

# Hospice Provider Training: Authorization and Claim Information for Provider Types 64 and 65



Nevada Medicaid Provider Training

2018



**Objectives**



# Objectives:

- Locate Medicaid Policy
- Locate Hospice Billing Guidelines
- Utilize the Authorization Criteria Function
- Locate and properly fill out Hospice Prior Authorization Forms
- Locate Billing Manual
- Locate UB-04 Claim Form Instructions
- Locate the Electronic Data Interchange (EDI) Companion Guide
- Review Common Hospice Claim Denial Edit Codes and Resolutions



# **Medicaid Services Manual Chapter 3200**

# Locating Medicaid Services Manual (MSM) Chapter 3200 - Hospice

The screenshot shows the Nevada Department of Health and Human Services website. The top navigation bar is blue and contains the following links: Home, Providers, EVS, Pharmacy, Prior Authorization, Quick Links, and Calendar. A search bar is located on the right side of the navigation bar. Below the navigation bar, there is a main content area with a central banner for "New Provider Orientation" and a sidebar on the left with "Announcements" and "Featured Links".

**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](#)

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

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

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: At [www.medicaid.nv.gov](http://www.medicaid.nv.gov) 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 new webpage on the DHCFP website

# Locating Hospice MSM Chapter 3200, continued

ASMSHome/ NV MSMSHome

Meetings, Workshops,  
Public Notices

CaseloadData

**Medicaid Services  
Manual**

*To do a keyword search on any .PDF document, click Ctrl 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 “3200 Hospice”
- From the next page, always make sure that you select the “Current” policy



# **Medicaid Hospice Billing Guidelines for Provider Types 64 and 65**

# Locating Hospice Billing Guidelines

The screenshot shows the Nevada Department of Health and Human Services website. The header includes the department name and 'Division of Health Care Financing and Policy Provider Portal'. A top blue navigation bar contains links for Providers, EVS, Pharmacy, Prior Authorization, Quick Links, and Calendar. A search bar is located in the top right. A left-side menu is open, highlighting 'Billing Information'. The main content area features a 'Welcome' message and a large 'New Provider Orientation' banner with a 'REGISTER TODAY' button. The banner lists 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. A 'Notifications' sidebar on the right provides updates on the new Managed Care Dental Benefits Administrator (DBA) and the Provider Web Portal (PWP) upgrade.

- Step 1: At [www.medicaid.nv.gov](http://www.medicaid.nv.gov) highlight “Providers” from top blue tool bar
- Step 2: Select “Billing Information” from the drop-down menu



# Locating Hospice Billing Guidelines, 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](#)

Title	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 Manual**

For Archives [Click here](#)

Title	File Size	Last Update
Billing Manual	2 MB	09/01/2017

**Billing Guidelines (by Provider Type)**

For Archives [Click here](#)

Provider Type	Title	Last Update
10	Outpatient Surgery, Hospital Based   Rates	07/24/17
11	Hospital, Inpatient	10/07/16
12	Hospital, Outpatient	10/01/15
13	Psychiatric Hospital, Inpatient	02/01/12
14	Behavioral Health Outpatient Treatment	03/28/17
16	Intermediate Care Facilities for Individuals with Intellectual Disabilities / Public	02/01/17
17	Special Clinics	08/17/17
17 (Spec. 179)	Special Clinics: School Based Health Centers (SBHC)	12/31/14
17 (Spec. 215)	Special Clinics: Substance Abuse Agency Model (SAAM)	04/21/15
19	Nursing Facility	02/01/12
20	Physician, M.D., Osteopath, D.O.	08/17/17
21	Podiatrist	12/05/11
22	Dentist   Attachment A: Coverage, Limitations and Prior Authorization Requirements	07/24/17

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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) [\[Review\]](#)

**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](#)

**Provider Links**

- [Billing Information](#)
- [E-Prescribing](#)
- [Forms](#)
- [Provider Enrollment](#)
- [Provider Newsletters](#)
- [Provider Training](#)

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

# Locating Hospice Billing Guidelines, continued

Providers	EVS	Pharmacy	Prior Authorization	Quick Links	Calendar
45	End Stage Renal Disease (ESRD) Facility	04/03/15			
46	Ambulatory Surgical Centers   Rates	07/24/17			
47	Indian Health Services (IHS) and Tribal Clinics	10/02/15			
48	Home and Community Based Waiver for the Frail Elderly	03/16/16			
51	Indian Health Service Hospital, Inpatient (Tribal)	12/05/11			
52	Indian Health Service Hospital, Outpatient (Tribal)	12/05/11			
54	Targeted Case Management	03/28/17			
55	Home Based Habilitation Services	03/16/16			
56	Inpatient Rehabilitation and Long Term Acute Care (LTAC) Specialty Hospitals	02/23/16			
57	Home and Community Based Waiver for the Frail Elderly (Elderly in Adult Residential Care)	03/16/16			
58	Home and Community Based Waiver for Persons with Physical Disabilities	03/16/16			
59	Home and Community Based Waiver for the Frail Elderly (Augmented Personal Care Services)	03/16/16			
60	School Based	03/22/17			
63	Residential Treatment Centers (RTC)	07/24/17			
64	Hospice   Reimbursement Rates   Reimbursement Rates - Non compliant	04/07/17			
65	Hospice, Long Term Care	03/01/17			
68	Intermediate Care Facilities for Individuals with Intellectual Disabilities / Private	02/01/17			
72	Nurse Anesthetist	12/05/11			
74	Nurse Midwife	07/11/12			
75	Critical Access Hospital (CAH), Inpatient	10/01/15			
76	Audiologist	01/03/13			
77	Physician's Assistant	08/17/17			
78	Indian Health Service Hospital, Inpatient (Non-Tribal)	12/05/11			
79	Indian Health Service Hospital, Outpatient (Non-Tribal)	12/05/11			
81	Hospital Based ESRD Provider	04/03/15			
82	Behavioral Health Rehabilitative Treatment	01/15/16			
83	Personal Care Services - Intermediary Service Organization	02/06/13			
85	Applied Behavior Analysis (ABA)	07/24/17			

