traction, mechanical	4 units	Required	
97014	Application of a modality to one or more areas; electrical stimulation (unattended)	4 units	Required	
97016*	Application of a modality to one or more areas: vasopneumatic devices	4 units	Required	
97018	Application of a modality to one or more areas: paraffin bath	4 units	Required	
97022*	Application of a modality to one or more areas; whirlpool	4 units	Required	
97024	Application of a modality to one or more areas; diathermy	4 units	Required	
97026	Application of a modality to one or more areas; infrared	4 units	Required	
97028	Application of a modality to one or more areas; ultraviolet	4 units	Required	
97032*	Application of a modality to one or more areas; electrical stimulation (manual), each 15 min.	4 units	Required	

Billing Guideline – Covered Codes, continued

Code	Description	Session Limit	Prior Authorization	Other Instructions
97033*	Application of a modality to one or more areas; iontophoresis, each 15 min.	4 units	Required	
97034*	Application of a modality to one or more areas; contrast baths, each 15 min.	4 units	Required	
97035*	Application of a modality to one or more areas; ultrasound, each 15 min.	4 units	Required	
97036*	Application of a modality to one or more areas; Hubbard tank, each 15 min.	4 units	Required	
97110*	Therapeutic procedure, one or more areas, each 15 min.; therapeutic exercises	4 units	Required	One prior authorization is issued for diagnosis codes I97.2, I89.0 and Q82.0 for use with a combination of procedure codes 97140, 97110 and/or 97535 for a maximum of 15 sessions (6 units per session) for a total of 90 units to be completed in approximately 3 weeks.
97112*	Therapeutic procedure, one or more areas, each 15 min.; neuromuscular reeducation	4 units	Required	
97113*	Therapeutic procedure, one or more areas, each 15min.; aquatic therapy with therapeutic	4 units	Required	
97116*	Therapeutic procedure, one or more areas, each 15 min.; gait training	4 units	Required	
97124*	Therapeutic procedure, one or more areas, each 15 min.; massage, including effleurage, petrissage and/or tapotement	4 units	Required	Any combination of codes 92507, 92508, 92526, 97124, G0515 and 97533 are limited to 4 modalities and/or therapeutic procedures in one day.
97140*	Manual therapy techniques (e.g., mobilization/manipulation, manual lymphatic drainage, manual traction) one or more regions, each 15 min.	6 units of code 97140	Required	See "Other Instructions" for code 97110.
		Or 6 combined units of codes 97140, 97110 and/or 97535	Required	
97150*	Therapeutic procedure(s), group (a group is 2 to 4 individuals)	1 unit	Required	Bill 1 unit for <i>each</i> recipient per session.

Billing Guideline – Covered Codes, continued

Code	Description	Session Limit	Prior Authorization	Other Instructions
97161	Physical therapy evaluation, low complexity, 20 min.	1 unit	Not Required	Code 97161 does not require prior authorization. Limited to one evaluation per provider, per condition, per calendar year.
97162	Physical therapy evaluation, moderate complexity, 30 min.	1 unit	Not Required	Code 97162 does not require prior authorization. Limited to one evaluation per provider, per condition, per calendar year.
97163	Physical therapy evaluation, high complexity, 45 min.	1 unit	Not Required	Code 97163 does not require prior authorization. Limited to one evaluation per provider, per condition, per calendar year.
97164	Physical therapy reevaluation, 20 min.	1 unit	Not Required	Code 97164 does not require prior authorization. Limited to one every 3 months.
97530*	Therapeutic activities, direct (one-on-one) patient contact by the provider (use of dynamic activities to improve functional performance), each 15 min.	4 units	Required	
97533*	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) contact by the provider, each 15 min.	4 units	Required	See "Other Instructions" for code 97124.
97535*	Self-care/home management training (e.g., ADLs) direct (one-on-one) contact by provider, each 15 min.	4 units	Required	See "Other Instructions" for code 97110.
97542	Wheelchair management/propulsion training, each 15 min.	4 units	Required	
97597	Debridement		Required	
97598	Debridement, each additional		Required	
97602	Removal of devitalized tissue		Required	

Billing Guideline – Covered Codes, continued

Code	Description	Session Limit	Prior Authorization	Other Instructions
97605	Negative pressure wound therapy		Required	
97606	Total wound surface area greater than 50 square centimeters		Required	
97760	Orthotic(s) fitting and training, upper extremity(ies), lower extremity(ies), and/or trunk, each 15 min.	4 units	Required	
97761	Prosthetic training, upper and/or lower extremities, each 15 min	4 units	Required	
97762	Checkout for orthotic/prosthetic use, established patient, each 15 min.	4 units	Required	
98960*	Education and training for patient self-management by a Qualified, Nonphysician Health Care Professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family), each 30 min; individual	1 unit	Required	Covered for maintenance therapy only, upon the completion of rehabilitative therapy, 10 units every 3 years
98961*	Education and training for patient self-management by a Qualified, Nonphysician Health Care Professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family), each 30 min; 2-4 patients	1 unit	Required	Covered for maintenance therapy only, upon the completion of rehabilitative therapy, 10 units every 3 years
98962*	Education and training for patient self-management by a Qualified, Nonphysician Health Care Professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family), each 30 min; 5-8 patients	1 unit	Required	Covered for maintenance therapy only, upon the completion of rehabilitative therapy, 10 units every 3 years
<p>* NOTE: Codes with (*) may be billed for maintenance therapy. All maintenance therapy must be prior authorized, provided by a skilled therapist, and can only be billed upon the completion of a rehabilitative program. All maintenance therapy is limited to 10 sessions every 3 years.</p>				

Billing Guideline – Covered Codes, continued

Code	Description	Session Limit	Prior Authorization	Other Instructions
Covered Codes for Respiratory Therapists (RT)				
94010	Spirometry, including graphic record, total timed vital capacity, expiratory flow rate measurement(s), with or without maximal voluntary ventilation	and		Not Required
94014	Patient-initiated spirometric recording per 30-day period; includes reinforced education, transmission of spirometric tracing, data capture, analysis of transmitted data, periodic recalibration and review and interpretation by a physician or other qualified health care professional		Not Required	
94015	Patient-initiated spirometric recording per 30-day period; recording (includes hook-up, reinforced education, data transmission, data capture, trend analysis, and periodic recalibration)		Not Required	
94016	Patient-initiated spirometric recording, review and interpretation only by a physician or other health care professional		Not Required	
94060	Bronchodilation responsiveness, spirometry as in 94010, pre- and post-bronchodilator administration		Not Required	
94070	Bronchospasm provocation evaluation, multiple spirometric determinations as in 94010, with administered agents (e.g., antigen[s], cold air, methacholine)		Not Required	
94150	Vital capacity, total (separate procedure)		Not Required	
94200	Maximum breathing capacity, maximal voluntary ventilation		Not Required	
94250	Expired gas collection, quantitative, single procedure (separate procedure)		Not Required	
94375	Respiratory flow volume loop		Not Required	

Billing Guideline – Covered Codes, continued

Code	Description	Session Limit	Prior Authorization	Other Instructions
94400	Breathing response to CO ₂ (CO ₂ response curve)		Not Required	
94450	Breathing response to hypoxia (hypoxia response curve)		Not Required	
94620	Pulmonary stress testing, simple (e.g., 6-minute walk test, prolonged exercise test for bronchospasm with pre- and post-spirometry and oximetry)		Not Required	
94621	Pulmonary stress testing, complex (including measurements of CO ₂ production, O ₂ uptakes, and electrocardiographic recordings)		Not Required	
94640	Pressurized or nonpressurized inhalation treatment for acute airway obstruction or for sputum induction for diagnostic purposes (e.g., with an aerosol generator, nebulizer, metered dose inhaler or intermittent positive pressure breathing [IPPB] device)		Required	
94642	Aerosol inhalation of pentamidine for pneumocystis carinii pneumonia treatment or prophylaxis		Required	
94660	Continuous positive airway pressure ventilation (CPAP), initiation and management		Required	
94662	Continuous negative pressure ventilation (CNP), initiation and management		Required	
94664	Demonstration and/or evaluation of patient utilization of an aerosol generator, nebulizer, metered dose inhaler or IPPB device		Not Required	
94667	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or		Required	
94668	Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; subsequent demonstration and/or evaluation		Required	

Billing Guideline – Covered Codes, continued

Code	Description	Session Limit	Prior Authorization	Other Instructions
94680	Oxygen uptake, expired gas analysis; rest and exercise, direct, simple		Not Required	
94681	Oxygen uptake, expired gas analysis; including CO ₂ output, percentage oxygen		Not Required	
94690	Oxygen uptake, expired gas analysis; rest, indirect (separate procedure)		Not Required	
94726	Plethysmography for determination of lung volumes and, when performed, airway		Not Required	
94727	Gas dilution or washout for determination of lung volumes and, when performed, distribution of ventilation and closing volumes		Not Required	
94728	Airway resistance by impulse oscillometry		Not Required	
94729	Diffusing capacity (e.g., carbon monoxide, membrane) (List separately in addition to code for primary procedure)		Not Required	
94750	Pulmonary compliance study (e.g., plethysmography, volume and pressure measurements)		Not Required	
94760	Noninvasive ear or pulse oximetry for oxygen saturation; single determination		Not Required	
94761	Noninvasive ear or pulse oximetry for oxygen saturation; multiple determinations (e.g., during exercise)		Not Required	
94770	Carbon dioxide, expired gas determination by infrared analyzer		Not Required	
Covered Codes for Speech Therapists (ST)- Use modifier GN when billing these codes.				
92507*	Treatment of speech, language, voice, communication and/or auditory processing disorder; individual		Required	Any combination of codes 92507, 92508, 92526, G0515 and 97533 are limited to 4 modalities and/or therapeutic procedures in one day.

Billing Guideline – Covered Codes, continued

Code	Description	Session Limit	Prior Authorization	Other Instructions
92508*	Treatment of speech, language, voice, communication and/or auditory processing disorder; group, 2 or more individuals		Required	See “Other Instructions” for code 92507.
92520	Laryngeal function studies (i.e., aerodynamic testing and acoustic testing)		Required	
92521	Evaluation of speech fluency (e.g., stuttering, cluttering)		Not Required	
92522	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria)		Not Required	
92523	Evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (e.g., receptive and expressive language)		Not Required	
92524	Behavioral and qualitative analysis of voice and resonance		Not Required	
92526*	Treatment of swallowing dysfunction and/or oral function for feeding		Required	See “Other Instructions” for code 92507.
92601	Diagnostic analysis of cochlear implant, patient under 7 yrs. of age; with programming		Not Required	
92602	Diagnostic analysis of cochlear implant, patient under 7 yrs. of age; subsequent reprogramming		Not Required	
92603	Diagnostic analysis of cochlear implant, age 7 years or older; with programming		Not Required	
92604	Diagnostic analysis of cochlear implant, age 7 yrs. or older; subsequent reprogramming		Not Required	
92605	Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient, first hour		Required	

Billing Guideline – Covered Codes, continued

Code	Description	Session Limit	Prior Authorization	Other Instructions
92606	Therapeutic service(s) for the use of non- speech-generating device, including programming and modification		Required	
92607	Evaluation for prescription for speech- generating augmentative and alternative communication device, face-to-face with the patient; first hour		Required	
92608	Evaluation for prescription for speech- generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes		Required	
92609	Therapeutic services for the use of speech-generating device, including programming and modification		Required	
92626	Evaluation of auditory rehabilitation status; first hour		Not Required	
92627	Evaluation of auditory rehabilitation status; each additional 15 min. (List separately in addition to code for primary procedure)		Not Required	
92630	Auditory rehabilitation; pre-lingual hearing loss		Required	
92633	Auditory rehabilitation; post-lingual hearing loss		Required	
97533*	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) contact by the provider, each 15 min.	4 units	Required	See "Other Instructions" for code 92507.

