



June 25, 2012

Announcement 491

Reminder Regarding Leave of Absences from an Acute Inpatient or Medical Rehabilitation Specialty Hospital

Providers must notify HP Enterprise Services (HPES) when a recipient's leave of absence from an acute inpatient hospital or medical specialty rehabilitation hospital exceeds eight (8) hours or involves leave past midnight. The requirement applies to Inpatient Hospitals (PT 11), Medical Rehabilitation Specialty Hospitals (PT 56) and Inpatient Critical Access Hospitals (PT 75). Please notify HPES using the appropriate prior authorization (PA) form.

The inpatient day(s) related to the leave of absence must be billed with revenue code 0183, which should be specified on the prior authorization.

Nevada Medicaid does not cover/reimburse the following:

- A reserved bed in an acute care facility related to a leave of absence when a recipient does not return to the facility by midnight of the date that the leave of absence began.
- A leave of absence requiring authorization when prior authorization is not obtained.
- A therapeutic leave of absence when required medical documentation specified in Nevada Medicaid Services Manual (MSM) Chapter 200, 203.1 A 3 d 1-3 is not available in a recipient's medical record.