

# **Applied Behavior Analysis (ABA)**

## **Provider Type 85 Training**



Nevada Medicaid Provider Training

2018



# Objectives



# Objectives

This presentation is a review of Applied Behavior Analysis (ABA) policy, program information, prior authorizations, provider billing and resources.

- Locate Medicaid Program Information and Policy
- Locate Public Notice/Hearings Information
- Review Web Announcements
- Utilize the Authorization Criteria Function
- Locate Prior Authorization Forms and Instructions
- Properly submit a Prior Authorization via the Electronic Verification System (EVS) on the Provider Web Portal
- Access the Search Fee Schedule and DHCFP Rates Unit
- Locate the Billing Manual and Billing Guidelines
- Locate Claim Form Instructions
- Common Claim Denial Reasons and Resolutions



**Provider Web Portal**

# Provider Web Portal

## www.medicaid.nv.gov

The screenshot shows the Nevada Department of Health and Human Services Provider Portal. The header includes the state seal, department name, and a search bar. A navigation menu lists: Providers, EVS, Pharmacy, Prior Authorization, Quick Links, and Calendar. The main content area features a 'Welcome' message, a large 'New Provider Orientation' banner with a 'REGISTER TODAY' button, and a list of topics: Introduction to Nevada Medicaid, Website Navigation, Getting Started on EVS - Access to the Provider Portal, EDI System - Enrollment Training, and Overview of Claims Process. The left sidebar contains 'Announcements' and 'Latest News' with links to various web announcements. The right sidebar contains 'Notifications' with updates on the LIBERTY Dental Plan and the PWP upgrade.

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

Contact Us DHCFP Home

Search

Providers EVS Pharmacy Prior Authorization Quick Links Calendar

**Announcements Latest News**

[Web Announcement 1449](#)  
Attention Hospice Provider Types 64 and 65: Do Not Include Prior Authorization Number on Claim Forms

[Web Announcement 1448](#)  
Attention All Providers: Claims for ICD-10 Diagnosis Code A68.54 Denying in Error

[Web Announcement 1447](#)  
Updated Nevada Medicaid Informational Bulletin on Medications and Services for Substance Use Disorders

[Web Announcement 1446](#)  
Behavioral Health Provider Types 14 and 82 Invited to Take DHCFP Provider Training Survey

[Web Announcement 1445](#)  
Attention Practitioners, Ambulatory Surgical Centers, Outpatient Hospitals and Durable Medical Equipment Providers: Reminder Regarding National Correct Coding Initiative (NCCI) Medically Unlikely Edits (MUEs)

[View All Web Announcements](#)

**Featured Links**

[Authorization Criteria](#)

[DHCFP Home](#)

[EDI Enrollment Forms and Information](#)

**Welcome**

**New Provider Orientation**

Introduction to Nevada Medicaid

Website Navigation

Getting Started on EVS - Access to the Provider Portal

EDI System - Enrollment Training

Overview of Claims Process

**REGISTER TODAY**

**Nevada Medicaid**

**Notifications**

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The Nevada Provider Web Portal update resulted in a complete change in the website and its associated webpages. Users of the secure Provider Web Portal are advised to remove all previously bookmarked pages and clear any previous activity in your browser to assist with accessing the system. You can clear previous activity in most browsers by navigating to your menu item for internet or browser options and deleting cookies, temporary internet files, and web form information.

Welcome to the Nevada Medicaid and Nevada Check Up Provider Web Portal. Through this easy-to-use internet portal, healthcare providers have access to useful information and tools regarding provider enrollment and revalidation, recipient eligibility, verification, prior authorization, billing instructions, pharmacy news and training opportunities. The notifications and web announcements keep providers updated on enhancements to the online tools, as well as updates and reminders on policy changes and billing procedures.

Thank you for your participation in Nevada Medicaid and Nevada Check Up.

## EVS

EVS is available 24 hours a day, seven days a week except during the scheduled weekly maintenance period, Monday through Friday from 12:00 to 12:30 a.m. Pacific Time (PT) and Sunday 8:00 p.m. to 12:30 a.m. PT

## System Requirements

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



# Program Information

# Locating Program Information

The screenshot shows the Nevada Department of Health and Human Services Division of Health Care Financing and Policy Provider Portal. The header includes the Nevada state seal, the department name, and navigation links for Providers, EVS, Pharmacy, Prior Authorization, Quick Links, and Calendar. A search bar is located in the top right corner. The main content area is divided into three columns. The left column contains a 'Latest News' section with several web announcements and a 'Featured Links' section with links to various resources. The middle column features a 'Welcome' message and a large 'New Provider Orientation' banner with a list of topics including Introduction to Nevada Medicaid, Website Navigation, Getting Started on EVS, Access to the Provider Portal, EDI System - Enrollment Training, and Overview of Claims Process. The right column contains a 'Notifications' section with updates regarding the LIBERTY Dental Plan, the Nevada Medicaid Provider Web Portal upgrade, and the PCS Prior Authorization and Web Portal Upgrade Frequently Asked Questions.

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

Contact Us DHCFP Home

Search

Home Providers- EVS- Pharmacy- Prior Authorization- Quick Links- Calendar

**Announcements Latest News**

[Web Announcement 1452](#)  
Legislative Assembly Bill AB473 Extends NRS 422.4025 Sunset until June 30, 2019

[Web Announcement 1451](#)  
Payerpath Claim Submission Training for October 2017

[Web Announcement 1450](#)  
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[View All Web Announcements](#)

**Featured Links**

[Authorization Criteria](#)

[DHCFP Home](#)

[EDI Enrollment Forms and Information](#)

[EVS User Manual](#)

[Online Provider Enrollment](#)

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

[Prior Authorization](#)

[Search Fee Schedule](#)

[Search Providers](#)

**Welcome**

**New Provider Orientation**

- Introduction to Nevada Medicaid
- Website Navigation
- Getting Started on EVS - Access to the Provider Portal — EDI System - Enrollment Training
- Overview of Claims Process

**REGISTER TODAY**

**Nevada Medicaid**

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PCS, Prior Authorization and Web Portal Upgrade Frequently Asked Questions (FAQs) [Review]

Reminder of Requirements Regarding Ordering, Prescribing or Referring Provider on Claims. See [Web Announcement 1373](#)

- Select “DHCFP Home” from the Featured Links box or the top right hand side of the webpage

# Locating Program Information, continued



- Highlight “Programs” and select “Applied Behavior Analysis” from the sub-menu





# Medicaid Services Manual

# Locating the Medicaid Services Manual

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

Contact Us DHCFP Home

Search

Providers EVS Pharmacy Prior Authorization Quick Links Calendar

**Announcements Latest News**

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[View All Web Announcements](#)

**Featured Links**

[Authorization Criteria](#)  
[DHCFP Home](#)

**Change Provider Information**  
PASRR  
**Medicaid Services Manual**  
Rates Unit  
Get Adobe Reader

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**New Provider Orientation**

— Introduction to Nevada Medicaid  
— Website Navigation  
— Getting Started on EVS - Access to the Provider Portal — EDI System - Enrollment Training  
— Overview of Claims Process

**REGISTER TODAY**

**Nevada Medicaid**

Welcome to the Nevada Medicaid and Nevada Check Up Provider Web Portal. Through this easy-to-use internet portal, healthcare providers have access to useful information and tools regarding provider enrollment and revalidation, recipient eligibility, verification, prior authorization, billing instructions, pharmacy news and training opportunities. The notifications and web announcements keep providers updated on enhancements to the online tools, as well as updates and reminders on policy changes and billing procedures.

- Step 1: Highlight “Quick Links” from top blue tool bar
- Step 2: Select “Medicaid Services Manual” from the drop-down menu
- Note: MSM Chapters will open in a new webpage through the DHCFP website

# Locating the Medicaid Service Manual, continued

Meetings, Workshops, Public Notices

CaseloadData

**Medicaid Services Manual**

*To do a keyword search on any .PDF document, click Cntrl F to generate the search box. Enter the desired search word and click Previous or Next.*

- 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 “Chapter 400” and “Chapter 1500”
- From the next page, always make sure that you select the “Current” policy



# **Division of Health Care Financing and Policy Public Notices**

# Locating Public Notice Information

The screenshot shows the Nevada Department of Health and Human Services Division of Health Care Financing and Policy Provider Portal. The header includes the department logo, name, and navigation links like "Contact Us" and "DHCFP Home". A search bar is also present. The main content area features a "Welcome" message, a "New Provider Orientation" banner with a "REGISTER TODAY" button, and a list of links for "Introduction to Nevada Medicaid", "Website Navigation", "Getting Started on EVS - Access to the Provider", "Portal - EDI System - Enrollment Training", and "Overview of Claims Process". The left sidebar contains "Announcements" and "Featured Links". The right sidebar contains "Notifications" with several updates regarding the DHCFP, Medicaid Provider Web Portal, and PCS.