Billing Guideline – Covered Codes, continued

Code	Description	Session Limit	Prior Authorization	Other Instructions
98960*	Education and training for patient self-management by a Qualified, Nonphysician Health Care Professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family), each 30 min; individual	1 unit	Required	Covered for maintenance therapy only, upon the completion of rehabilitative therapy, 10 units every 3 years
98961*	Education and training for patient self-management by a Qualified, Nonphysician Health Care Professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family), each 30 min; 2-4 patients	1 unit	Required	Covered for maintenance therapy only, upon the completion of rehabilitative therapy, 10 units every 3 years
98962*	Education and training for patient self-management by a Qualified, Nonphysician Health Care Professional using a standardized curriculum, face-to-face with the patient (could include caregiver/family), each 30 min; 5-8 patients	1 unit	Required	Covered for maintenance therapy only, upon the completion of rehabilitative therapy, 10 units every 3 years
<p>* NOTE: Codes with (*) may be billed for maintenance therapy. All maintenance therapy must be prior authorized, provided by a skilled therapist, and can only be billed upon the completion of a rehabilitative program. All maintenance therapy is limited to 10 sessions every 3 years.</p>				

Note: G0515 became invalid as of 12/31/2019. Codes 97129 and 97130 for speech therapy are now covered codes.

Fee Schedule and Rates Unit

Fee Schedule

Featured Links

[Authorization Criteria](#)

[DHCFP Home](#)

[EDI Information](#)

[EVS User Manual](#)

[Modernization Project](#)

[Online Provider Enrollment](#)

[Provider Login \(EVS\)](#)

[Prior Authorization](#)

[Search Fee Schedule](#)

[Search Providers](#)

[Claims](#)

[Trading Partner](#)

- Utilize the Search Fee Schedule to determine the Rate of Reimbursement for a procedure code.

Fee Schedule, continued



**Nevada Department of
Health and Human Services**

Division of Health Care Financing and Policy Provider Portal

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

Home

[Resources](#) > Search Fee Schedule

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AMA Disclaimer of Warranties and Liabilities

* **I accept** I have read and agree to the Terms of Agreement

Submit

Cancel

Step 1: Check "I Accept" checkbox.

Step 2: Click "Submit" button.

Fee Schedule, continued

Search Fee Schedule ?

* Indicates a required field.
Select a code type, then enter the procedure code or description and provider type.

- This page is used only for Nevada Fee For Service (FFS) rates.
- The fee displayed to the user as a result of the search may not be the amount the provider receives; Information on the claim may affect actual fee amount. The information contained in the schedule is made available to provide information and is not a guarantee by the State or the Department or its employees as to the present accuracy of the information contained herein. For example, coverage as well as an actual rate may have been revised or updated and may no longer be the same as posted on the website.
- Revenue code pricing for inpatient and nursing home provider types 011, 013, 019, 051, 056, 063, 065, 075, and 078 that is specific to a provider is not available through the Fee Schedule. Provider specific rates override the fee schedule. In addition, fees are not currently available for PT 064.
- Modifier and specialty do not affect ASC and ESRD bundled rates, so the modifier and specialty will not be used or displayed in the search results for these rates.

Financial Payer and Benefit Nevada Medicaid Title XIX Fee For Service

*Code Type

*Procedure Code or Description

*Service Category

Step 1: Select Code Type from drop-down menu.

Step 2: Input Procedure Code or Description.

Step 3: Select Service Category from drop-down menu.

Step 4: Click “Search” to populate results.

Fee Schedule, continued

Search Fee Schedule ?

* Indicates a required field.
 Select a code type, then enter the procedure code or description and provider type.

- This page is used only for Nevada Fee For Service (FFS) rates.
- The fee displayed to the user as a result of the search may not be the amount the provider receives; Information on the claim may affect actual fee amount. The information contained in the schedule is made available to provide information and is not a guarantee by the State or the Department or its employees as to the present accuracy of the information contained herein. For example, coverage as well as an actual rate may have been revised or updated and may no longer be the same as posted on the website.
- Revenue code pricing for inpatient and nursing home provider types 011, 013, 019, 051, 056, 063, 065, 075, and 078 that is specific to a provider is not available through the Fee Schedule. Provider specific rates override the fee schedule. In addition, fees are not currently available for PT 064.
- Modifier and specialty do not affect ASC and ESRD bundled rates, so the modifier and specialty will not be used or displayed in the search results for these rates.

Financial Payer and Benefit Nevada Medicaid Title XIX Fee For Service

***Code Type**

***Procedure Code or Description**

***Provider Type**

Modifier

Provider Specialty

Note: Make sure that the “Effective Date” ends in 2299 for current rates of reimbursement.

Search Results Total Records: 6

Procedure	Provider Type	Provider Specialty	Modifier	Fee Amount	Age Restrictions	Effective Date ▼
97010-Hot or cold packs therapy	034-Therapy	000-No Specialty		\$4.87	REGULAR	1/1/2017 - 12/31/9999
97010-Hot or cold packs therapy	034-Therapy	000-No Specialty	22-Unusual Procedural Serv	\$6.09	REGULAR	1/1/2017 - 12/31/9999
97010-Hot or cold packs therapy	034-Therapy	000-No Specialty		\$4.77	Pediatric (age 0-21)	10/1/2004 - 9/7/2008
97010-Hot or cold packs therapy	034-Therapy	000-No Specialty	22-Unusual Procedural Serv	\$5.95	Pediatric (age 0-21)	10/1/2004 - 9/7/2008
97010-Hot or cold packs therapy	034-Therapy	000-No Specialty		\$3.38	REGULAR	1/1/1980 - 12/31/2016
97010-Hot or cold packs therapy	034-Therapy	000-No Specialty	22-Unusual Procedural Serv	\$4.22	REGULAR	1/1/1980 - 12/31/2016

DHCFP Rates Unit

Quick Links ▾ Calendar

PASRR
Medicaid Services Manual
Rates Unit
Get Adobe Reader

Step 1: Highlight “Quick Links” from tool bar at www.medicaid.nv.gov.

Step 2: Select “Rates Unit.”

Step 3: From new window, select “Accept.”

The screenshot shows the website for the Nevada Department of Health and Human Services, Division of Health Care Financing and Policy. The page features a navigation menu with links for HOME, ABOUT, PROGRAMS, PROVIDERS, MEMBERS, PUBLIC NOTICES, RESOURCES, BOARDS/COMMITTEES, and CONTACT. A search bar is visible with the text "Google" and a magnifying glass icon. Below the navigation, there is a section titled "POINT AND CLICK LICENSE AGREEMENT FOR AMA/CPT AND ADA/CDT". The main content area displays the text "LICENSE FOR USE OF 'CURRENT PROCEDURAL TERMINOLOGY', FOURTH EDITION ('CPT®') End User Point and Click Agreement" and two buttons: "ACCEPT" and "DECLINE".

DHCFP Rates Unit, continued

▶ RATE ANALYSIS & DEVELOPMENT

Nevada Medicaid

The Rate Analysis & Development Unit is responsible for: rate development; rate study/review; rate appeals; annual and quarterly updates; and nursing facility rates.

Nevada Medicaid administers the program with provisions of the Nevada Medicaid State Plan, Titles XI and XIX for the Social Security Act, all applicable Federal regulations and other official issuance of the Department. Methods and standards used to determine rates for inpatient and outpatient services are located in the State Plan under Attachments 4.19 A through E.

- [How Medicaid Financing and Reimbursement Work](#)

New Codes for 2019

- [Annual New Code Update Process](#) ⚡
- [2019 Annual Update](#) ⚡
- [Update on the 2019 New Codes](#) ⚡
- [2019 Covered Codes](#) ⚡
- [2019 ASC Covered Codes](#) ⚡

Fee Schedule Search

Nevada Medicaid has a new feature on the Medicaid.nv.gov website under the Provider "Home" page (EVS). The new feature will allow Providers to not only view fee schedules, but also the ability to verify member eligibility, search for claims, payment information and Remittance Advices. For modifier or anesthesia base units, see the appropriate links below. Please refer to the appropriate Medicaid policy to fully determine coverage as well as any coverage limitations. Medicaid policy takes precedence over any code and rate listed here for a particular provider type.

- [Fee Schedule Search](#)
- [Web Portal User Manual](#)
- [Anesthesiology Unit Values](#) ⚡
- [Nevada Medicaid Modifier Listing](#) ⚡

Fee Schedules

The fee schedules found here are updated on an annual basis, sometimes more frequently. Information regarding the [annual new code update](#) ⚡ may be found on this website.

The information contained in these schedules is made available to provide information and is not a guarantee by the State or the Department or its employees as to the present accuracy of the information contained herein.

- [Managed Care Capitation Rates](#) ⚡ - Pending CMS Approval
- [Fee-for-Service PDF Fee Schedules](#)

Contact

rates@dhcfp.nv.gov

Rate Recycles

Rate Recycle Reports will be posted here weekly. Please check this section regularly to stay informed.

[Pending Recycles](#) ⚡

Locate the "Fee-for-Service PDF Fee Schedules" from the Fee Schedules section.

DHCFP Rates Unit, continued

FEE SCHEDULES

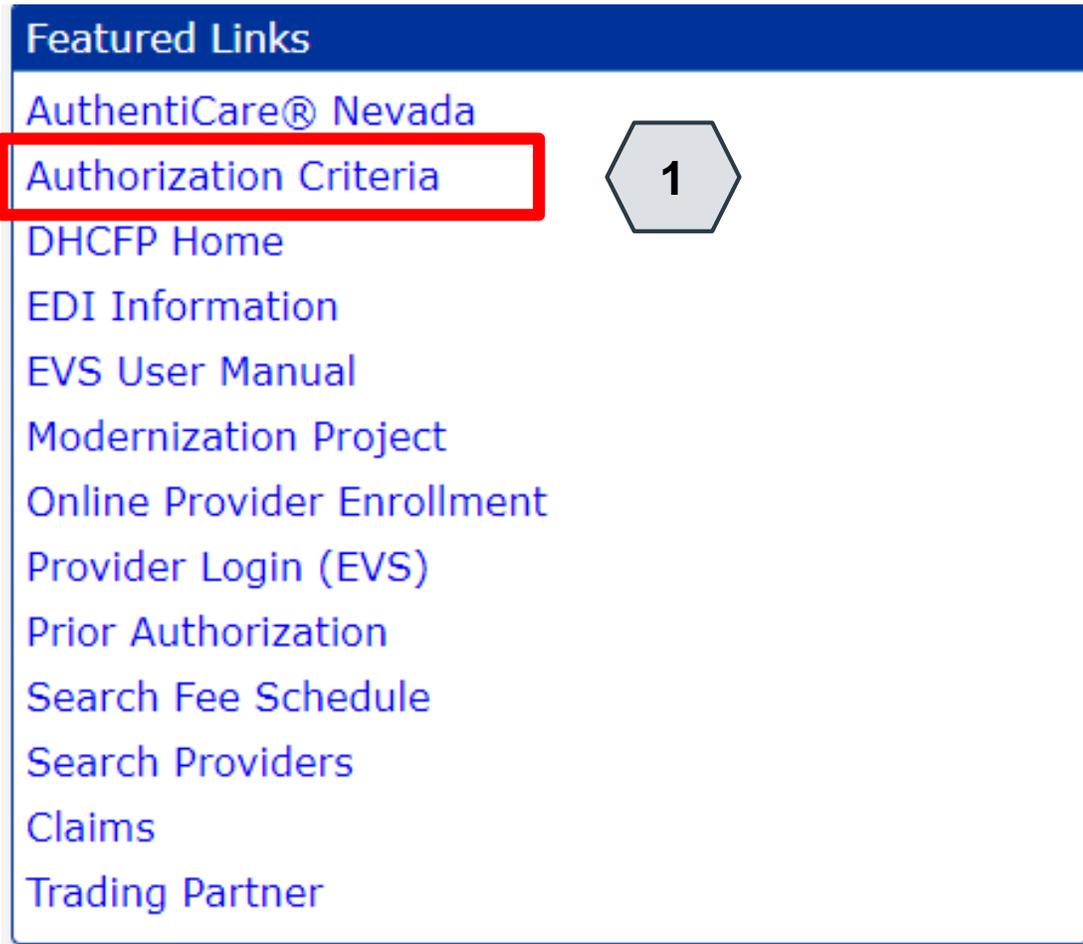
The information contained in these schedules is made available to provide information and is not a guarantee by the State or the Department or its employees as to the present accuracy of the information contained herein.

