Prior Authorization and Qualification Reminders

for Behavioral Health Provider Types 14 and 82

All Behavioral Health provider types 14 (Behavioral Health Outpatient Treatment) and 82 (Behavioral Health Rehabilitative Treatment) must reenroll in Nevada Medicaid by Oct. 31, 2011. Providers who do not re-enroll will have their provider contract terminated effective Oct. 31, 2011. The result of the termination will be that no payment will be made to the provider after the effective date of the termination.

Please review the following reminders:

- Following your re-enrollment, if your active prior authorizations (PAs) were authorized with an Atypical Provider Identifier (API), please be aware that your PA on an API will be valid through the end date on the PA. **Do not submit data corrections on these authorizations.**
- Provider qualifications required for services provided remain unchanged and are specified in the Medicaid Services Manual (MSM) Chapter 400. For example, code H2017 for psychosocial rehabilitation services must still be provided by either a QMHP or QMHA.
- Submission of a re-enrollment application does not guarantee the provider's current enrollment will continue. If it is found that providers/groups do not meet the criteria for their provider type and/or specialty, their re-enrollment will be denied and their current enrollment will be terminated.

Review the Behavioral Health Enrollment and Re-Enrollment Frequently Asked Questions and the Prior Authorization Information Sheet for Behavioral Health Provider Types 14 and 82 for additional enrollment tips and information.