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

Contact Us DHCFP Home

Providers EVS Pharmacy Prior Authorization Quick Links Calendar

**Announcements Latest News**

- [Web Announcement 1452](#)  
Legislative Assembly Bill AB473 Extends NRS 422.4025 Sunset until June 30, 2019
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[View All Web Announcements](#)

**Featured Links**

- [Authorization Criteria](#)
- [DHCFP Home](#)
- [EDI Enrollment Forms and Information](#)
- [EVS User Manual](#)
- [Online Provider Enrollment](#)
- [Provider Login \(EVS\)](#)
- [Prior Authorization](#)
- [Search Fee Schedule](#)
- [Search Providers](#)

**Welcome**

**New Provider Orientation**

- Introduction to Nevada Medicaid
- Website Navigation
- Getting Started on EVS - Access to the Provider
- Portal — EDI System - Enrollment Training
- Overview of Claims Process

**REGISTER TODAY**

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PCS, Prior Authorization and Web Portal Upgrade Frequently Asked Questions (FAQs) [Review]

Reminder of Requirements Regarding Ordering, Prescribing or Referring Provider on Claims. See [Web Announcement 1379](#)

- Select “DHCFP Home” from the Featured Links box or the top right hand side of the webpage

# Locating Public Notice Information, continued



- From the “DHCFP Home” page, highlight Public Notices
- Select Meetings/Public Notices
- This will provide information pertaining to upcoming meetings



# Viewing Web Announcements



# Web Announcements

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

Contact Us DHCFP Home

Search

Home Providers EVS Pharmacy Prior Authorization Quick Links Calendar

**Announcements Latest News**

[Web Announcement 1449](#)  
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**View All Web Announcements**

**Featured Links**

[Authorization Criteria](#)  
[DHCFP Home](#)  
[EDI Enrollment Forms and Information](#)

**Welcome**

**New Provider Orientation**

**REGISTER TODAY**

- Introduction to Nevada Medicaid
- Website Navigation
- Getting Started on EVS - Access to the Provider Portal
- EDI System - Enrollment Training
- Overview of Claims Process

Nevada Medicaid

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- Select “View All Web Announcements” to view Web Announcements



# Web Announcements, continued

Search by Category: All Announcements

Date	Topic
Oct 02, 2017	Legislative Assembly Bill AB473 Extends NRS 422.4025 Sunset until June 30, 2019
Sep 27, 2017	Payerpath Claim Submission Training for October 2017
Sep 26, 2017	Medicaid Services Manual Chapter 3800 Updated
Sep 25, 2017	Attention Hospice Provider Types 64 and 65: Do Not Include Prior Authorization Number on Claim Forms
Sep 21, 2017	Attention All Providers: Claims for ICD-10 Diagnosis Code A68.54 Denying in Error
Sep 21, 2017	Updated Nevada Medicaid Informational Bulletin on Medications and Services for Substance Use Disorders
Sep 19, 2017	Behavioral Health Provider Types 14 and 82 Invited to Take DHCFP Provider Training Survey
Sep 19, 2017	Attention Practitioners, Ambulatory Surgical Centers, Outpatient Hospitals and Durable Medical Equipment Providers: Reminder Regarding National Correct Coding Initiative (NCCI) Medically Unlikely Edits (MUEs)
Sep 19, 2017	Attention Provider Type 32 (Ambulance, Air or Ground): Urgent Notification Regarding Claims for Ambulance Services Denied as Duplicate Claims
Sep 14, 2017	Influenza and Polio Vaccine Procedure Codes Opened for Billing
Sep 11, 2017	New Managed Care Dental Benefits Administrator Selected
Sep 11, 2017	Reminder Regarding Durable Medical Equipment (DME) Procedure-to-Procedure (PTP) Edits for Procedure Code Combinations
Sep 11, 2017	Reminder: Wheelchair Repair Form (FA-1D) Must Be Filled Out Completely
Sep 08, 2017	Update Regarding Some Claims that Cut Back or Denied in Error with Edit Code 0476
Sep 05, 2017	Attention Provider Type 22 (Dentist): Claims for Dental Codes D3110, D3120, D3220 and D8660
Sep 05, 2017	Attention All Providers: Important Reminders Regarding Online Prior Authorizations
Sep 01, 2017	Attention Provider Types 56 (Inpatient Rehabilitation and Long Term Acute Care (LTAC) Specialty Hospitals) and 75 (Critical Access Hospital (CAH), Inpatient): Notification Regarding Claims for Room & Board Revenue Codes 113 and 129
Aug 30, 2017	Provider Types Allowed to Bill Secondary Diagnosis Codes
Aug 29, 2017	Upcoming Nevada Medicaid Community Paramedicine Provider Training and Enrollment Sessions
Aug 25, 2017	Payerpath Claim Submission Training for September 2017
Aug 24, 2017	Attention Provider Type 17, Specialty 181 (FQHC): Notification Regarding Dental Services Claims for Medicaid Managed Care Recipients

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PCS, Prior Authorization and Web Portal Upgrade Frequently Asked Questions (FAQs) [Review]

Reminder of Requirements Regarding Ordering, Prescribing or Referring Provider on Claims. See [Web Announcement 1372](#)

Enrollment Termination Frequently Asked Questions (FAQs) [Review]

**Provider Links**

[Billing Information](#)

- Results can be narrowed by selecting a category from the drop-down menu or utilizing the “Ctrl F” to bring up a Search Box

# Web Announcements, continued

## Web Announcement 1372

- All ABA services require an Ordering, Prescribing, or Referring (OPR) provider.
- The referring provider's name and National Provider Identifier (NPI) must be indicated in Field 17 of the CMS-1500 claim form.
- The OPR provider must be an individual provider and cannot be the same as the servicing provider.
- The OPR provider must be operating within scope and one of the following: Physician, Physician's Assistant, Advanced Practice Registered Nurse or Psychologist.



Reminder: Any provider NPI that is indicated on a claim **MUST** be enrolled with Nevada Medicaid.

  
Hewlett Packard  
Enterprise

May 16, 2017 (Updated July 27, 2017)

Announcement 1372

### **Attention All Providers:**

#### **Reminder of Requirements Regarding Ordering, Prescribing or Referring Provider on Claims**

If the service you are billing was ordered, prescribed or referred by another physician or other eligible professional, you must enter that Ordering, Prescribing or Referring (OPR) provider's National Provider Identifier (NPI) on the claim form. The following provider types are always required to include the NPI of the OPR provider on their claim: **16, 17 (specialties 167, 169, 196 and 215), 19 (specialties 184 and 186), 23, 27, 28, 29, 33, 34, 37, 43, 45, 46, 55, 63, 64, 68 and 85.** [Electronic Verification System \(EVS\) User Manual Chapter 7 \(Search Provider\)](#) provides instructions on how to search the Provider Web Portal for OPR providers.

It is the responsibility of the billing provider to ensure that the NPI which they enter on a claim belongs to an individual provider (not an organization or group): who ordered, prescribed or referred the service being billed; is authorized to do so; and is an active Nevada Medicaid provider on the date of service. Any claims which do not conform to these requirements may deny, and if they pay in error, they are subject to recoupment.

If an OPR provider's NPI is submitted on the claim when it is not mandatory, the NPI will still be validated by the system and the claim will deny if the OPR provider's NPI is not valid or the OPR provider is not enrolled in Nevada Medicaid.



# Authorization Criteria Function

# Authorization Criteria

## Featured Links

[Authorization Criteria](#)

[DHCFP Home](#)

[EDI Enrollment Forms and Information](#)

[EVS User Manual](#)

[Online Provider Enrollment](#)

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


[Prior Authorization](#)

[Search Fee Schedule](#)

[Search Providers](#)

- Authorization Criteria allows a user to input a Procedure Code to determine if a Prior Authorization (PA) is required
- Authorization Criteria can be located at [www.medicaid.nv.gov](http://www.medicaid.nv.gov) under "Featured Links"

# 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 Monday 11/06/2017 02:09 PM PST

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**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**  x

**Provider Specialty**

- Step 1 – Select “Code Type”
- Step 2 – Input either a Procedure Code or Description. This field uses a predictive search.
- Step 3: Input Provider Type. Note that “0” must be input before the typical two-digit Provider Type.
- Step 4: Select “Search”
- Step 5: Results will then populate on the next screen

# Authorization Criteria, continued

**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: 2						
Procedure	Provider Type	Provider Specialty	Claim Type	PA Required	Age Restrictions	Effective Date ▲
0370T-FAM BEHAV TREATMENT GUIDANCE	085-Applied Behavior Analysis (ABA)	310-Licensed and Board Certified Behavior Analyst (BCBA)	PRACTITIONER	Always	0-20	01/01/2016 - 12/31/9999
0370T-FAM BEHAV TREATMENT GUIDANCE	085-Applied Behavior Analysis (ABA)	311-Psychologist	PRACTITIONER	Always	0-20	01/01/2016 - 12/31/9999

- Verify that “Effective Date” ends in 9999. This will provide the current information.