- [Provider Type 34 Therapy](#)

- Select the appropriate title to open the PDF pertaining to the reimbursement schedule.

Authorization Criteria

Authorization Criteria



1. Locate the “Authorization Criteria” link from the Featured Links located on the left-hand side of the webpage

When the link is selected, a new tab will appear and place the user on the EVS Sign in Page.

Authorization Criteria, continued

Nevada Department of Health and Human Services
Division of Health Care Financing and Policy Provider Portal

Contact Us | Login

Home

Home

Login

*User ID

Log In

[Forgot User ID?](#)
[Register Now](#)
[Where do I enter my password?](#)

Web Announcements

[Web Announcement 2260](#)
Attention Personal Care Services and Waiver Services Providers: Important Electronic Remittance Advice Information

[Web Announcement 2259](#)
Personal Care Services (PCS) Service Plans Must Be Downloaded as They Will No Longer Be Emailed

[Web Announcement 2258](#)
Attention Provider Types 29 (Home Health Agency), 39 (Adult Day Health Care) and 55 (Day and Residential Habilitation Services): Please Complete DHCFP Rate Review Surveys by August 24, 2020

[Web Announcement 2257](#)
Webcast Regarding Provider Relief Fund Application Process

[Web Announcement 2256](#)
Attention All Providers: Provider Revalidation Deadlines Extended Another 60 Days

[View More Web Announcements](#)

Website Requirements

[Prior Authorization Quick Reference Guide \[Review\]](#)
[Provider Web Portal Quick Reference Guide \[Review\]](#)

Featured Links

- [Authorization Criteria](#)
- [DHCFP Home](#)
- [EDI Information](#)
- [EVS User Manual](#)
- [Search Fee Schedule](#)
- [Search Providers](#)
- [Trading Partner Enrollment](#)

2. User will then locate the Featured Links on the EVS Sign in Page and select “Authorization Criteria”

Featured Links

2

- [Authorization Criteria](#)
- [DHCFP Home](#)
- [EDI Information](#)
- [EVS User Manual](#)
- [Search Fee Schedule](#)
- [Search Providers](#)
- [Trading Partner Enrollment](#)

Authorization Criteria, continued

Nevada Department of Health and Human Services
Division of Health Care Financing and Policy Provider Portal

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

Home

[Home](#) > Authorization Criteria Wednesday 07/29/2020 11:20 AM PST

Authorization Criteria ?

* Indicates a required field.
Select a Code Type from the drop-down list, then enter the Procedure Code or Description.

3 *Code Type

4 *Procedure Code or Description

5 *Provider Type

Provider Specialty

6

3. Select “Medical” from the Code Type drop-down menu

4. Input Procedure Code or Description

5. Input 2-digit provider type

6. Select “Search”

After “Search” is selected, the page will refresh, and results will be populated below the search criteria

Authorization Criteria, continued



Home

[Home](#) > Authorization Criteria

Monday 08/03/2020 11:00 AM PST

Authorization Criteria ?

* Indicates a required field.
Select a Code Type from the drop-down list, then enter the Procedure Code or Description.

*Code Type

*Procedure Code or Description

*Provider Type

Provider Specialty

Search Results

To show/hide Service Limits click on Required if exceeding service limitations hyperlink. Total Records: 4

Procedure	Provider Type	Provider Specialty	Claim Type	PA Required	Age Restrictions	Effective Date ▲
97010-HOT OR COLD PACKS THERAPY	34-Therapy	028-Occupational Therapy	Outpatient Xover Claims	Always	000-999	
97010-HOT OR COLD PACKS THERAPY	34-Therapy	028-Occupational Therapy	Outpatient Claims	Always	000-999	
97010-HOT OR COLD PACKS THERAPY	34-Therapy	028-Occupational Therapy	Professional Xover Claims	Always	000-999	
97010-HOT OR COLD PACKS THERAPY	34-Therapy	028-Occupational Therapy	Professional Claims	Always	000-999	

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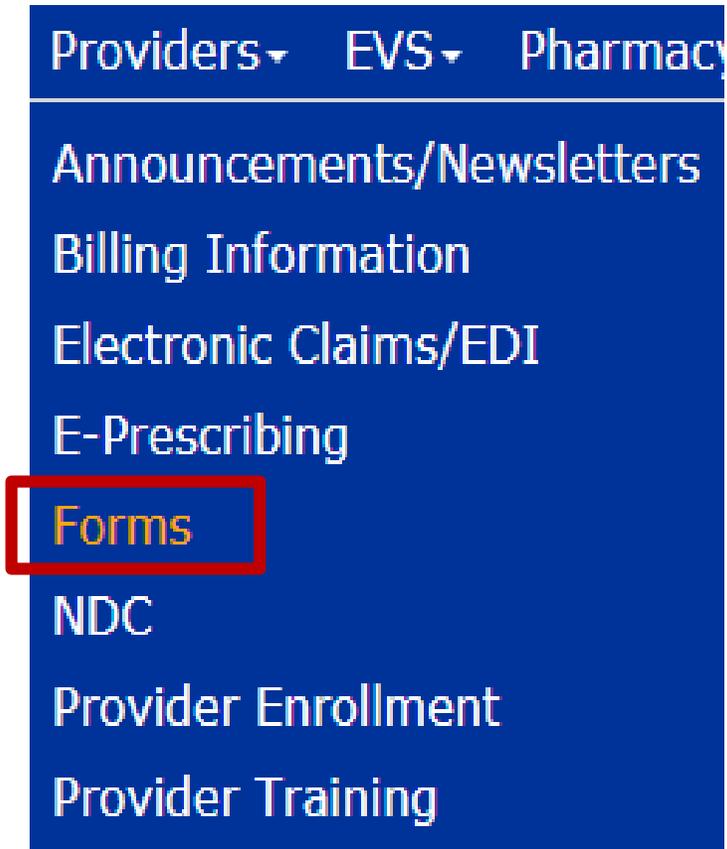
The Nevada Division of Health Care Financing adheres to all applicable privacy policies and standards, including HIPAA rules and regulations, regarding protected health information. Click here to see the State of [Nevada Online Privacy Policy](#)

Once results are populated, user must verify information from column headers left to right.

- Procedure
- Provider Type
- Provider Specialty
- Claim Type
- PA Required
- Age Restrictions
- Effective Date

Prior Authorization (PA) Forms

Locating Prior Authorization Forms



Step 1: Highlight “Providers” from top blue tool bar.

Step 2: Select “Forms” from the drop-down menu.

Locating Prior Authorization Forms, continued

Prior Authorization Forms

All prior authorization forms are for completion and submission by current Medicaid providers only.

Form Number	Title
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-1C	Oxygen Equipment and Supplies Prior Authorization Request
FA-1D	Wheelchair Repair Form
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-11D	Substance Abuse/Behavioral Health Authorization Request
FA-11E	Applied Behavior Analysis (ABA) Authorization Request
FA-11F	Autism Spectrum Disorder (ASD) Diagnosis Certification for Requesting Initial Applied Behavior Analysis (ABA) Services
FA-12	Inpatient Mental Health Prior Authorization

- While on the “Forms” page, locate the appropriate FA form
- Follow the instructions on the form
- All active forms are fillable for easy uploading for PA submission online
- Any form that is not legible will not be accepted

Outpatient Rehabilitation and Therapy (FA-7) – Page 1

Prior Authorization Request
Nevada Medicaid and Nevada Check Up

Outpatient Rehabilitation and Therapy

Upload through the Provider Web Portal.

For questions regarding this form, call: (800) 525-2395

Required documentation which must be uploaded and submitted with this form:

- Plan of Care (POC) must include deficits, chronic or acute, short-term and long-term goals, end goal and progress toward goals
- Doctor's order

Authorization is limited to a 90-day period for recipients age 21 and older and a 180-day period for recipients under age 21. If the doctor's order is for one year, the same order can be attached.

DATE OF REQUEST: ____/____/____

REQUEST TYPE: Prior Authorization Continued Services Retrospective Review

REQUIRED FOR RETROSPECTIVE REVIEWS ONLY		
This recipient was determined eligible for Medicaid benefits on: ____/____/____		
NOTES:		
RECIPIENT INFORMATION		
Recipient Name (Last, First, MI):		
Recipient ID:	DOB:	Phone:
Address (include city, state, zip):		
Guardian Name (if applicable):		Guardian Phone:
Medicare Insurance Information: <input type="checkbox"/> Part A <input type="checkbox"/> Part B Medicare ID#:		
Other Insurance Name:		Other Insurance ID#:
ORDERING PROVIDER INFORMATION		
Ordering Provider Name:		
NPI:	Phone:	Fax:
Address (include city, state, zip):		
Contact Name:		
SERVICING PROVIDER INFORMATION		
Servicing Provider Name:		
NPI:	Phone:	Fax:
Address (include city, state, zip):		
CLINICAL INFORMATION Use additional sheet(s) if needed to submit all pertinent medical documentation and justification to be considered in the determination of this request.		
Is this request for Healthy Kids (EPSDT) referral/services? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Diagnosis (include ICD-10 codes and descriptions):		

- Complete the Date of Request and the Request Type
- Insert any Notes that may be relevant to the case
- Input the following information:
 - Recipient Information
 - Ordering Provider Information
 - Servicing Provider Information
 - Clinical Information
 - Diagnosis Information

Outpatient Rehabilitation and Therapy (FA-7) – Page 2

Prior Authorization Request
Nevada Medicaid and Nevada Check Up

Outpatient Rehabilitation and Therapy

- Complete all Requested Services

REQUESTED SERVICES <i>(enter one code per line)</i>			
CPT Code and Description	Enter Discipline: GP (Physical Therapy), GO (Occupational Therapy) or GN (Speech Therapy)	Units Requested per Week	Number of Weeks
1.			
2.			
3.			
4.			
Functional Deficits and Rehabilitation Diagnoses:			
Treatment Goals:			
Previous Service or Treatment and Outcome or Results <i>(include dates of prior services and an explanation of any non-compliance):</i>			
Other Clinical Information Supporting the Medical Necessity of Requested Services:			

This referral/authorization is not a guarantee of payment. Payment is contingent upon eligibility, benefits available at the time the service is rendered, contractual terms, limitations, exclusions, coordination of benefits and other terms and conditions set forth by the benefit program. The information contained in this form, including attachments, is privileged, confidential and only for the use of the individual or entities named on this form. If the reader of this form is not the intended recipient or the employee or agent responsible to deliver it to the intended recipient, the reader is hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If this communication has been received in error, the reader shall notify sender immediately and shall destroy all information received.

