

## Attention Provider Type 33:

## **Policy Reminders Regarding Oxygen Services**

The Division of Health Care Financing and Policy (DHCFP) reminds provider type 33 (Durable Medical Equipment Prosthetic Orthotic and Supplies - DMEPOS) providers to review Nevada Medicaid policy and obtain prior authorization (PA) for oxygen services when required. Please review the following reminders:

- PT 33 is reminded to review the oxygen services coverage policy in Medicaid Services Manual (MSM) Chapter 1300, which can be found on the DHCFP website at: http://dhcfp.nv.gov/Resources/AdminSupport/Manuals/MSM/C1300/Chapter1300/
- MSM Chapter 1300, Appendix B provides the equipment or items covered for respiratory services.
- If you are billing for a service that is not typically covered, and the recipient is under age 21, please refer to <u>MSM Chapter 1500 Healthy Kids Program</u>. The services may be covered under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program.
- Some services require a prior authorization. For example, form FA-1C (Oxygen Equipment and Supplies Prior Authorization Request) is required to request authorization for oxygen equipment. Forms are located on the <u>Providers Forms</u> webpage.
- If you have the need to request an expedited approval of a DMEPOS prior authorization request to avoid delaying movement to a lower level of care, i.e., discharge from the acute setting to a lower level such as home or to a nursing facility, please follow these instructions:
  - 1. Call the Prior Authorization Customer Service unit at (800) 525-2395 and notify a representative of the need to expedite a PA.
  - 2. Information you will be required to present: PA number and rationale for need to expedite.

Staff will review the information as soon as possible and expedite review if necessary to avoid delaying movement to a lower level of care.

 Additional reminder: <u>MSM Chapter 100 Medicaid Program</u> specifies the only circumstances when it is allowed to bill Medicaid recipients.