# Prior Authorization Forms

# Locating Prior Authorization Forms

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

Contact Us DHCFP Home

Search

Providers EVS Pharmacy Prior Authorization Quick Links Calendar

Announcements/Newsletters  
Billing Information  
Electronic Claims/EDI  
E-Prescribing  
**Forms**  
NDC  
Provider Enrollment  
Provider Training

Updated Nevada Medicaid Informational Bulletin on Medications and Services for Substance Use Disorders

[Web Announcement 1446](#)  
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[View All Web Announcements](#)

**Featured Links**  
[Authorization Criteria](#)  
[DHCFP Home](#)

**Welcome**

**New Provider Orientation**

- Introduction to Nevada Medicaid
- Website Navigation
- Getting Started on EVS - Access to the Provider Portal — EDI System - Enrollment Training
- Overview of Claims Process

**REGISTER TODAY**

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- 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 and choose appropriate forms
- Make sure that you follow the instructions on each form
- All active forms are fillable forms for easy uploading into EVS System for PA Submission Online

# FA-11E Applied Behavior Analysis (ABA) Authorization Request

## Page 1

- Page 1 must be filled out entirely
- Signature of guardian/parent must be prior to start date of service (DOS) (Section V)

Nevada Medicaid and Nevada Check Up  
Applied Behavior Analysis (ABA) Authorization Request

Fax request to: (866) 480-9903

Questions? Call: (800) 525-2395

Request Date:	Recipient Name:	Recipient Medicaid ID:
<b>REQUEST TYPE:</b> <input type="checkbox"/> Initial Prior Authorization <i>For initial requests please attach the ASD Diagnosis Certification for Requesting Initial ABA Services (FA-11F)</i> Start date of services: _____ <input type="checkbox"/> Continued Service <input type="checkbox"/> Unscheduled Revision <input type="checkbox"/> Reconsideration <input type="checkbox"/> Retrospective Authorization – Date of Eligibility Decision: _____		
<b>I. REQUESTING PROVIDER</b>		
Practitioner's Name:		Credentials:
Provider Group Name:		Provider Group Email:
Provider Group NPI:	Phone:	Fax:
<b>II. SERVICING PROVIDER</b> <input type="checkbox"/> Check if servicing provider is the same as requesting provider		
Practitioner's Name:		Credentials:
Provider Group Name:		Provider Group Email:
Provider Group NPI:	Phone:	Fax:
<b>III. RECIPIENT</b>		
Name:		DOB:
Recipient ID:		Age:
Recipient's Living Arrangements (e.g., group home, foster home, parents):		
Is the recipient in State custody? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date recipient went into State custody:
<b>IV. CO-OCCURRING DIAGNOSES, CURRENT SYMPTOMS, RELEVANT HISTORY</b>		
Co-occurring diagnoses:		
Current symptoms and relevant history:		
<b>V. RESPONSIBLE PARTY</b>		
Parent/Guardian Name:		Phone:
Relationship to Recipient:		
By signing below the parent/guardian agrees to the parent/guardian responsibilities as outlined in the Medicaid Services Manual (MSM) Chapter 1500.		
Signature:		Date:

# FA-11E Applied Behavior Analysis (ABA) Authorization Request

## Page 2

Nevada Medicaid and Nevada Check Up  
Applied Behavior Analysis (ABA) Authorization Request

- Page 2 is for targeted behaviors
- The dates of service must match the current dates of service requested for the 180 days and must match dates of service on Treatment plan

Recipient Name:			Recipient Medicaid ID:		
<b>V. Behavioral Targets/Behavior Disorders and Treatment Plan</b> <i>(List the targeted behaviors that have an impact on development, communication, interaction with peers or others in the environment or adjustment to the settings in which the recipient's functions have diminished and update the anticipated target date for mastery. For initial requests please document baseline, and for continued service requests document baseline and quantify progress or regression over the previous 90 days.)</i>					
Target Behavior Start Date and Anticipated Date for Mastery	Baseline Level Narrative / %	Current Level	Short Term Goal	Intermediate Goal	Long Term Goal

# FA-11E Applied Behavior Analysis (ABA) Authorization Request

## Page 3

- Section VI is for concurrent requests and must list progression/regression with services.
- Section VII is for BOTH Initial and Concurrent requests and must list goals for parent/guardian training if services are requested accordingly.
- Section VIII must be checkmarked.
- Section IX must include documentation and signature of the Individualized Education Plan/Program (IEP) if this is checked yes. If marked “no” or N/A, no signature or summary is required.

Nevada Medicaid and Nevada Check Up  
Applied Behavior Analysis (ABA) Authorization Request

Recipient Name:	Recipient Medicaid ID:
<b>VI. Review of Services Provided Over the Previously Authorized Period</b> <i>(Provider will report what services were provided since the last review and overall responsiveness to interventions.)</i>	
<b>VII. Parent/Guardian Training and Response to Training</b> <i>(Have the parent(s) (or guardians) been actively involved in training in behavioral techniques so that they can provide additional hours of intervention? Please explain.)</i>	
<b>VIII. Treatment Plan and Care Coordination</b> <i>(Check all that apply.)</i>	
<input type="checkbox"/> Treatment interventions are consistent with ABA techniques	
<input type="checkbox"/> The treatment plan and requested services are based upon the functional assessment/re-assessment	
<input type="checkbox"/> Care coordination involving appropriate entities is occurring	
<input type="checkbox"/> The Licensed Psychologist or BCBA is responsible for all aspects of clinical direction supervision and case management and this includes evaluation of discharge requirements	
<b>IX. ABA Services may not be duplicative of services under an Individualized Family Service Plan (IFSP) or an Individualized Educational Program (IEP).</b>	
The recipient's IFSP or IEP has been reviewed and the proposed treatment and treatment plan are not duplicative, but have been formulated and coordinated with these.	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Summary of services provided:	
Signature:	

# FA-11E Applied Behavior Analysis (ABA) Authorization Request

## Page 4

- Pages 4 and 5 are for services requested. This is where “Focused” or “Comprehensive” must be marked indicating the service delivery model as this will indicate the appropriate units/hours needed to fulfill the model being delivered.

### Applied Behavior Analysis (ABA) Authorization Request

Recipient Name:				Recipient Medicaid ID:		
<b>X. Services Requested</b> <i>(Providers may request review for up to 180 days which represents an authorization span of up to 6 months. The behavioral initial assessment and re-assessment do not require prior authorization). The requested services are based upon either a focused or comprehensive service delivery model. Provider is to indicate which delivery model is being utilized.</i>						
<input type="checkbox"/> Focused <input type="checkbox"/> Comprehensive						
Code	Required Modifier	Code Description	Start Date and End Date (May request up to 180 days, may not exceed 180 days)	Units Per day	Days Per Week	Total Units Requested
1	0364T	Adaptive behavior treatment by protocol, administered by technician, face-to-face with one patient; first 30 minutes of technician time				
2	0365T	Adaptive behavior treatment by protocol, administered by technician, face-to-face with one patient; each additional 30 minutes of technician time				
3	0368T	Adaptive behavior treatment with protocol modification administered by physician or other qualified health care professional with one patient; first 30 minutes of face-to-face time				
4	0369T	Adaptive behavior treatment with protocol modification administered by physician or other qualified health care professional with one patient; each additional 30 minutes of patient face-to-face time				
5	0373T	Exposure adaptive behavior treatment with protocol modification requiring two or more technicians for severe maladaptive behavior(s); first 60 minutes of technicians' time, face-to-face with patient				
6	0374T	Exposure adaptive behavior treatment with protocol modification requiring two or more technicians for severe maladaptive behavior(s); each additional 30 minutes of technicians' time, face-to-face with patient				

# FA-11E Applied Behavior Analysis (ABA) Authorization Request

## Page 5

- Pages 4 and 5 are for services requested. This is where “Focused” or “Comprehensive” must be marked indicating the service delivery model as this will indicate the appropriate units/hours needed to fulfill the model being delivered.
- Page 5 of requested services must be signed by Licensed Psychologist or Board Certified Behavioral Analyst (BCBA).

### Applied Behavior Analysis (ABA) Authorization Request

Recipient Name:				Recipient Medicaid ID:			
7	0366T		Group adaptive behavior treatment by protocol, administered by technician, face-to-face with two or more patients; first 30 minutes of technician time				
8	0367T		Group adaptive behavior treatment by protocol, administered by technician, face-to-face with two or more patients; each additional 30 minutes of technician time				
9	0372T		Adaptive behavior treatment social skills group, administered by physician or other qualified health care professional face-to-face with multiple patients				
10	0370T		Family adaptive behavior treatment guidance, administered by physician or other licensed qualified health care professional (without the patient present)				
11	S5110		Family adaptive behavior treatment guidance administered by physician or other licensed qualified health care professional with patient present. 1 unit equals 15 minutes. Allowed limit is 1 session of 4 units per week.				
12	S5110	HQ	Group Family Adaptive Behavior Treatment guidance administered by physician or other licensed qualified healthcare professional with patient present				
<b>XI. Coverage of ABA Services</b> <i>By signing below the provider ensures the following:</i> Treatment interventions are consistent with ABA techniques; Care coordination involving appropriate entities is occurring; The Licensed Psychologist or BCBA is responsible for all aspects of clinical direction, supervision and case management; The treatment plan and requested services are based upon the functional assessment.							
Signature:				Date:			

*This authorization request 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 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.*

# FA-11E Applied Behavior Analysis (ABA) Authorization Request, continued

- 0364T is for the “initial” 30 minutes of service and all other minutes are to be requested under 0365T. Other examples include:
  - 0368T and 0369T
  - 0373T and 0374T
  - 0366T and 0367T
- S5110 is requested in units. 1 unit equals 15 minutes. All others are requested by the minutes listed in the description.
- Documentation is important when requesting services and additional pages can be submitted.
- If requesting 0370T and S5110, it is important to note that these are not being utilized on the same day.
- Billing Guidelines indicate 0370T cannot be reported in conjunction with S5110, S5110HQ.
- Unscheduled revisions are utilized to request additional units when there is a change in the status of the recipient.
- Unscheduled revisions to remove units from 0364T or 0368T and add them to 0365T or 0369T, respectively, cannot be accepted as both 0364T and 0368T are for the **first** 30 minutes of service. Any **additional** 30 minutes must be requested using 0365T and 0369T.
- If a service is modified/reduced the appeals process needs to be utilized: Peer to Peer within 10 business days, or Reconsideration within 30 days of denial.