Outpatient Medical/Surgical (FA-6) – Page 1

This form should be used for **Unscheduled Revisions**. Do not use form FA-7 for unscheduled revisions. If form FA-6 must be completed, please see section “Submitting Additional Information” for steps to submit FA-6.

- Date of Request
- Notes
- Recipient Information
- Ordering Provider Information
- Servicing Provider Information
- Clinical Information

Prior Authorization Request
Nevada Medicaid and Nevada Check Up
Outpatient Medical/Surgical
(Use Form FA-7 for Outpatient Rehabilitation and Therapy Services)

Upload this request through the Provider Web Portal. For questions regarding this form, call: (800) 525-2395

DATE OF REQUEST: ____ / ____ / ____

REQUEST TYPE: Initial Continued Services Retrospective* Unscheduled Revision

*REQUIRED FOR RETROSPECTIVE REVIEWS ONLY
This recipient was determined eligible for Medicaid benefits on: ____ / ____ / ____

NOTES:

RECIPIENT INFORMATION			
Recipient Name (Last, First, MI):			
Recipient ID:		DOB:	
Address:		Phone:	
City:	State:	Zip Code:	
Medicare Insurance Information: <input type="checkbox"/> Part A <input type="checkbox"/> Part B Medicare ID#:			
Other Insurance Name:		Other Insurance ID#:	
Responsible Party Name (if applicable):			
Responsible Party Address:		Phone:	

ORDERING PROVIDER INFORMATION			
Ordering Provider Name:			
NPI:			
Address:			
City:	State:	Zip Code:	
Phone:	Fax:		
Contact Name:			

SERVICING PROVIDER INFORMATION			
Servicing Provider Name:			
NPI:			
Address:			
City:	State:	Zip Code:	
Phone:	Fax:		
Contact Name:			

CLINICAL INFORMATION <i>(attach additional sheets if necessary)</i>		
Code Requested	No. of Units Requested	Description of Service
1.		
2.		
3.		

Outpatient Medical/Surgical (FA-6) – Page 2

- Clinical Information, continued

Prior Authorization Request
Nevada Medicaid and Nevada Check Up

Outpatient Medical/Surgical
(Use Form FA-7 for Outpatient Rehabilitation and Therapy Services)

4.		
5		
Is the service you are requesting a hospice benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you requesting Healthy Kids (EPSDT) referral/services? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Conditions/Symptoms (include ICD-10 codes and descriptions):		
Previous Treatment/Services (include dates):		
Results of Previous Treatment/Services:		
Other Clinical Information (to support medical necessity of the requested services):		

This authorization request is not a guarantee of payment. Payment is contingent upon eligibility, available benefits, contractual terms, limitations, exclusions, coordination of benefits and other terms and conditions set forth by the benefit program. The information on this form and on accompanying attachments is privileged and confidential and is only for the use of the individual or entities named on this form. If the reader of this form is not the intended recipient or the employee or agent responsible to deliver it to the intended recipient, the reader is hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If this communication is received in error, the reader shall notify sender immediately and destroy all information received.

Outpatient Rehabilitation and Therapy (FA-7) – Page 1

- Date of Request
- Request Type
- Enter all applicable information for:
 - Recipient
 - Ordering Provider
 - Servicing Provider
 - Clinical Information

Prior Authorization Request
Nevada Medicaid and Nevada Check Up

Outpatient Rehabilitation and Therapy

Upload through the Provider Web Portal.

For questions regarding this form, call: (800) 525-2395

Required documentation which must be uploaded and submitted with this form:

- Plan of Care (POC) must include deficits, chronic or acute, short-term and long-term goals, end goal and progress toward goals
- Doctor's order

Authorization is limited to a 90-day period for recipients age 21 and older and a 180-day period for recipients under age 21. If the doctor's order is for one year, the same order can be attached.

DATE OF REQUEST: ____/____/____

REQUEST TYPE: Prior Authorization Continued Services Retrospective Review

REQUIRED FOR RETROSPECTIVE REVIEWS ONLY		
This recipient was determined eligible for Medicaid benefits on: ____/____/____		
NOTES:		
RECIPIENT INFORMATION		
Recipient Name (Last, First, MI):		
Recipient ID:	DOB:	Phone:
Address (include city, state, zip):		
Guardian Name (if applicable):		Guardian Phone:
Medicare Insurance Information: <input type="checkbox"/> Part A <input type="checkbox"/> Part B Medicare ID#:		
Other Insurance Name:		Other Insurance ID#:
ORDERING PROVIDER INFORMATION		
Ordering Provider Name:		
NPI:	Phone:	Fax:
Address (include city, state, zip):		
Contact Name:		
SERVICING PROVIDER INFORMATION		
Servicing Provider Name:		
NPI:	Phone:	Fax:
Address (include city, state, zip):		
CLINICAL INFORMATION Use additional sheet(s) if needed to submit all pertinent medical documentation and justification to be considered in the determination of this request.		
Is this request for Healthy Kids (EPSDT) referral/services? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Diagnosis (include ICD-10 codes and descriptions):		

Outpatient Rehabilitation and Therapy (FA-7) – Page 2

- Fill out all Requested Services (Enter one code per line)
- Enter all applicable information for:
 - Functional Deficits & Rehab Diagnosis
 - Treatment Goals
 - Previous Service or Treatment
 - Other Clinical Information

Prior Authorization Request
Nevada Medicaid and Nevada Check Up

Outpatient Rehabilitation and Therapy

REQUESTED SERVICES <i>(enter one code per line)</i>			
CPT Code and Description	Enter Discipline: GP (Physical Therapy), GO (Occupational Therapy) or GN (Speech Therapy)	Units Requested per Week	Number of Weeks
1.			
2.			
3.			
4.			
Functional Deficits and Rehabilitation Diagnoses:			
Treatment Goals:			
Previous Service or Treatment and Outcome or Results <i>(include dates of prior services and an explanation of any non-compliance):</i>			
Other Clinical Information Supporting the Medical Necessity of Requested Services:			

This referral/authorization is not a guarantee of payment. Payment is contingent upon eligibility, benefits available at the time the service is rendered, contractual terms, limitations, exclusions, coordination of benefits and other terms and conditions set forth by the benefit program. The information contained in this form, including attachments, is privileged, confidential and only for the use of the individual or entities named on this form. If the reader of this form is not the intended recipient or the employee or agent responsible to deliver it to the intended recipient, the reader is hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If this communication has been received in error, the reader shall notify sender immediately and shall destroy all information received.

Request for Termination of Service (FA-29A)

FA-29A

Request for Termination of Service

- While on the “Forms” page, locate form FA-29A
- Follow the instructions on the form
- All active forms are fillable for easy uploading for PA submission online
- Any form that is not legible will not be accepted

Request for Termination of Service (FA-29A)

Page 1

- Form FA-29A is used to terminate services with an existing provider to allow the new provider to submit an authorization request and form FA-29A must be completed by the new provider.

Users must complete each section:

- Section I: Service Type
- Section II: Request
- Section III: Recipient Information
- Section IV: New Requesting Provider Information
- Section V: Current / Terminating Provider Information

Nevada Medicaid and Check Up
Request for Termination of Service

Purpose: Use this form to terminate service with an existing provider to allow the new provider to submit an authorization request. The new provider completes this form. Please submit this form online with the request for prior authorization.

Questions? Call: (800) 525-2395

DATE OF REQUEST: ____/____/____

SECTION I: SERVICE TYPE <i>Indicate the type of service for which you are requesting a termination of service.</i>	
<input type="checkbox"/> Behavioral Health <input type="checkbox"/> Dental/Orthodontia <input type="checkbox"/> DME <input type="checkbox"/> Home Health <input type="checkbox"/> Inpatient Medical/Surgical <input type="checkbox"/> Inpatient LTAC <input type="checkbox"/> Inpatient Rehab <input type="checkbox"/> Outpatient Medical/Surgical <input type="checkbox"/> Outpatient Rehab <input type="checkbox"/> Outpatient Therapy <input type="checkbox"/> PRTF	
SECTION II: REQUEST	
<input type="checkbox"/> Terminate Service with existing provider to allow submission of prior authorization request from new provider.	<input type="checkbox"/> Termination date with existing provider: ____/____/____
SECTION III: RECIPIENT INFORMATION	
Last Name:	First Name:
Medicaid ID:	Date of Birth:
Recipient must complete the following section and sign below: I (<i>print recipient name</i>) _____ am requesting that services be terminated with (<i>print name of current/terminating agency</i>): _____. I understand this will end my services with my current/terminating provider listed in Section V of this form. The effective date for termination is: (<i>date</i>) _____.	
Recipient signature:	Date:
SECTION IV: NEW REQUESTING PROVIDER INFORMATION	
New/Requesting Provider Group Name:	
Individual Representative from New Provider (<i>print name</i>):	
New/Requesting Provider Agency NPI:	
New/Requesting Provider Name:	
New/Requesting Provider Agency Phone Number:	
Provider Signature:	Date:
SECTION V: CURRENT / TERMINATING PROVIDER INFORMATION	
Current/Terminating Provider Agency Name:	
Current/Terminating Provider Agency Contact Name (<i>print name</i>):	
Current/Terminating Provider Agency Phone Number:	

Request for Termination of Service (FA-29A)

Page 2

Users must complete each section:

- Section VI: Services
- Section VII: Additional Details

Nevada Medicaid and Check Up
Request for Termination of Service

SECTION VI: SERVICES <i>List all services that will terminate with current provider.</i>		
HCPCS/CPT/CDT Code	Description	End date for each service
SECTION VII: ADDITIONAL DETAILS <i>Additional comments or contact information not specified above that would assist in the completion of this request</i>		

The information contained in this form, including attachments, is privileged and confidential and is only for the use of the individual or entities named on this form. If the reader of this form is not the intended recipient or the employee or agent responsible to deliver it to the intended recipient, the reader is hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If this communication has been received in error, the reader shall notify sender immediately and shall destroy all information received. This referral/authorization is not a guarantee of payment.

Submitting a Prior Authorization via the EVS Secure Provider Web Portal

Logging into the Provider Web Portal



Nevada Department of Health and Human Services

Division of Health Care Financing and Policy Provider Portal

Home

Home

Login

*User ID

hospizona1

Log In

[Forgot User ID?](#)

[Register Now](#)



Broadcast Messages

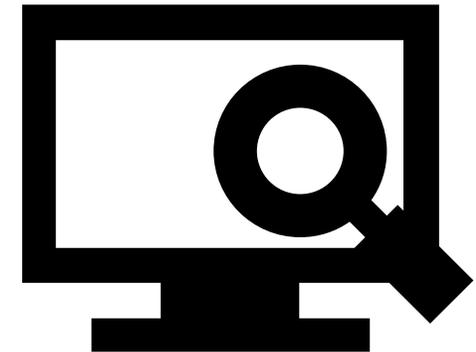
Hours of Availability

The Nevada Provider Web Portal is unavailable between 12:25 AM PST on Sunday.

What can you do in the Provider Portal

Through this secure and easy to use internet portal, hea

- Once registered, users may access their accounts from the Provider Web Portal (PWP) “Home” page by:
 - Entering the User ID.
 - Clicking the Log In button.



Logging into the Provider Web Portal, continued

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.**

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

Once the user has clicked the **Log In** button, the user will need to provide identity verification as follows:

- Answer the **Challenge Question** to verify identity.
- Choose whether log in is on a **personal computer** or **public computer**.
- Click the **Continue** button.

Logging into the Provider Web Portal, continued

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.

6 Site Key: 

Passphrase Answer

7 *Password

8 [Sign In](#)

[Forgot Password?](#)

- The user will continue providing identity verification as follows:
6. Confirm that the **Site Key** and **Passphrase** are correct.
 7. Enter **Password**.
 8. Click the **Sign In** button.

NOTE: If this information is incorrect, users should not enter their password. Instead, they should contact the help desk by clicking the **Customer help desk** link.

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 File Exchange Resources

My Home

Provider

Name HOSPITALIST SERVICES OF NEVADA-MANDAVIA
Provider ID 1831573690 (NPI)
Location ID 100543194

Broadcast Messages

Hours of Availability
The Nevada Provider Web Portal is unavailable between midnight and 12:25 AM PST Monday-Saturday and between 8 PM and 12:25 AM PST on Sunday.

Contact Us
Secure Correspondence

My Profile
Manage Accounts

Provider Services

- Member Focused Viewing
- Search Payment History
- Revalidate-Update Provider
- Pharmacy PA
- PASRR
- EHR Incentive Program
- EPSDT
- Presumptive Eligibility

Welcome Health Care Professional!

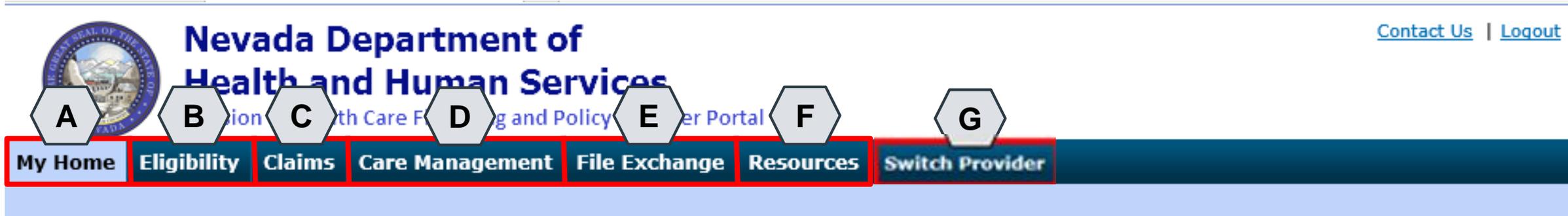
We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and search for claims, payment information, and access Remittance Advices, our secure site provides access to eligibility, answers to frequently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

Prior Authorization Quick Reference Guide [Review]
Provider Web Portal Quick Reference Guide [Review]

Once the provider information has been verified, the user may explore the features of the PWP, including:

- A. Additional tabs for users to research eligibility, submit claims and PAs, access additional resources, and more.
- B. Important broadcast messages.
- C. Links to contact customer support services.
- D. Links to manage user account settings, such as passwords and delegate access.
- E. Links to additional information regarding Medicaid programs and services
- F. Links to additional PWP resources.

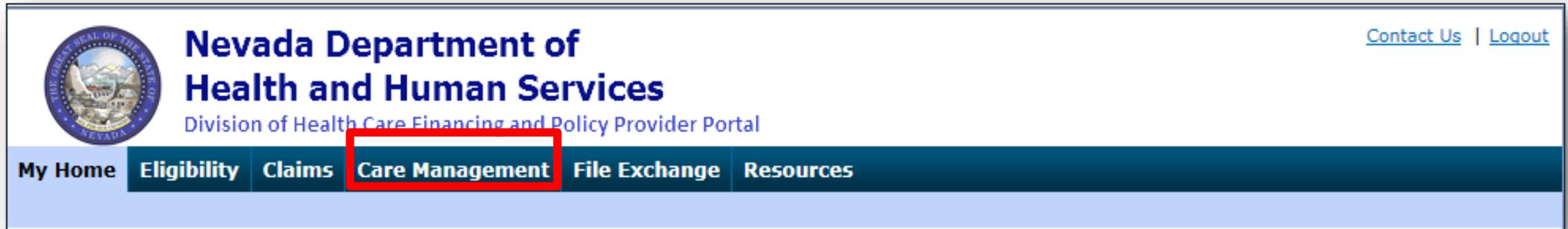
Navigating the Provider Web Portal



The tabs at the top of the page provide users quick access to helpful pages and information:

- A. My Home:** Confirm and update provider information and check messages.
- B. Eligibility:** Search for recipient eligibility information.
- C. Claims:** Submit claims, search claims, view claims and search payment history.
- D. Care Management:** Request PAs, view PA statuses and maintain favorite providers.
- E. File Exchange:** Upload forms online.
- F. Resources:** Download forms and documents.
- G. Switch Providers:** This is where **delegates** can switch between providers to whom they are assigned. The tab is only present when the user is logged in as a delegate.

Care Management Tab



The screenshot shows the header of the Nevada Department of Health and Human Services website. On the left is the state seal. The main title is 'Nevada Department of Health and Human Services' with the subtitle 'Division of Health Care Financing and Policy Provider Portal'. In the top right corner, there are links for 'Contact Us' and 'Logout'. Below this is a dark blue navigation bar with white text for 'My Home', 'Eligibility', 'Claims', 'Care Management', 'File Exchange', and 'Resources'. The 'Care Management' tab is highlighted with a red rectangular box.

Create Authorization

- Create authorizations for eligible recipients

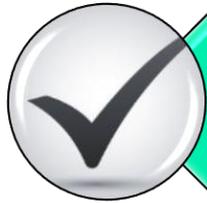
View Authorization Status

- Prospective authorizations that identify the requesting or servicing provider

- Maintain Favorite Providers
- Create a list of frequently used providers
- Select the facility or servicing provider from the providers on the list when creating an authorization
- Maintain a favorites list of up to 20 providers

Before You Create a Prior Authorization Request

Before Creating a Prior Authorization Request



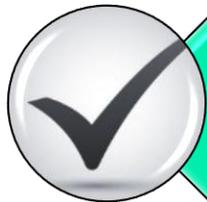
Verify eligibility to ensure that the recipient is eligible on the date of service for the requested services.



Use the Provider Web Portal's PA search function to see if a request for the dates of service, units and service(s) already exists and is associated with your individual, state or local agency, or corporate or business entity.



Review the coverage, limitations and PA requirements for the Nevada Medicaid Program before submitting PA requests.



Use the Provider Web Portal to check PAs in pending status for additional information.

Create a Prior Authorization Request

Key Information

Recipient Demographics

- First Name, Last Name and Birth Date will be auto-populated based on the recipient ID entered

Diagnosis Codes

- All PAs will require at least one valid diagnosis code

Searchable Diagnosis, Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS)

- Enter the first three letters or the first three numbers of the code to use the predictive search

PA Attachments

- Attachments are required with all PA requests. Attachments can only be submitted electronically
- PA requests received without an attachment will remain in pended status for 30 days
- If no attachment is received within 30 days, the PA request will automatically be canceled

Submitting a PA Request

Nevada Department of Health and Human Services
Division of Health Care Financing and Policy Provider Portal

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

Create Authorization | Authorization Status | Maintain Favorite Providers | Authorization Criteria

My Home

Provider

Name

Provider ID

Location ID

▶ [My Profile](#)

▶ [Manage Accounts](#)

Broadcast Messages

Hours of Availability
The Nevada Provider Web Portal is unavailable between midnight and 12:25 AM PST Monday-Saturday and between 8 PM and 12:25 AM PST on Sunday.

Welcome Health Care Professional!

1. Hover over the “Care Management” tab
2. Click “Create Authorization” from the sub-menu

Submitting a PA Request, continued

Create Authorization ?

* Indicates a required field.

Medical Dental 3

***Process Type** 4

Requesting Provider Information

Provider ID ID Type NPI Name

Recipient Information

*Recipient ID

Last Name First Name

Birth Date

Referring Provider Information

Referring Provider same as Requesting Provider

Select from Favorites

Provider ID ID Type Name Add to Favorites

Service Provider Information

Service Provider same as Requesting Provider

Select from Favorites

*Provider ID *ID Type Name Add to Favorites

Location

Process Type List:

- ABA
- ADHC
- Audiology
- BH Inpt
- BH Outpt
- BH PHP/IOP
- BH Rehab
- BH RTC
- DME
- Home Health
- Hospice
- Inpt M/S
- Output M/S
- PCS Annual Update
- PCS One-Time
- PCS SDS
- PCS Significant Change
- PCS Temporary Auth
- PCS Transfer
- Retro ABA
- Retro ADHC
- Retro Audiology
- Retro BH Inpt
- Retro BH Outpt
- Retro BH PHP/IOP
- Retro BH Rehab
- Retro BH RTC
- Retro DME

3. Select the authorization type (Medical)
4. Choose an appropriate Process Type from the drop-down list (Outpt M/S)

Submitting a PA Request, continued

Create Authorization ?

* Indicates a required field.

Medical **Dental**

*Process Type: Home Health Expand All | Collapse All

5 **Requesting Provider Information** -

Provider ID	ID Type	Name
	NPI	

Recipient Information -

*Recipient ID: 43827875678

Last Name: ABIEGUT First Name: ABYNNRYP

Birth Date: 04/10/1928

Referring Provider Information -

Referring Provider same as Requesting Provider:

Select from Favorites: No favorite providers available.

Provider ID	ID Type	Name	Add to Favorites
			<input type="checkbox"/>

5. The Requesting Provider Information is automatically populated with the Provider ID and Name of the provider that the signed-in user is associated with

Submitting a PA Request, continued

Create Authorization ?

* Indicates a required field.

Medical **Dental**

***Process Type** Home Health Expand All | Collapse All

Requesting Provider Information

Provider ID	ID Type	NPI	Name
-------------	---------	-----	------

Recipient Information

6 ***Recipient ID** 43827875678

Last Name ABIEGUT **First Name** ABYNNRYP

Birth Date 04/10/1928

Referring Provider Information

Referring Provider same as Requesting Provider

Select from Favorites No favorite providers available.

Provider ID	ID Type	Name	Add to Favorites
-------------	---------	------	------------------

6. Enter the Recipient ID. The Last Name, First Name and Birth Date will populate automatically

Submitting a PA Request, continued

Create Authorization ?

* Indicates a required field.

Medical **Dental**

***Process Type** Home Health ▼ [Expand All](#) | [Collapse All](#)

Requesting Provider Information [-]

Provider ID	ID Type	NPI	Name
-------------	---------	-----	------

Recipient Information [-]

***Recipient ID** 43827875678

Last Name ABIEGUT **First Name** ABYNNRYP

Birth Date 04/10/1928

Referring Provider Information [-]

Referring Provider same as Requesting Provider

Select from Favorites No favorite providers available. ▼

Provider ID	ID Type	Name	Add to Favorites
-------------	---------	------	------------------

7

7. Enter Referring Provider Information using one of three ways

Submitting a PA Request, continued

The screenshot shows a form titled "Referring Provider Information" with a close button in the top right corner. The form contains several fields and a checkbox. A red box highlights the "Referring Provider same as Requesting Provider" checkbox, labeled with a grey hexagon containing the letter "A". Below this is a "Select from Favorites" drop-down menu, labeled with a grey hexagon containing the letter "B". Below the drop-down are two input fields: "Provider ID" and "ID Type", both with search icons to their right, labeled with a grey hexagon containing the letter "C". To the right of these fields is a "Name" field with a search icon, and further right is an "Add to Favorites" checkbox, labeled with a grey hexagon containing the letter "D".