Data Correction, form FA-29, is utilized to change a date submitted in error, end services, or make a correction to an existing PA as long as it does not include increasing units on a modified request as that is what the appeals process is for.

- Required for all initial requests
- Must be submitted with supporting documents
- Diagnosis determined by clinical evaluation
- Must be signed by diagnosing physician and include credentials, NPI, date of diagnosis
- Diagnosis of autism must be performed by Physician, Physician's Assistant, Advanced Practice Registered Nurse or Psychologist

Request Date: _____	
Recipient Name: _____	Recipient Medicaid ID: _____

**Practitioner Certification Ordering ABA Services:** *Practitioner must be a Physician, Physician's Assistant, Advanced Practice Registered Nurse (APRN) or Psychologist acting within their scope of practice.*

A Practitioner acting within their scope of practice as defined by State law certifies the following:

1. This individual is between 0 and 21 years of age and has an established diagnosis of ASD or other related condition for which ABA is recognized as medically necessary.
2. ABA services are required to develop, maintain or restore to the maximum extent practical the functions of the individual for whom they are requested.
3. The individual exhibits excesses and/or deficits of behavior that impede access to age appropriate home or community activities.
4. There is a reasonable expectation that the individual will improve, or maintain function to the maximum extent practical with ABA services.
5. Please identify the diagnostic tool utilized to establish the ASD diagnosis as well as qualifying score. Please check the appropriate box below and enter the individual's score for the diagnostic tool used:
 

☐ Autism Diagnostic Observation Schedule (ADOS)

Score: \_\_\_\_\_

Subscales Scores: \_\_\_\_\_

☐ Childhood Autism Rating Scale (CARS)

Score: \_\_\_\_\_

Subscales Scores: \_\_\_\_\_

☐ Gilliam Autism Rating Scale (GARS-2)

Score: \_\_\_\_\_

Please indicate the subscales presenting concern observed on the rating sheets: \_\_\_\_\_

☐ Other: \_\_\_\_\_

Score: \_\_\_\_\_

Name of Practitioner: \_\_\_\_\_

Credentials: \_\_\_\_\_

National Provider Identifier (NPI): \_\_\_\_\_

Signature: \_\_\_\_\_

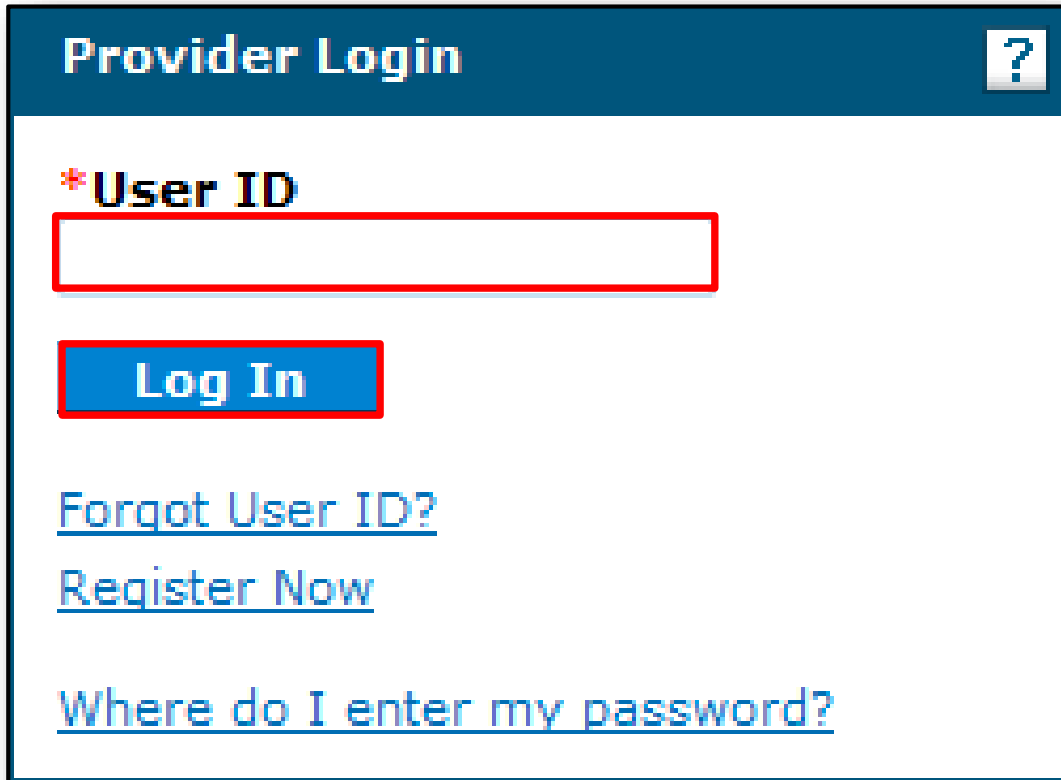
Date of Diagnosis: \_\_\_\_\_





# **Submitting a Prior Authorization**

# Logging in to the Provider Web Portal

A screenshot of a web portal login page. The header is a dark blue bar with the text "Provider Login" in white and a small white question mark icon in a blue square on the right. Below the header, the text "\*User ID" is displayed in red. Underneath is a white rectangular input field with a red border. Below the input field is a blue rectangular button with the text "Log In" in white. At the bottom of the page, there are three blue underlined links: "Forgot User ID?", "Register Now", and "Where do I enter my password?".

**Provider Login** ?

**\*User ID**

**Log In**


[Forgot User ID?](#)

[Register Now](#)

[Where do I enter my password?](#)

- Enter your User ID
- Click **Log In**

# Logging in to 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**

- Answer the **challenge question** to verify your identity the first time you log in from a personal computer or every time you use a public computer
- Select **personal computer** or a **public computer**
- Click **Continue**

# Logging in to the Provider Web Portal, continued

**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.

**Site Key:** 

**Passphrase:** apple

**Password:**

[Forgot Password?](#)

**Sign In**

- Confirm that your **site key token** and **passphrase** are correct. If you recognize your site key token and passphrase, you can be assured that you are at the valid Provider Web Portal website and it is safe to enter your password.
- Enter your **Password**.

# Welcome Screen

Verify all provider information on left margin of screen.

The screenshot shows the 'Nevada Department of Health and Human Services' website. The header includes the state seal, the department name, and the subtitle 'Division of Health Care Financing and Policy Provider Portal'. Navigation tabs include 'My Home', 'Eligibility', 'Claims', 'Care Management', 'File Exchange', and 'Resources'. The 'My Home' section displays the date and time: 'Wednesday 04/19/2017 10:49 AM PST'. The main content area is titled 'Welcome Health Care Professional!' and features a photo of five healthcare professionals. To the left, under the 'Provider' section, the following information is displayed: Name: Plano Independent Hospital, Provider ID: XXXXXXXXXX (NPI), and Location ID: XXX-XXXXXX. Below this, there are links for 'My Profile' and 'Manage Accounts'. The 'Provider Services' section lists several links: 'Member Focused Viewing', 'Search Payment History', 'Revalidate-Update Provider', 'PASRR', 'EHR Incentive Program', 'EPSDT', and 'Presumptive Eligibility'. To the right of the photo, there are links for 'Contact Us' and 'Secure Correspondence'. Below these links, a message states: 'All Claim Inquiries should be submitted to the following Address: Nevada Medicaid Administration, P.O.Box 30042, Reno, NV 89520-3042'. At the bottom, there are links for 'Prior Authorization Quick Reference Guide' and 'Provider Web Portal Quick Reference Guide', both with a '[Review]' link.

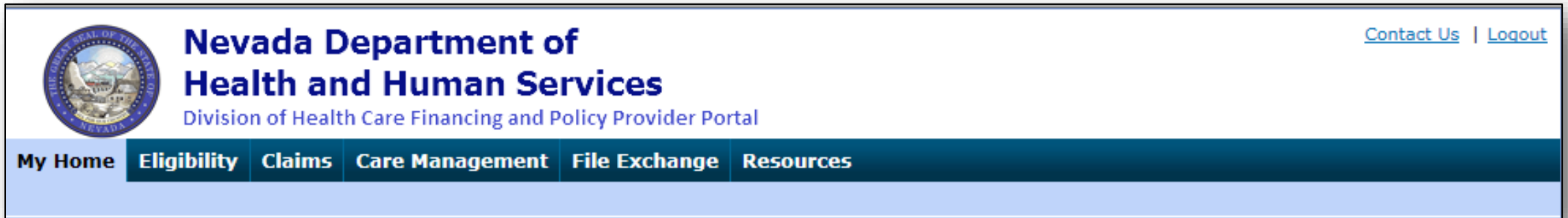
It is important to verify all of the information to ensure that you are **logged** in correctly.

Provider Services information

Links to contacts via telephone and secure email.

# Navigation Bar

The navigation bar contains six different tabs that allow you to move throughout the Provider Web Portal.



## My Home

Confirm provider information and contact information and check messages.

## Eligibility

Search recipient eligibility information.

## Claims

Search claims and payment history.

## Care Management

Create authorizations, view authorization status, and maintain favorite providers.

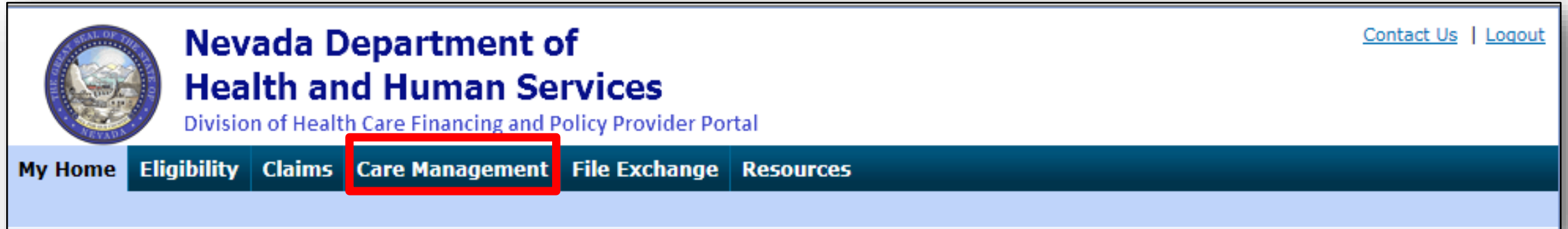
## File Exchange

Upload forms online.

## Resources

Download forms and documents.

# Care Management Tab



## Create Authorization

- Create authorizations for eligible recipients

## View Authorization Status

- Prospective authorizations that identify you as the requesting or servicing provider are listed

## Maintain Favorite Providers

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



# **Before You Create a Web Portal Prior Authorization Request**



# Before You Create 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 exist 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), Healthcare Common Procedure Coding System (HCPCS) and Current Dental Terminology (CDT) Codes

- 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 be submitted electronically, by mail or by fax.
- 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.

# Create Authorization



- Log in to the Provider Web Portal
- Click **My Home**
- Highlight the Care Management tab, click **Create Authorization** from the sub-menu

# One Page Process for Prior Authorization Requests

The screenshot shows a web form titled "Create Authorization" with a help icon (?) in the top right. Below the title, a note states "\* Indicates a required field." The form contains two radio buttons: "Medical" (which is selected and highlighted with a red rectangle) and "Dental". Below these is a dropdown menu labeled "\*Process Type" (also highlighted with a red rectangle) which has a downward arrow icon. To the right of the dropdown are links for "Expand All" and "Collapse All". At the bottom of the form is a section header "Requesting Provider Information" with a minus sign icon (-) to its right.

## Authorization Types

- Select **Medical**.

# One Page Process for Prior Authorization Requests, continued

## Process Types

- Select the appropriate process type from the drop-down list

The screenshot displays the 'Create Authorization' form. At the top, there is a header bar with the title 'Create Authorization'. Below the header, a note states '\* Indicates a required field.' To the right of this note are two radio buttons: 'Medical' (which is selected) and 'Dental'. The main form area is divided into several sections, each with a blue header bar: 'Requesting Provider Information', 'Recipient Information', 'Referring Provider Information', and 'Service Provider Information'. The 'Process Type' dropdown menu is open, showing a list of options. The first option, 'ABA', is highlighted with a red box. The dropdown list includes various medical services such as ADHC, Audiology, BH Inpt, BH Outpt, BH PHP/IOP, BH Rehab, BH RTC, DME, Home Health, Hospice, Inpt M/S, Ocular, Outpt 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, and Retro Home Health. The form also includes fields for 'Provider ID', 'Recipient ID', 'Last Name', 'Birth Date', 'Referring Provider same as Requesting Provider', 'Select from Favorites', 'Provider ID', 'Service Provider same as', and 'ID Type'.

# Create Medical Prior Authorization Provider, Recipient, & Referring Provider Information

**Requesting Provider Information**

Provider ID 119 ID Type NPI Name Plano Independent Hospital

**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 ☐

**Requesting Provider Information**  
The information in this section is automatically populated.

**Recipient Information**  
Enter the Recipient ID.

**Referring Provider Information**  
If there is a referring provider, complete one of the following options:

- Check the Referring Provider same as Requesting Provider box.
- Use the Select from Favorites drop-down list to select a provider from your favorites list.
- Enter the Provider ID and select the ID Type from the drop-down list.



The Last Name, First Name and Birth Date will be automatically populated based on the Recipient ID that is entered.

# Create Medical Prior Authorization, continued

## Service Provider Information

Service Provider Information

Service Provider same as Requesting Provider ☐

Select from Favorites

\*Provider ID   \*ID Type  Name

Location

Add to Favorites ☐ List Is Full

Required fields are marked with a red asterisk (\*).

- Check the **Service Provider same as Requesting Provider** box
- Use the **Select from Favorites** drop-down list to select a provider from your favorites list
- Enter **Provider ID** and select an ID Type from the drop-down list
- Check the **Add to Favorites** box to add the entered provider to the favorite providers list
- Select service location from the Location drop-down list (optional)



# Diagnosis Information

**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
<input type="checkbox"/> Click to collapse.		
<b>*Diagnosis Type</b> ICD-10-CM	<b>*Diagnosis Code</b>	

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

Required fields are marked with a red asterisk (\*).

- The first diagnosis code entered is considered to be the principal or primary diagnosis code
- Portal allows up to nine diagnosis codes
- Click **Add** to add each diagnosis code



Do **not** key any decimals into the diagnosis code fields.

# Diagnosis Information, 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
<input type="checkbox"/> Click to collapse.		
*Diagnosis Type ICD-10-CM	*Diagnosis Code 1234	<div>Diagnosis Code not found.</div>

Add

Cancel

- Invalid diagnosis codes are not acceptable

# Diagnosis Information, 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	<a href="#">Remove</a>

☐ Click to collapse.


**\*Diagnosis Type** ICD-10-CM **\*Diagnosis Code**

- A valid diagnosis code must be entered

## Service Details — Unsaved Data Warning

If you have entered information on the PA and have not clicked the **Add** button, you will get the message below when you click the **Submit** button.





# **Attachments - Upload File**

# Attachment Requirements

**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
<input type="checkbox"/> Click to collapse.			
<b>*Transmission Method</b>	<div>EL-Electronic Only</div>		
<b>*Upload File</b>	<div><div></div><div>Browse...</div></div>		
<b>*Attachment Type</b>	<div></div>		
<div><div>Add</div><div>Cancel</div></div>			

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



All PA requests require an attachment.

## Attachment Requirements, continued

- Choose the type of attachment being submitted from the drop-down list

### 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, you may print and fax the form, or you may mail the form. If you choose to mail the form, you must include the appropriate Transmission Method.

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

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

- 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

# Uploading Attachments

To include attachments electronically with a PA request:

- Select the Transmission Method — Electronic Only.
- Upload File — click **Browse** and locate the file to be attached and click to attach.
- Attachment type — select the type of attachment being sent from the drop-down list.
- Select **Add** to attach the file.
- Additional attachments — click **Browse**. Locate the file to be attached, then click to attach. (*Note:* The combined size of all attachments cannot exceed 4 MB per submission.)
- Once attachments are added, the file name will be visible in the attachment grid.
- To remove any attachments that were attached incorrectly, click **Remove**.

## File Upload Size Limit Reached

- To add additional attachments, reopen the PA request by clicking **Edit** on the View Authorization Response page.
- Once the PA is reopened, additional attachments can be added.
- Resubmit the PA request.





# Submitting Attachments

- **All** attachments should be submitted via the Provider Web Portal.
- If the maximum upload file size has been reached and additional attachments need to be submitted, click **Edit** to reopen the PA request on the View Authorization Response page.
- When the PA is reopened, add any additional attachments and resubmit the PA.
- If the PA has been submitted via the Provider Web Portal and attachments are being submitted by fax, the original PA tracking number must be referenced on all documents. The process must be followed to ensure that the documents will be matched to the correct request.