- A. Check the Referring Provider Same as Requesting Provider box
- B. Choose an option from the Select from Favorites drop-down. This drop-down displays a list of providers that the user has indicated as favorites.
- C. Enter the Provider ID and ID Type. Both fields must be completed when using this option.
- D. Click the Add to Favorites checkbox. Use this after entering a provider ID to add it to the Select from Favorites drop-down.

Submitting a PA Request, continued

Referring Provider Information

Referring Provider same as Requesting Provider

Select from Favorites

Provider ID ID Type Name Add to Favorites

Service Provider Information

Service Provider same as Requesting Provider

Select from Favorites

*Provider ID *ID Type Name Add to Favorites

Location

8

8. Enter Service Provider Information

- Note: When adding a Rendering Provider NPI, the NPI must match either the Provider Type 12 or 34 NPI

Submitting a PA Request, continued

Service Provider Information

Service Provider same as Requesting Provider

Select from Favorites: No favorite providers available.

*Provider ID: 1831573690 *ID Type: NPI Name: Add to Favorites

Location: FEDERALLY QUALIFIED HEALTH CENTER

Diagnosis Information

Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code. Click the **Remove** link to remove the entire row.

Diagnosis Type	Diagnosis Code	Action
*Diagnosis Type ICD-10-CM ICD-9-CM	*Diagnosis Code	

Click to collapse.

11 Add Cancel

Service Details

9. Select a Diagnosis Type from the drop-down list
10. Enter the Diagnosis Code. Once the user begins typing, the field will automatically search for matching codes
11. Click the Add button

NOTE: Repeat steps 9-11 to enter up to nine codes. The first code entered will be considered the primary.

Submitting a PA Request, continued

Diagnosis Information

Error
Diagnosis Code not found.

Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.
Click the **Remove** link to remove the entire row.

Diagnosis Type	Diagnosis Code	Action
Click to collapse.		
*Diagnosis Type	ICD-10-CM	
*Diagnosis Code	1234	

Diagnosis Code not found.

[Add](#) [Cancel](#)

If you click the Add button with an invalid diagnosis code, an error will display. You must ensure the diagnosis code is correct, up-to-date with the selected Diagnosis Type, and does not include decimals.

Submitting a PA Request, continued

Diagnosis Information [-]

Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.
Click the **Remove** link to remove the entire row.

Diagnosis Type	Diagnosis Code	Action
ICD-10-CM	T7500XA-Unspecified effects of lightning, initia	Remove

Click to collapse.

*Diagnosis Type *Diagnosis Code

Once a diagnosis code has been entered accurately, and the Add button has been clicked, the diagnosis code will display under the Diagnosis Information section. If a code needs to be removed from the PA request, click Remove located in the Action column.

Submitting a PA Request, continued

Diagnosis Information

Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code. Click the **Remove** link to remove the entire row.

Diagnosis Type	Diagnosis Code	Action
ICD-10-CM	T7500XA-Unspecified effects of lightning, initial encounter	Remove

Click to collapse.

*Diagnosis Type *Diagnosis Code

[Add](#) [Cancel](#)

Service Details

+ 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.

Line #	From Date	To Date	Code	Modifiers	Units	Action
	<input type="text" value="01/01/2018"/>	<input type="text" value="01/01/2019"/>	<input type="text" value="A6413-Adhesive bandage, first-aid"/>	<input type="text"/>	<input type="text" value="1"/>	

Click to collapse.

*From Date To Date Code Type *Code

Modifiers

*Units

*Medical Justification

[Add Service](#) [Cancel Service](#)

- 12. Enter details regarding the service(s) provided into the Service Details section
- 13. Click the Add Service button

Submitting a PA Request, continued

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.

	Line #	From Date	To Date	Code	Modifiers	Units	Action
<input type="checkbox"/>	1	01/01/2018	01/01/2019	A6413-Adhesive bandage, first-aid		1	Copy Remove

Click to collapse.

***From Date** **To Date** **Code Type** CPT/HCPCS ***Code**

Modifiers

***Units**

***Medical Justification**

- After clicking the Add Service button, the service details will display in the list

NOTE: Manage additional details as needed. If a user wishes to copy a service detail, click Copy located in the Action column. To remove the detail, click Remove.

Submitting a PA Request, continued

Attachments

To include an attachment electronically with the prior authorization request, browse and select the attachment, select an Attachment Type and then click on the Add button.

[Prior Authorization Forms](#)

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 by mail, select the appropriate Transmission Method and Attachment Type.

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

Transmission Method	File	Action
Click to collapse.		
*Transmission Method	EL-Electronic Only	
*Upload File	Choose File No file chosen	
*Attachment Type		
<input type="button" value="Add"/> <input type="button" value="Cancel"/>		
<input type="button" value="Submit"/> <input type="button" value="Cancel"/>		

- The Transmission Method will default to EL-Electronic Only as attachments must be sent via the Provider Web Portal

Submitting a PA Request, continued

Attachments

To include an attachment electronically with the prior authorization request, browse and select the attachment, select an Attachment Type, and click the **Add** button.

[Prior Authorization Forms](#)

If you will not be sending an attachment electronically, select the appropriate Transmission Method and click the **Add** button.

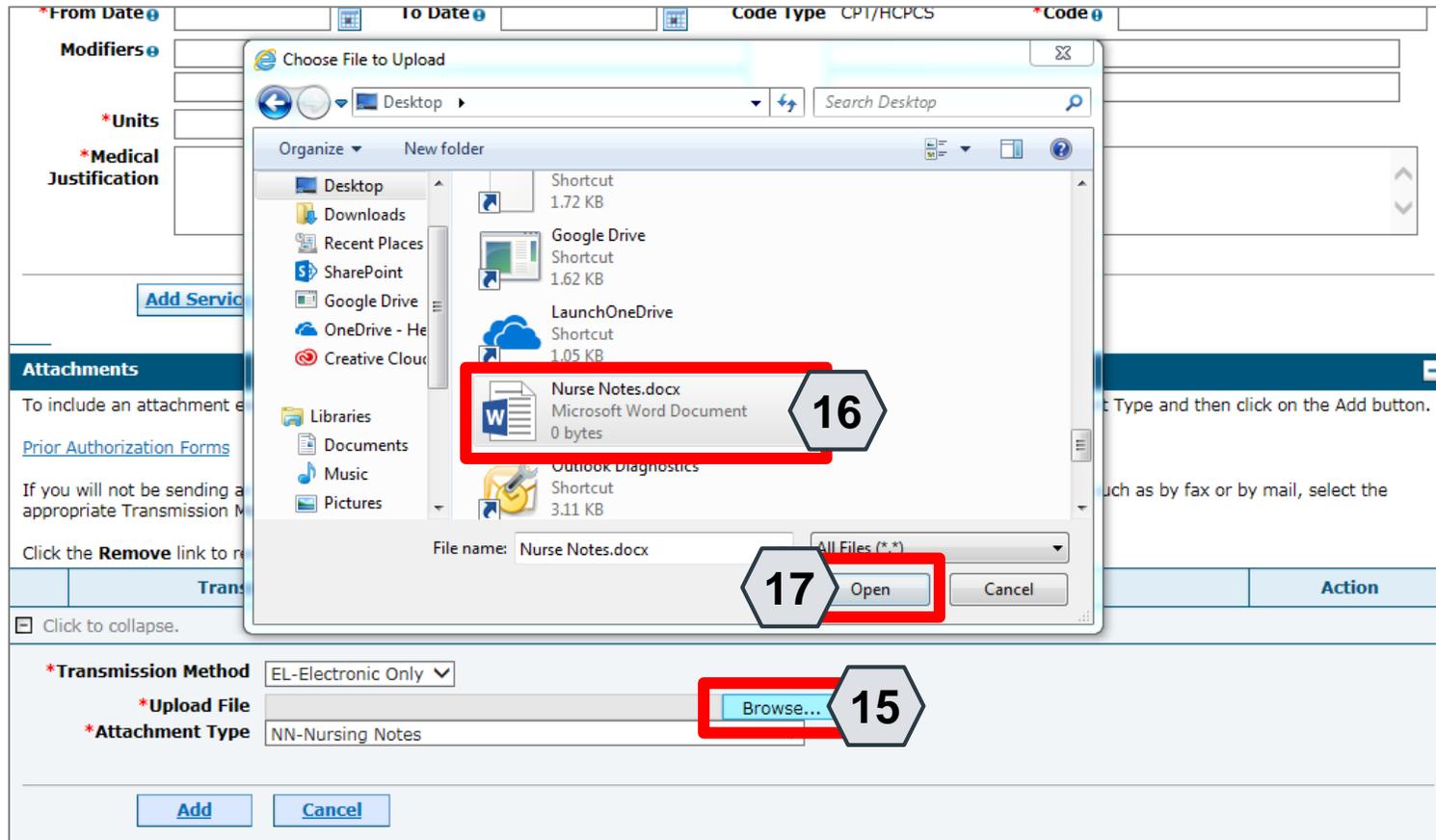
Click the **Remove** link to remove an attachment.

Transmission Method	Attachment Type
<input type="checkbox"/> Click to collapse.	
*Transmission Method	
*Upload File	
*Attachment Type	
<input type="button" value="Add"/>	

- 59-Benefit Letter
- 03-Report Justifying Treatment Beyond Utilization Guidelines
- 11-Chemical Analysis
- 04-Drug Administered
- 05-Treatment Diagnosis
- 06-Initial Assessment
- 07-Functional Goals
- 08-Plan of Treatment
- 09-Progress Report
- 10-Continued Treatment
- 13-Certified Test Report
- 15-Justification for Admission
- 21-Recovery Plan
- 48-Social Security Benefit Letter
- 55-Rental Agreement
- 77-Support Data for Verification
- A3-Allergies/Sensitivities Document
- A4-Autopsy Report
- AM-Ambulance Certification
- AS-Admission Summary
- AT-Purchase Order Attachment
- B2-Prescription
- B3-Physician Order
- BR-Benchmark Testing Results
- BS-Baseline
- BT-Blanket Test Results
- CB-Chiropractic Justification
- CK-Consent Form(s)
- D2-Physician Order
- DA-Dental Models

14. Choose the type of attachment being submitted from the Attachment Type drop-down list

Submitting a PA Request, continued



15. Click the Browse button

16. Select the desired attachment

17. Click the Open button

- Allowable file types include:
.doc, .docx, .gif, .jpeg, .pdf, .txt, .xls,
.xlsx, .bmp, .tif, and .tiff.

Submitting a PA Request, continued

Attachments

To include an attachment electronically with the prior authorization request, browse and select the attachment, select an Attachment Type and then click on the Add button.

[Prior Authorization Forms](#)

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 by mail, select the appropriate Transmission Method and Attachment Type.

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

Transmission Method	File	Action
Click to collapse.		
*Transmission Method	<input type="text" value="EE Electronic Only"/>	
*Upload File	<input type="text" value="C:\Users\bargera\Desktop\Nurse Notes.docx"/> <input type="button" value="Browse..."/>	
*Attachment Type	<input type="text" value=""/>	
18 <input type="button" value="Add"/> <input type="button" value="Cancel"/>		

18. Click the Add button

Submitting a PA Request, continued

Attachments

To include an attachment electronically with the prior authorization request, browse and select the attachment, select an Attachment Type and then click on the Add button.

[Prior Authorization Forms](#)

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 by mail, select the appropriate Transmission Method and Attachment Type.

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

	Transmission Method	File	Action
<input type="checkbox"/>	EL-Electronic Only	Nurse Notes.docx	Remove

Click to collapse.