## Submitting Attachments, continued

- Include your National Provider Identifier (NPI) and provider type (e.g., 10, 11, 12, 20) on the faxed documents. These requirements can be written or typed on the fax cover sheet or the documents being faxed (e.g., “FA-” for the prior authorization form).
- If attachments are submitted by fax, the PA will not be reviewed until all attachments are received. If attachments are not received within 30 days, the PA will be automatically canceled.



If an attachment is not submitted, the request will be canceled after 30 days.

# Submitting a Prior Authorization

### 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
<div> <div> <input type="checkbox"/> Click to collapse. </div> <div> <div> <div>*Transmission Method</div> <div>EL-Electronic Only ▼</div> </div> <div> <div>*Upload File</div> <div> <input type="text"/> <div>Browse...</div> </div> </div> <div> <div>*Attachment Type</div> <div> <input type="text"/> <div>▼</div> </div> </div> </div> <div> <div>Add</div> <div>Cancel</div> </div> </div>		

Submit

Cancel

- Once all of the required information, service details lines, and attachment information has been added, click **Submit** to go to the Confirm Authorization page.

# Finalizing a Prior Authorization

Confirm Authorization?

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

Requesting Provider Information

Recipient Information and Process Type

Referring Provider Information

Service Provider Information

[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	A3790-Whooping cough, unspecified species with

Service Details

	Line #	From Date	To Date	Code	Modifiers	Units
+	1	04/01/2017	04/30/2017	CPT/HCPCS 99214-Office/outpatient visit est		1

Attachments

Transmission Method	File	Attachment Type
EL-Electronic Only	FA-29A.pdf (36K)	06-Initial Assessment

Back

Confirm

Cancel

- Review the information for accuracy
- If errors are present, click **Back** to return to the Create Authorization page
- After all of the information has been reviewed, click **Confirm** to submit the PA for processing

# Authorization Successfully Submitted

[Care Management](#) > Authorization Receipt

---

**Authorization Receipt** ?

Your Authorization Tracking Number 20000 was successfully submitted.

Click **Print Preview** to view authorization details and receipt.  
Click **Copy** to copy member data or authorization data.  
Click **New** to create a new authorization for a different member.

General Authorization Receipt Instructions

[Print Preview](#) [Copy](#) [New](#)

- An authorization tracking number (ATN) receipt is generated upon successfully submitting the PA request
- Click **Print Preview** to view the PA details and receipt
- Click **Copy** to copy member data or authorization data
- Click **New** to create a new PA request for a different recipient

# Example of an Unsuccessful Authorization

- Duplicate service lines that already exist on another PA for the same recipient

**Error**

Data Validation Failure

This prior authorization request is a duplicate of existing PA request (35171700001).

Confirm Authorization

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

Requesting Provider Information

+

Recipient Information and Process Type

+

Referring Provider Information

+

Service Provider Information

+

[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	A3790-Whooping cough, unspecified species with

Service Details

-

	Line #	From Date	To Date	Code	Modifiers	Units
+	1	04/01/2017	04/30/2017	CPT/HCPCS 99214-Office/outpatient visit est		1

Attachments

-

Transmission Method	File	Attachment Type
EL-Electronic Only	FA-29A.pdf (36K)	06-Initial Assessment

Back

Confirm

Cancel



# Viewing Authorizations

# Viewing Authorizations



- Select the Care Management tab
- Click **View Status of Authorizations**



# Viewing Authorizations, continued

**View Authorization Status** ?

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

Prospective authorizations identifying you as the Requesting or Servicing Provider are listed below. These results include the first (20) authorizations with a beginning Services Date of today or greater. Click the Authorization Tracking Number to view the authorization response details or select the Search Options tab to search for a different authorization.

Prospective Authorizations						
<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>	<u>Servicing Provider</u>
<u>3117</u>	04/20/2017 - 04/25/2017	SMITH, JANE	000000	Outpt M/S	HEALTHCARE	HEALTHCARE

- Prospective Authorizations and Search Options tabs will be displayed.
- The Prospective Authorizations tab displays PAs by either the requesting or servicing provider.
- The Search Options tab allows a search by either recipient or provider information.
- To view the details of an authorization, click the Authorization Tracking Number (ATN). It will be blue in color and underlined.

# Viewing Authorizations, continued

**View Authorization Response for Jane Doe Smith** [Back to View Authorization Status](#) [?](#)

**Authorization Tracking #** 1000000121 **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** 119 **ID Type** NPI **Name** Plano Independent Hospital

From Date	To Date	Units	Remaining Units	Amount	Code	Medical Citation	Decision / Date	Reason
04/01/2017	04/30/2017	3	–	–	CPT/HCPCS 77261-Therapeutic radiology treatment planning; simple	<a href="#">View</a>	Certified In Total 04/30/2017	–

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

- The ATN is the same as the PA number. If a claim is submitted before the PA is approved, the claim will deny.
- The PA status always defaults to “Pended” until a determination is complete.

# Viewing Authorizations, continued

**View Authorization Response for Jane Doe Smith** [Back to View Authorization Status](#) ?

Authorization Tracking # 1000000121 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 119 ID Type NPI Name Plano Independent Hospital

From Date	To Date	Units	Remaining Units	Amount	Code	Medical Citation	Decision / Date	Reason
04/01/2017	04/30/2017	3	-	-	CPT/HCPCS 77261-Therapeutic radiology treatment planning; simple	<a href="#">View</a>	Certified In Total 04/30/2017	-

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

- Under the Decision/Date field:
  - Certified in Total — The PA request was approved for exactly as requested
  - Not Certified — The PA was not approved
- Under the Reason field:
  - Disposition pending review — The PA request is still in process, which appears when the PA request is in “Pended” status
- Always check the details of your PA request by expanding all fields and reviewing the information

## Viewing Authorizations, continued

Provider ID 119			ID Type NPI		Name Plano Independent Hospital			
From Date	To Date	Units	Remaining Units	Amount	Code	Medical Citation	Decision / Date	Reason
04/01/2017	04/30/2017	3	-	-	CPT/HCPCS 77261-Therapeutic radiology treatment planning; simple	<a href="#">View</a>	Certified In Total 04/30/2017	-

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


- Remaining Units/Days — The amount counts down as claims are processed. A dash indicates that a claim is not processed for the authorization.
- The Medical Citation field indicates if additional information is needed for all authorizations (including denied). Click **View** to see the details.
- PA requests submitted through the Provider Web Portal are viewable. Faxed authorizations may limit the amount of information that is viewable (summary, status of request).

*Note:* If you are searching for a PA number by the Recipient ID when the PA request is more than 60 days old and you do not know the start date of the authorization, you will need to call 800-525-2395 to get the PA number.



# **Submitting Additional Information**

# How to Submit Additional Information



If a PA has been submitted via the Provider Web Portal, but additional information is required, such as:

- Requests for additional services
- Attachments that were not submitted with the original PA submission
- An FA-29 Prior Authorization Data Correction Form
- An FA-29A Request for Termination of Service



Use the approved naming convention when uploading attachments. For instance, “Form Name” as the prefix, FA-XX.

# How to Submit Additional Information, continued

## Resubmission Process

- Search for the PA using the View Authorization Status search page
- Click the ATN in the Search Results grid
- Click **Edit** on the View Authorization Response page
- The PA is re-opened, and new diagnosis codes, service details, and/or attachments can be added.

Print Preview

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

Authorization Tracking # 3517134 Process Type DME [Expand All](#) | [Collapse All](#)

Requesting Provider Information +

Recipient Information +

Referring Provider Information +

Diagnosis Information +

Service Provider / Service Details Information -

Provider ID 112 ID Type NPI Name PHARMACY

From Date	To Date	Units	Remaining Units	Amount	Code	Medical Citation	Decision / Date	Reason
05/16/2017	05/16/2017	1	-	-	CPT/HCPCS G9100-Onc dx gastric no recurrence	<a href="#">Hide</a>	Pended 05/14/2017	Product/service/procedure delivery pattern (e.g., units, days, visits, weeks, hours, months)

Medical Citation  
700- Authorization requirements|not met.  
Notes To Provider  
-

**Edit** View Provider Request Print Preview



Changes cannot be made to previously submitted information. If you need to update previously submitted information, attach the **FA-29 Prior Authorization Data Correction Form** to the PA request that needs to be updated.

## How to Submit Additional Information, continued

- 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.





**Searching Authorization Status**

# Searching Authorization Status

**View Authorization Status**

Prospective Authorizations **Search Options**

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

**Authorization Information**

**Authorization Tracking Number**

Select a Day Range or specify a Service Date


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

Providers have the ability to search for specific PA requests. Click **Search Options** on the View Authorization Status page. To search for a PA, enter at least one of the following:

- Enter the Authorization Tracking Number
- Select the Day Range from the drop-down list
- Enter the Service Date

*Note:* The Service Date field cannot be blank unless an Authorization Tracking Number was entered. If the PA start date is more than 60 days ago, a starting service date of the authorization must be entered in the Service Date field.

# Searching Authorization Status, continued

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	<input type="text"/>	Birth Date	<input type="text"/> 
Last Name	<input type="text"/>	First Name	<input type="text"/>

## Recipient Information

- Enter the recipient's information
- Enter only the Recipient's ID number **or** the recipient's Last Name, First Name and Date of Birth

# Searching Authorization Status, continued

**Provider Information**

Provider ID

ID Type

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

## Provider Information

- Enter the provider's NPI in the Provider ID field
- Select the ID Type from the drop-down list
- Select whether the provider is the servicing or referring provider on the PA request
- Click **Search**
- Search results will display at the bottom of the screen



# **Search Fee Schedule and DHCFP Rates Unit**

# Fee Schedule

## Featured Links

[Authorization Criteria](#)

[DHCFP Home](#)

[EDI Enrollment Forms and Information](#)

[EVS User Manual](#)

[Online Provider Enrollment](#)

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


[Prior Authorization](#)

[Search Fee Schedule](#)

[Search Providers](#)

- 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

Wednesday 07/26/2017 10:09 AM PST

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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: Click "I Accept"
- Step 2: Click "Submit"

# Fee Schedule, continued

[Resources](#) > Search Fee Schedule

Monday 11/06/2017 01:57 PM PST

**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**

- Step 1: Select Code Type from drop-down menu
- Step 2: Input Procedure Code of Description (See Billing Guide for Codes)
- Step 3: Input appropriate Provider Type
- 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.
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- 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**


Medical 


**\*Procedure Code or Description** 

0370T-FAM BEHAV TREATMENT GUIDANCE

**\*Provider Type** 

085-Applied Behavior Analysis (ABA)


**Modifier** 

**Provider Specialty** 

Search

Reset

Note: Make sure that the Effective Date ends in 9999.

Search Results						
Total Records: 2						
Procedure	Provider Type	Provider Specialty	Modifier	Fee Amount	Age Restrictions	Effective Date 
0370T-FAM BEHAV TREATMENT GUIDANCE	085-Applied Behavior Analysis (ABA)	310-Licensed and Board Certified Behavior Analyst (BCBA)		\$84.68	REGULAR	1/1/2016 - 12/31/9999
0370T-FAM BEHAV TREATMENT GUIDANCE	085-Applied Behavior Analysis (ABA)	311-Psychologist		\$84.68	REGULAR	1/1/2016 - 12/31/9999

# DHCFP Rates Unit

Quick Links ▾ Calendar

Change Provider Information

PASRR

Medicaid Services Manual

**Rates Unit**

Get Adobe Reader

- Step 1: Highlight **Quick Links** from tool bar at [www.medicaid.nv.gov](http://www.medicaid.nv.gov)
- Step 2: Select **Rates Unit**
- Step 3: From new window, select Accept

# DHCFP Rates Unit, continued

## REIMBURSEMENT, ANALYSIS AND DEVELOPMENT

### Rates Unit - Nevada Medicaid

The Rate Setting 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.

### New Codes for 2017

- [Status Update](#)
- [Annual New Code Update Process](#)
- [2017 New Codes](#)
- [2017 New Codes PT 10 & 46](#)

### 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](#)
- [Fee-for-Service PDF Fee Schedules](#)

### Contact

[rates@dhcfp.nv.gov](mailto:rates@dhcfp.nv.gov)

### Reports

### Rate Increases

- Locate the “Fee-for-Service PDF Fee Schedules” from the Fee Schedules section

# DHCFP Rates Unit, continued

## FEE SCHEDULES

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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 85 Applied Behavioral Analysis Fee Schedule](#)

- Select Appropriate Title to open the PDF pertaining to the Reimbursement Schedule



# Medicaid Billing Information

# Locating Medicaid Billing Information

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

Contact Us DHCFP Home

Search

Providers EVS Pharmacy Prior Authorization Quick Links Calendar

Announcements/Newsletters  
**Billing Information**  
Electronic Claims/EDI  
E-Prescribing  
Forms  
NDC  
Provider Enrollment  
Provider Training

Updated Nevada Medicaid Informational Bulletin on Medications and Services for Substance Use Disorders

[Web Announcement 1446](#)  
Behavioral Health Provider Types 14 and 82 Invited to Take DHCFP Provider Training Survey

[Web Announcement 1445](#)  
Attention Practitioners, Ambulatory Surgical Centers, Outpatient Hospitals and Durable Medical Equipment Providers: Reminder Regarding National Correct Coding Initiative (NCCI) Medically Unlikely Edits (MUEs)

[View All Web Announcements](#)

**Featured Links**  
[Authorization Criteria](#)  
[DHCFP Home](#)  
[EDI Enrollment Forms and Information](#)

Welcome

**New Provider Orientation**

— Introduction to Nevada Medicaid  
— Website Navigation  
— Getting Started on EVS - Access to the Provider Portal — EDI System - Enrollment Training  
— Overview of Claims Process

**REGISTER TODAY**

Nevada Medicaid

**Notifications**

The Division of Health Care Financing and Policy (DHCFP) has selected LIBERTY Dental Plan of Nevada (LIBERTY) as the new Managed Care Dental Benefits Administrator (DBA) effective January 1, 2018, to serve recipients enrolled in a Managed Care Organization (MCO).[See [Web Announcement 1442](#)]

The Nevada Medicaid Provider Web Portal (PWP) Upgrade has been implemented. With this upgrade, Dental/Orthodontia, Adult Day Health Care (ADHC) and Personal Care Services (PCS) providers can generate a prior authorization request via the Provider Web Portal.[See [Web Announcement 1415](#)]

The Nevada Provider Web Portal update resulted in a complete change in the website and its associated webpages. Users of the secure Provider Web Portal are advised to remove all previously bookmarked pages and clear any previous activity in your browser to assist with accessing the system. You can clear previous activity in most browsers by navigating to your menu item for internet or browser options and deleting cookies, temporary internet

Welcome to the Nevada Medicaid and Nevada Check Up Provider Web Portal. Through this easy-to-use internet portal, healthcare providers have access to useful information and tools regarding provider enrollment and revalidation, recipient eligibility, verification, prior authorization, billing instructions, pharmacy news and training opportunities. The notifications and web announcements keep providers updated on enhancements to the online tools, as well as updates and reminders on policy changes and billing procedures.

- Step 1: Highlight **Providers** from top blue tool bar
- Step 2: Select **Billing Information** from the drop-down menu

# Locating Medicaid Billing Information, continued

[Home](#) [Providers](#) [EVS](#) [Pharmacy](#) [Prior Authorization](#) [Quick Links](#) [Calendar](#)

[Web Announcement 1447](#)  
Updated Nevada Medicaid Informational Bulletin on Medications and Services for Substance Use Disorders

[Web Announcement 1446](#)  
Behavioral Health Provider Types 14 and 82 Invited to Take DHCFP Provider Training Survey

[Web Announcement 1445](#)  
Attention Practitioners, Ambulatory Surgical Centers, Outpatient Hospitals and Durable Medical Equipment Providers: Reminder Regarding National Correct Coding Initiative (NCCI) Medically Unlikely Edits (MUEs)

[View All Web Announcements](#)

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[Online Provider Enrollment](#)  
[Provider Login \(EVS\)](#)  
[Prior Authorization](#)  
[Search Fee Schedule](#)  
[Search Providers](#)

[Clinical Claim Editor FAQs Updated December 5, 2011 \[Review Now\]](#)  
[Third Party Liability Frequently Asked Questions \[Review Now\]](#)

### Paper Claim Form Instructions

The following instructions are for paper claims. For *electronic* claim requirements, technical professionals can refer to Companion Guides for transactions [837D](#), [837I](#) and [837P](#).

For Archives [Click here](#)

Title	Last Update
<a href="#">ADA (Version 2012) Claim Form Instructions</a>	01/28/16
<a href="#">CMS-1500 (02-12) Claim Form Instructions</a>	07/27/17
<a href="#">UB Claim Form Instructions</a>	05/30/17

### Billing Manual

For Archives [Click here](#)

Title	File Size	Last Update
<a href="#">Billing Manual</a>	2 MB	09/01/2017

### Billing Guidelines (by Provider Type)

For Archives [Click here](#)

Provider Type	Title	Last Update
10	<a href="#">Outpatient Surgery, Hospital Based   Rates</a>	07/24/17
11	<a href="#">Hospital, Inpatient</a>	10/07/16
12	<a href="#">Hospital, Outpatient</a>	10/01/15
13	<a href="#">Psychiatric Hospital, Inpatient</a>	02/01/12
14	<a href="#">Behavioral Health Outpatient Treatment</a>	03/28/17
16	<a href="#">Intermediate Care Facilities for Individuals with Intellectual Disabilities / Public</a>	02/01/17
17	<a href="#">Special Clinics</a>	08/17/17

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PCS, Prior Authorization and Web Portal Upgrade Frequently Asked Questions (FAQs) [\[Review\]](#)

Reminder of Requirements Regarding Ordering, Prescribing or Referring Provider on Claims. See [Web Announcement 1372](#)

Enrollment Termination Frequently Asked Questions (FAQs) [\[Review\]](#)

**Provider Links**  
[Billing Information](#)

# Locating Medicaid Billing Information, continued

Home Providers EVS Pharmacy Prior Authorization Quick Links Calendar

Centers, Outpatient Hospitals and Durable Medical Equipment Providers: Reminder Regarding National Correct Coding Initiative (NCCI) Medically Unlikely Edits (MUEs)  
[View All Web Announcements](#)

**Featured Links**  
[Authorization Criteria](#)  
[DHCFP Home](#)  
[EDI Enrollment Forms and Information](#)  
[EVS User Manual](#)  
[Online Provider Enrollment](#)  
[Provider Login \(EVS\)](#)  
[Prior Authorization](#)

**Billing Manual**  
For Archives [Click here](#)

Title	File Size	Last Update
ADA (Version 2012) Claim Form Instructions		01/28/16
CMS-1500 (02-12) Claim Form Instructions		07/27/17
UB Claim Form Instructions		05/30/17

**Billing Guidelines (by Provider Type)**

The Nevada Provider Web Portal update resulted in a complete change in the website and its associated webpages. Users of the secure Provider Web Portal are advised to remove all previously bookmarked pages and clear any previous activity in your browser to assist with accessing the system. You can clear previous activity in most browsers by navigating to your menu item for internet or browser options and deleting cookies, temporary internet files, and web form information.