*Transmission Method

*Upload File

*Attachment Type

- The added attachment displays in the list
- To remove the attachment, click Remove in the Action column
- Add additional attachments by repeating steps 14-18

NOTE: The total attachment file size limit before submitting a PA is 4 MB. When more attachments are needed beyond this capacity, the user will first submit the PA. Afterwards, go back into the PA using the View Authorization Response page, click the edit button to open the PA and then add more attachments.

Submitting a PA Request, continued

19. Click the Submit button

Justification

[Add Service](#) [Cancel Service](#)

Attachments

To include an attachment electronically with the prior authorization request, browse and select the attachment, select an Attachment Type and then click on the Add button.

[Prior Authorization Forms](#)

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 by mail, select the appropriate Transmission Method and Attachment Type.

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

	Transmission Method	File	Action
<input type="checkbox"/>	EL-Electronic Only	Nurse Notes.docx	Remove

Click to collapse.

*Transmission Method

*Upload File

*Attachment Type

[Add](#) [Cancel](#)

19 [Submit](#) [Cancel](#)

Submitting a PA Request, continued

20

Confirm Authorization ?

[Expand All](#) | [Collapse All](#)
Requesting Provider Information -

Provider ID 1831573690	ID Type NPI	Name HOSPITALIST SERVICES OF NEVADA-MANDEAVIA
------------------------	-------------	---

Recipient Information and Process Type -

Recipient ID 43827875678	Recipient ABYNNRYP ABIEGUT	Gender Female
Birth Date 04/10/1928	Process Type Home Health	

Referring Provider Information -

Provider ID 1831573690	ID Type NPI	Name HOSPITALIST SERVICES OF NEVADA-MANDEAVIA
------------------------	-------------	---

Service Provider Information -

Provider ID 1831573690	ID Type NPI	Name HOSPITALIST SERVICES OF NEVADA-MANDEAVIA
Location _		

[Expand All](#) | [Collapse All](#)
Diagnosis Information -

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

Diagnosis Type	Diagnosis Code
ICD-10-CM	T7500XA-Unspecified effects of lightning, initial encounter

Service Details -

Line #	From Date	To Date	Code	Modifiers	Units
+	1	01/01/2018	01/01/2019	CPT/HCPCS A6413-Adhesive bandage, first-aid	1

Attachments -

Transmission Method	File	Attachment Type
EL-Electronic Only	Nurse Notes.docx	NN-Nursing Notes

Back
21 Confirm
Cancel

20. Review the information on the PA request

21. Click the Confirm button to submit the PA for processing. Click the Confirm button only once. If a user clicks Confirm multiple times, multiple PAs will be submitted and denied due to multiple submissions.

NOTE: If updates are needed prior to clicking the Confirm button, click the Back button to return to the “Create Authorization” page

21

Submitting a PA Request, continued

The screenshot displays a web interface with a dark blue navigation bar at the top containing the following menu items: My Home, Eligibility, Claims, Care Management, File Exchange, and Resources. Below the navigation bar is a light blue breadcrumb trail: Create Authorization | View Authorization Status | Maintain Favorite Providers | Authorization Criteria. The main content area shows a breadcrumb: Care Management > Authorization Receipt. A dark blue header for the content area reads "Authorization Receipt" with a help icon (question mark) on the right. The main message states: "Your Authorization Tracking Number 45180650011 was successfully submitted." The number 45180650011 is highlighted with a red rectangular box. Below this message are three instructions: "Click **Print Preview** to view authorization details and receipt.", "Click **Copy** to copy member data or authorization data.", and "Click **New** to create a new authorization for a different member." Underneath these instructions is the text "General Authorization Receipt Instructions". At the bottom of the content area are three blue buttons: "Print Preview", "Copy", and "New".

- After the Confirm button has clicked, an “Authorization Tracking Number” will be created. This message signifies that the PA request has been successfully submitted.

Submitting a PA Request, continued

The screenshot displays a web interface for 'Authorization Receipt'. At the top, there is a navigation bar with tabs: 'My Home', 'Eligibility', 'Claims', 'Care Management', 'File Exchange', and 'Resources'. Below this is a secondary navigation bar with links: 'Create Authorization', 'View Authorization Status', 'Maintain Favorite Providers', and 'Authorization Criteria'. The main content area shows the breadcrumb 'Care Management > Authorization Receipt'. A dark blue header for the section reads 'Authorization Receipt' with a help icon. The main message states: 'Your Authorization Tracking Number 45180650011 was successfully submitted.' Below this, instructions are provided: 'Click **Print Preview** to view authorization details and receipt.', 'Click **Copy** to copy member data or authorization data.', and 'Click **New** to create a new authorization for a different member.' At the bottom, there are three buttons: 'Print Preview', 'Copy', and 'New'. Above each button is a grey hexagonal callout labeled 'A', 'B', and 'C' respectively. A red rectangular box highlights the three buttons.

- A. Print Preview: Allows a user to view the PA details and receipt for printing
- B. Copy: Allows a user to copy member or authorization data for another authorization
- C. New: Allows a user to begin a new PA request for a different member

Viewing Status

Viewing the Status of PAs

The screenshot shows the top navigation bar of the Nevada Medicaid Provider Web Portal. The navigation tabs are: My Home, Eligibility, Claims, Care Management, Exchange, and Resources. The 'Care Management' tab is highlighted with a red box and a callout '1'. Below the navigation bar, the 'View Authorization Status' link is highlighted with a red box and a callout '2'. The main content area includes a 'Provider' section with fields for Name, Provider ID, and Location ID, and a 'Broadcast Messages' section with a message about the portal's availability. A 'Welcome Health Care Professional' banner is also visible at the bottom.

1. Hover over the Care Management tab
2. Click View Authorization Status

Viewing the Status of PAs, continued

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

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

[Care Management](#) > View Authorization Status

View Authorization Status

Prospective Authorizations

Prospective authorizations identifying you as the Requesting or Servicing Provider are listed below. These results include beginning Services Date of today or greater. Click the Authorization Tracking Number to view the authorization response search for a different authorization.

Prospective Authorizations

Authorization Tracking Number	Service Date ▲	Recipient Name	Recipient ID	Process Type	Requesting P
45181270003	01/01/2018 - 01/01/2019	ABIEGUT, ABYNNRYP	43827875678	Home Health	HOSPITALIST SERV NEVADA-MANDAVIA
43180110001	01/11/2018 - 01/11/2019	QROTB, FENKTPVI	54409179444	Outpt M/S	HOSPITALIST SERV NEVADA-MANDAVIA
41180120002	01/12/2018 - 01/12/2019	KWLVDTYRXW, AOWPEW H	80335695037	Outpt M/S	HOSPITALIST SERV NEVADA-MANDAVIA

3. Click the ATN hyperlink of the PA to be viewed

3

Viewing the Status of PAs, continued

View Authorization Response for AOWPEW KWLVDTYRXW [Back to View Authorization Status](#) ?

Authorization Tracking # 41180120002 Process Type Outpt M/S [Expand All](#) | [Collapse All](#)

Requesting Provider Information

Recipient Information

Referring Provider Information

Diagnosis Information

Service Provider / Service Details Information

5

Provider ID	ID Type	NPI	Name

From Date	To Date	Units	Remaining Units	Amount	Code	Medical Citation	Decision / Date	Reason
01/12/2018	01/12/2019	10	10	-	CPT/HCPCS 0003F-INACTIVE TOBACCO USE, NON-SMOKING	-	Certified In Total 01/12/2018	-

4. Click the plus symbol to the right of a section to display its information
5. Review the information as needed

Viewing the Status of PAs, continued

View Authorization Response for AOWPEW KWLVDTYRXW [Back to View Authorization Status](#) ?

Authorization Tracking # 41180120002 **Process Type** Outpt M/S [Expand All](#) | [Collapse All](#)

Requesting Provider Information +

Recipient Information +

Referring Provider Information +

Diagnosis Information +

Service Provider / Service Details Information -

From Date	To Date	Units	Remaining Units	Amount	Code	Medical Citation	Decision / Date	Reason
01/12/2018	01/12/2019	10	10	-	CPT/HCPCS 0003F-INACTIVE TOBACCO USE, NON-SMOKING	6	Certified In Total 01/12/2018	-

[Edit](#) [View Provider Request](#) [Print Preview](#)

- Review the details listed in the Decision / Date and Reason columns

Viewing the Status of PAs, continued

Service Provider / Service Details Information									
Provider ID		ID Type		NPI					Name
From Date	To Date	Units	Remaining Units	Amount	Code	Medical Citation	Decision / Date	Reason	
01/12/2018	01/12/2019	10	10	-	CPT/HCPCS 0003F-INACTIVE TOBACCO USE, NON-SMOKING	-	Certified In Total 01/12/2018	-	

- In the Decision / Date column, you may see one of the following decisions:
 - Certified in Total: The PA request is approved for exactly as requested.
 - Certified Partial: The PA request has been approved, but not as requested.
 - Not Certified: The PA request is not approved.
 - Pended: The PA request is pending approval.
 - Cancel: The PA request has been canceled.

Viewing the Status of PAs, continued

Service Provider / Service Details Information								
Provider ID			ID Type	NPI	Name			
From Date	To Date	Units	Remaining Units	Amount	Code	Medical Citation	Decision / Date	Reason
08/29/2017	08/29/2017	1	1	\$125.00	CPT/HCPCS 80061-Lipid panel	View	Certified Partial 06/11/2018	Product/service/procedure delivery pattern (e.g., units, days, visits, weeks, hours, months)
08/30/2017	08/30/2017	1	0	-	CPT/HCPCS 36415-Routine venipuncture	View	Not Certified 06/11/2018	Non-covered Service

- When the Decision / Date column is not “Certified in Total,” information will be provided in the Reason column. For example, if a PA is not certified (A), the reason why it was not certified displays (B).

Viewing the Status of PAs, continued

Service Provider / Service Details Information								
C Provider		D 1573690	E	ID Type NPI	F	Name HOSPIT	G	SERVICES OF NEVADA- MANDA
From Date	To Date	Units	Remaining Units	Amount	Code	Medical Citation	Decision / Date	Reason
01/12/2018	01/12/2019	10	10	-	CPT/HCPCS 0003F-INACTIVE TOBACCO USE, NON-SMOKING	-	Certified In Total 01/12/2018	-

- C. From Date and To Date: Display the start and end dates for the PA
- D. Units: Displays the number of units originally on the PA
- E. Remaining Units or Amount: Display the units or amount left on the PA as claims are processed
- F. Code: Displays the CPT/HCPCS code on the PA
- G. Medical Citation: Indicates when additional information is needed for authorizations (including denied)

Viewing the Status of PAs, continued

From Date	To Date	Units	Remaining Units	Amount	Code	Medical Citation	Decision / Date	Reason
02/17/2013	02/17/2013	3	0	–	Revenue 0121-R&B-2 BED-MED-SURG-GYN	Hide	Not Certified 02/21/2013	–
<p>Medical Citation 7002 - Information provided does not support medical necessity as defined by Nevada Medicaid.</p> <p>Notes To Provider Inpatient admission criteria not met. Intensity of service was not supported in the documentation submitted. Inpatient admission criteria not met. Intensity of service was not supported in the documentation submitted.</p>								
02/20/2031	02/20/2031	2	0	–	Revenue 0121-R&B-2 BED-MED-SURG-GYN	View	Not Certified 02/22/2013	–
02/17/2013	02/20/2013	3	3	–	Revenue 0121-R&B-2 BED-MED-SURG-GYN	–	Certified In Total 02/24/2013	–

[Edit](#)

[View Provider Request](#)

[Print Preview](#)

The Medical Citation field indicates if additional information is needed for all authorizations (including denied). Click “View” to see the details and clinical notes provided by Nevada Medicaid or click “Hide” to collapse the information panel.