PCS, Prior Authorization and Web Portal Upgrade Frequently Asked Questions (FAQs) [\[Review\]](#)

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

85

Applied Behavior Analysis (ABA)

07/24/17





# Claim Form Instructions

# Locating Claim Form Instructions

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

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Search

Providers EVS Pharmacy Prior Authorization Quick Links Calendar

**Announcements/Newsletters**  
**Billing Information**  
Electronic Claims/EDI  
E-Prescribing  
Forms  
NDC  
Provider Enrollment  
Provider Training

Updated Nevada Medicaid Informational Bulletin on Medications and Services for Substance Use Disorders

[Web Announcement 1446](#)  
Behavioral Health Provider Types 14 and 82 Invited to Take DHCFP Provider Training Survey

[Web Announcement 1445](#)  
Attention Practitioners, Ambulatory Surgical Centers, Outpatient Hospitals and Durable Medical Equipment Providers: Reminder Regarding National Correct Coding Initiative (NCCI) Medically Unlikely Edits (MUEs)

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**Featured Links**  
[Authorization Criteria](#)  
[DHCFP Home](#)  
[EDI Enrollment Forms and Information](#)

**Welcome**

**New Provider Orientation**

— Introduction to Nevada Medicaid  
— Website Navigation  
— Getting Started on EVS - Access to the Provider Portal — EDI System - Enrollment Training  
— Overview of Claims Process

**REGISTER TODAY**

**Nevada Medicaid**

**Notifications**

The Division of Health Care Financing and Policy (DHCFP) has selected LIBERTY Dental Plan of Nevada (LIBERTY) as the new Managed Care Dental Benefits Administrator (DBA) effective January 1, 2018, to serve recipients enrolled in a Managed Care Organization (MCO).[See [Web Announcement 1442](#)]

The Nevada Medicaid Provider Web Portal (PWP) Upgrade has been implemented. With this upgrade, Dental/Orthodontia, Adult Day Health Care (ADHC) and Personal Care Services (PCS) providers can generate a prior authorization request via the Provider Web Portal.[See [Web Announcement 1415](#)]

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- Step 1: Highlight **Providers** from top blue tool bar
- Step 2: Select **Billing Information** from the drop-down menu

# Locating Claim Form Instructions, continued

Providers EVS Pharmacy Prior Authorization Quick Links Calendar

[Web Announcement 1447](#)  
Updated Nevada Medicaid Informational Bulletin on Medications and Services for Substance Use Disorders

[Web Announcement 1446](#)  
Behavioral Health Provider Types 14 and 82 Invited to Take DHCFP Provider Training Survey

[Web Announcement 1445](#)  
Attention Practitioners, Ambulatory Surgical Centers, Outpatient Hospitals and Durable Medical Equipment Providers: Reminder Regarding National Correct Coding Initiative (NCCI) Medically Unlikely Edits (MUEs)

[View All Web Announcements](#)

**Featured Links**

- [Authorization Criteria](#)
- [DHCFP Home](#)
- [EDI Enrollment Forms and Information](#)
- [EVS User Manual](#)
- [Online Provider Enrollment](#)
- [Provider Login \(EVS\)](#)
- [Prior Authorization](#)
- [Search Fee Schedule](#)
- [Search Providers](#)

Clinical Claim Editor FAQs Updated December 5, 2011 [\[Review Now\]](#)  
Third Party Liability Frequently Asked Questions [\[Review Now\]](#)

### Paper Claim Form Instructions

The following instructions are for paper claims. For *electronic* claim requirements, technical professionals can refer to Companion Guides for transactions [837D](#), [837I](#) and [837P](#).

For Archives [Click here](#)

Title	Last Update
<a href="#">CMS-1500 (02-12) Claim Form Instructions</a>	07/27/17
<a href="#">UB Claim Form Instructions</a>	05/30/17

### Billing Manual

For Archives [Click here](#)

Title	File Size	Last Update
<a href="#">Billing Manual</a>	2 MB	09/01/2017

### Billing Guidelines (by Provider Type)

For Archives [Click here](#)

Provider Type	Title	Last Update
10	<a href="#">Outpatient Surgery, Hospital Based   Rates</a>	07/24/17
11	<a href="#">Hospital, Inpatient</a>	10/07/16
12	<a href="#">Hospital, Outpatient</a>	10/01/15
13	<a href="#">Psychiatric Hospital, Inpatient</a>	02/01/12
14	<a href="#">Behavioral Health Outpatient Treatment</a>	03/28/17
16	<a href="#">Intermediate Care Facilities for Individuals with Intellectual Disabilities / Public</a>	02/01/17
17	<a href="#">Special Clinics</a>	08/17/17

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PCS, Prior Authorization and Web Portal Upgrade Frequently Asked Questions (FAQs) [\[Review\]](#)

Reminder of Requirements Regarding Ordering, Prescribing or Referring Provider on Claims. See [Web Announcement 1372](#)

Enrollment Termination Frequently Asked Questions (FAQs) [\[Review\]](#)

**Provider Links**

- [Billing Information](#)

- For individual providers, please select the CMS-1500 Claim Form Instructions.



# **Common Denial Reasons and Resolutions**

# Common Denial Edits and Resolutions

- 0091 Referring National Provider Identifier (NPI) is required and has not been submitted
- 0092 Referring NPI cannot be the same as the servicing NPI
- 0093 Referring provider cannot be a group provider
- 0102 Service limits exceeded, 1 unit per 180 days
- 0114 Service limits exceeded, 1 unit per calendar month
- 0132 Required to bill with other procedure
- 0148 Rendering provider is not certified to perform procedure
- 0155 Procedure requires authorization
- 0162 Number of procedures exceeds number authorized
- 0210 No pricing segment on file
- 0313 Recipient is covered by private insurance
- 0453 Enrolled in Health Maintenance Organization (HMO)
- 0639 Payment reduced to units authorized
- 0685 Referring NPI not on file
- 0738 Procedure modifier disagrees with PA modifier

***\*\*Please see Appendix A for Denial Edit Resolutions\*\****

# Reminders Regarding Prior Authorization and Billing

- Initial Assessment and re-assessments do not require prior authorization.
- Assessments are limited to one in every 180 days or unless prior authorized.
- Request timelines for prior authorizations:
  - **Initial request:** 15 business days before date of service or 15 calendar days after requested start date of service
  - **Continued service requests:** 5-15 days prior
  - **Unscheduled revisions:** Whenever a significant change in the recipient's condition warrants a change to previously authorized services. Must be submitted during an existing authorization period and prior to revised units/services being rendered. The number of requested units should be appropriate for the remaining time in the existing authorization period.
  - **Retrospective request:** Submit no later than 90 days from the recipient's Date of Decision
- All Specialty 312 and 314 services require the UD modifier for prior authorization request and claim submission
- Providers are able to obtain dual enrollment as provider type 85 and 14. Providers will need to ensure that the taxonomy codes that are presented during enrollment are different.
- When claims are submitted, the taxonomy for the corresponding rendering provider type needs to be indicated in Field 24J of the claim form
- All claims must be submitted with an individual provider indicated as rendering provider
- Ensure the individual servicing provider is linked to the appropriate provider type



# Resources

# Additional Resources

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

## **DHCFP Contact Information:**

E-Mail: [ABAServices@dhcfp.nv.gov](mailto:ABAServices@dhcfp.nv.gov)





**Contact Nevada Medicaid**



# Contact Us — Nevada Medicaid Customer Service

Customer Service Call Center: 877-638-3472 (M-F 8 am to 5 pm Pacific Time)

Prior Authorization Department: 800-525-2395

Provider Field Representative:

Stephanie Ferrell

E-mail: [stephanie.d.ferrell@dx.com](mailto:stephanie.d.ferrell@dx.com)

Phone: 775-412-9401



**Thank You**