Viewing the Status of PAs, continued

View Authorization Response for AOWPEW KWLVDTYRXW [Back to View Authorization Status](#) ?

Authorization Tracking # 41180120002 Process Type Outpt M/S [Expand All](#) | [Collapse All](#)

Requesting Provider Information

Recipient Information

Referring Provider Information

Diagnosis Information

Service Provider / Service Details Information

Provider ID 1831573690 ID Type NPI Name HOSPITALIST SERVICES OF NEVADA-
MANDAVIA

From Date	To Date	Units	Remaining Units	Amount	Code	Medical Citation	Decision / Date	Reason
01/12/2018	01/12/2019	10	10	-	CPT/HCPCS 0003F-INACTIVE TOBACCO USE, NON-SMOKING	-	Certified In Total 01/12/2018	-

- H. Edit: Edit the PA
- I. View Provider Request: Expand all sections to view the information
- J. Print Preview: Display a printable version of the PA with options to print

Searching for PAs

Searching for PAs

Prospective Authorizations **Search Options** **1**

Enter at least one of the following fields to search for an authorization.

2 **Authorization Information**

Authorization Tracking Number

Select a Day Range or specify a Service Date

Day Range **OR** **Service Date**

Status Information

Select status to return authorization service lines with the chosen status.

Status

Recipient Information

Recipient information is not mandatory. You can either enter the Recipient 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

Requesting Provider on the Authorization

Search **Reset**

1. Click the Search Options tab
2. Enter search criteria into the search fields

Searching for PAs, continued

Authorization Information

A Authorization Tracking Number

Select a Day Range or specify a Service Date

B Day Range **OR** **C** Service Date 

- A. **Authorization Tracking Number:** Enter the ATN to locate a specific PA
- B. **Day Range:** Select an option from this list to view PA results within the selected time period
- C. **Service Date:** Enter the date of service to display PA with that service date

NOTE: Without an ATN, a **Day Range** or a **Service Date** must be entered. If the PA start date is more than 60 days ago, a **Service Date** must be entered.

Searching for PAs, continued

Status Information	
Select status to return authorization service lines with the chosen status.	
D	Status
	Cancel Certified In Total Certified Partial Not Certified Pended
Recipient Information	
Recipient information is not mandatory. You can either enter the Recipient ID; or the Last Name, First Name, and Birth Date.	

- D. Status: Select a status from this list to narrow search results to include only the selected status

Searching for PAs, continued

Recipient Information

Member information is not mandatory. You can either enter the Member ID; or the Last Name, First Name, and Birth Date.

E Recipient ID

F Birth Date 

G Last Name First Name

E. **Recipient ID:** Enter the unique Medicaid ID of the recipient

F. **Birth Date:** Enter the date of birth for the recipient

G. **Last Name** and **First Name:** Enter the recipient's first and last name

NOTE: Enter only the **Recipient ID** number **or** the recipient's last name, first name and date of birth

Searching for PAs, continued

Provider Information

H Provider ID 

I ID Type

J This Provider is the Servicing Provider on the Authorization
 Referring Provider on the Authorization

H. Provider ID: Enter the provider's unique National Provider Identifier (NPI)

I. ID Type: Select the provider's ID type from the drop-down list

J. This Provider is the: Select whether the provider is the servicing or referring provider on the PA request

Searching for PAs, continued

Recipient Information

Recipient information is not mandatory. You can either enter the Recipient ID; or the Last Name, First Name, and Birth

Recipient ID Birth Date

Last Name First Name

Provider Information

Provider ID ID Type

This Provider is the Servicing Provider on the Authorization
 Requesting Provider on the Authorization

3

Search Results

<u>Authorization Tracking Number</u>	<u>Service Date</u> ▼	<u>Recipient Name</u>	<u>Recipient ID</u>	<u>Process Type</u>	<u>Requesting Provider</u>
43180110001	01/11/2018 - 01/11/2019	QROTB, FENKTPVI	54409179444	Outpt M/S	HOSPITALIST SERVICES NEVADA-MANDAVIA

3. Click the Search button
4. Select an ATN hyperlink to review the PA

Submitting Additional Information

Submitting Additional Information

View Authorization Response for ABYNNRYP ABIEGUT [Back to View Authorization Status](#)

Authorization Tracking # 45181270003 **Process Type** Home Health [Expand All](#) | [Collapse All](#)

Requesting Provider Information

Recipient Information

Referring Provider Information

Diagnosis Information

Service Provider / Service Details Information

Provider ID 1831573690 **ID Type** NPI **Name** HOSPITALIST SERVICES OF NEVADA-MANDAVIA

From Date	To Date	Units	Remaining Units	Amount	Code	Medical Citation	Decision / Date	Reason
01/01/2018	01/01/2019	1	0	-	CPT/HCPCS A6413-Adhesive bandage, first-aid	-	Pended	-

Edit **Provider Request** **Print Preview**

1. Click the **Edit** button to edit a submitted PA request
 - Additional information may include:
 - Requests for additional services
 - Attachments
 - “FA-29 Prior Authorization Data Correction” form
 - “FA-29A Request for Termination of Service” form

Submitting Additional Information, continued

2. Add additional diagnosis codes, service details and/or attachments

2

Diagnosis Information

Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code. Insert decimals as needed.
Click the **Remove** link to remove the entire row.

Diagnosis Type	Diagnosis Code	Action
ICD-10-CM	T7500XA-Unspecified effects of lightning, initial encounter	

Click to collapse.

*Diagnosis Type *Diagnosis Code

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.

Line #	From Date	To Date	Decision	Code	Modifiers	Units	Action
1	01/01/2018	01/01/2019	Pended	A6413-Adhesive bandage, first-aid		1	Copy

Click to collapse.

Attachments

To include an attachment electronically with the prior authorization request, browse and select the attachment, select an Attachment Type and then click on the Add button.
[Prior Authorization Forms](#)

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 by mail, select the appropriate Transmission Method and Attachment Type.

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

Transmission Method	File	Attachment Type	Action
Click to collapse.			

Submitting Additional Information, continued

Attachments

To include an attachment electronically with the prior authorization request, browse and select the attachment, select an Attachment Type and then click on the Add button.

[Prior Authorization Forms](#)

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 by mail, select the appropriate Transmission Method and Attachment Type.

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

Transmission Method	File	Attachment Type	Action
EL-Electronic Only	Nurse Notes.docx	NN-Nursing Notes	Remove
EL-Electronic Only	Benefit Letter.docx	59-Benefit Letter	Remove

Click to collapse.

*Transmission Method

*Upload File

*Attachment Type

3

3. Click the Resubmit button to review the PA information

Submitting Additional Information, continued

4

Referring Provider Information						
Provider ID	1831573690	ID Type	NPI	Name	HOSPITALIST SERVICES OF NEVADA-MANDAVIA	

Service Provider Information						
Provider ID	1831573690	ID Type	NPI	Name	HOSPITALIST SERVICES OF NEVADA-MANDAVIA	
Location	_					

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

Diagnosis Information						
Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.						
Diagnosis Type	Diagnosis Code					
ICD-10-CM	T7500XA-Unspecified effects of lightning, initial encounter					

Service Details						
Line #	From Date	To Date	Code	Modifiers	Units	
1	01/01/2018	01/01/2019	CPT/HCPCS A6413-Adhesive bandage, first-aid		1	

Attachments		
Transmission Method	File	Attachment Type
EL-Electronic Only	Nurse Notes.docx	NN-Nursing Notes
EL-Electronic Only	Benefit Letter.docx	59-Benefit Letter

5

[Back](#) [Confirm](#) [Cancel](#)

4. Review the information
5. Click the Confirm button

NOTE: The PA number remains the same as the original PA request when resubmitting the PA request

How to Submit Additional Information, continued

FA-29	Prior Authorization Data Correction Form
FA-29A	Request for Termination of Service
FA-29B	Prior Authorization Reconsideration Request

- Locate necessary forms on the Forms Page after the completion of a PA
- Once the new information has been added to the PA request, click “Resubmit” to review the PA information
- Click “Confirm” to resubmit the PA
- The ATN will remain the same



PA requests with a status of Not Certified or Cancel cannot be resubmitted. The **Edit** button will not appear on the View Authorization Response page.

Options if a PA is not approved

Denied Prior Authorization

If a prior authorization is denied by Nevada Medicaid, the provider has the following options:

- Request for a peer-to-peer review (avenue used in order to clarify why the request was denied or approved with modifications)
- Submit a reconsideration request (avenue used when the provider has additional information that was not included in the original request)
- Request a Medicaid provider hearing

Peer-to-Peer Review

- The intent of a peer-to-peer review is to clarify the reason the PA request was denied or approved but modified
- This is a verbal discussion between the requesting clinician and the clinician that reviewed the request for medical necessity
- The provider is responsible for having a licensed clinician who is knowledgeable about the case participate in the peer-to-peer review
- Additional information is not allowed to be presented because all medical information must be in writing and attached to the case
- Must be requested within 10 business days of the denial
- Peer-to-peer reviews can be requested by emailing nvpeer_to_peer@dxc.com
- Only available for denials related to the medical necessity of the service
- A peer-to-peer review is not required prior to a reconsideration, but once a reconsideration is requested, a peer-to-peer review is no longer an option

Reconsideration Request

- Reconsiderations can be uploaded via the Provider Web Portal by completing form FA-29B and uploading to the “File Exchange” on the Provider Web Portal
- Additional medical documentation is reviewed to support the medical necessity
- The information is reviewed by a different clinician than reviewed the original documentation
- A peer-to-peer review is not required prior to a reconsideration, but once a reconsideration is requested, a peer-to-peer review is no longer an option

Reconsideration Request, continued

- A reconsideration must be requested within 30 calendar days from the date of the denial, except for Residential Treatment Center (RTC) services, which must be requested within 90 calendar days
- The 30-day provider deadline for reconsideration is independent of the 10-day deadline for peer-to-peer review
- Give a synopsis of the medical necessity not presented previously. Include only the medical records that support the issues identified in the synopsis. Voluminous documentation will not be reviewed. It is the provider's responsibility to identify the pertinent information in the synopsis.
- Only available for denials related to the medical necessity of the service
- A reconsideration request is not an option when the PA has been technically denied

Medicaid Provider Hearing

- Review Chapter 3100 (Hearings) of the Medicaid Services Manual located on the DHCFP website for further information regarding the Hearing Process

Resources

Additional Resources

- Forms: <https://www.medicaid.nv.gov/providers/forms/forms.aspx>
- Claims Training and other Training materials: <https://www.medicaid.nv.gov/providers/training/training.aspx>
- EVS General Information: <https://www.medicaid.nv.gov/providers/evsusermanual.aspx>
- Secure Provider Web Portal: <https://www.medicaid.nv.gov/hcp/provider/Home/tabid/135/Default.aspx>
- Billing Information: <https://www.medicaid.nv.gov/providers/BillingInfo.aspx>
- Medicaid Services Manual: <http://dhcfp.nv.gov/Resources/AdminSupport/Manuals/MSM/MSMHome/>
- Training Calendar: <https://www.medicaid.nv.gov/Calendar.aspx>

DHCFP Contact Information:

Contact Form: <http://dhcfp.nv.gov/Contact/ContactUsForm/>

Contact Nevada Medicaid

Contact Nevada Medicaid

Prior Authorization Department: 800-525-2395

Customer Service Call Center: 877-638-3472 (Monday through Friday 8 am to 5 pm Pacific Time)

Provider Field Representative:

Email: NevadaProviderTraining@dxc.com

Thank You