- Select the appropriate Billing Guideline for more information pertaining to a Hospice provider
- This section also lists Reimbursement Rates



# **Prior Authorization Requirements**

# Prior Authorization Requirements

- Effective with dates of service on or after March 1, 2017, prior authorization is required for Hospice services.
  - The hospice agency will not be reimbursed for hospice services unless all signed paperwork has been submitted to Nevada Medicaid and prior authorization has been obtained.
  - It is the responsibility of the hospice provider to ensure that prior authorization is obtained for services unrelated to the hospice benefit.
- Authorization requests for admission to Hospice Services must be submitted as soon as possible, but not more than eight business days following admission.
  - Please note if the authorization request is submitted after admission, the Hospice provider is assuming responsibility for program costs if the authorization request is denied.

# Prior Authorization Requirements, continued

- Prior authorization only approves the existence of medical necessity, not recipient eligibility.
- Prior authorization for medical necessity is not required for dual eligible (Medicare/Medicaid eligible) recipients.
- Hospice forms FA-92 (Hospice Program Election Notice – Adults) or FA-93 (Hospice Program Election Notice – Pediatric), and FA-94 (Hospice Program Physician Certification of Terminal Illness) must be submitted with FA-95 (Hospice Prior Authorization Request Form ).
- For extended hospice services past 12 months, FA-96 (Hospice Extended Care Physician Review Form) must be submitted with FA-95.
- **The following slides explain where each form can be obtained and the purpose of each form.**



# Prior Authorization Forms

# Locating Hospice Prior Authorization Forms

**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

## 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

### Notifications

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Behavioral Health Provider Types 14 and 82 Invited to Take DHCFP Provider Training Survey

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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](#)

- Step 1: Highlight “Providers” from top blue tool bar
- Step 2: Select “Forms” from the drop-down menu

# Locating Hospice Prior Authorization Forms, continued

## Hospice Forms

The following forms are for the use of Nevada Medicaid Hospice providers.

Form Number	Title
FA-91	Nevada Medicaid Hospice Program Action Form
FA-92	Nevada Medicaid Hospice Program Election Notice - Adults
FA-93	Nevada Medicaid Hospice Program Election Notice - Pediatric
FA-94	Nevada Medicaid Hospice Program Physician Certification of Terminal Illness
FA-95	Nevada Medicaid Hospice Prior Authorization Request
FA-96	Nevada Medicaid Hospice Extended Care Physician Review Form

- While on the “Forms” page, locate the “Hospice Forms” section and choose appropriate forms.
- Make sure that you follow the instructions on each form.
- All active forms are fillable forms for easy uploading into the Electronic Verification System (EVS) for PA submission online.





# **Nevada Medicaid Hospice Program Action Form (FA-91)**

# Hospice Program Action Form (FA-91)

## Reminders:

- Each section must be filled out according to the purpose of the form
- Must indicate Purpose of Request: Discharge from Hospice Services (includes recipient death), Change of Hospice Provider or Revocation of Hospice Services
- This form must be signed and dated by the recipient or legal representative/DPOA
  - If there is no legal representative or DPOA available to sign, please explain the circumstances
- The Hospice provider representative must also sign and date accordingly
- Please do not forget:
  - Discharge Date
  - Requesting provider National Provider Identifier (NPI)
  - Recipient/Responsible Party signature
  - Recipient ID number

Nevada Medicaid Hospice Program Action Form	
Fax this form to: (866) 480-9903	For questions regarding this form, call: (800) 525-2395
<b>PURPOSE OF REQUEST</b>	
<input type="checkbox"/> Discharge from Hospice Services	<input type="checkbox"/> Change of Hospice Provider
<input type="checkbox"/> Revocation of Hospice Services	
Recipient Name:	Recipient Medicaid ID:
<b>SECTION I: DISCHARGE FROM HOSPICE SERVICES</b>	
I/ Legal Representative/Agent for the recipient identified above, _____ understand that I have been discharged from Hospice Services for the reason stated below.	
Date of Discharge: _____	
Reason for Discharge:	
<input type="checkbox"/> Recipient no longer meets criteria for Hospice	<input type="checkbox"/> Non-compliance with Hospice plan of care
<input type="checkbox"/> Recipient is no longer eligible for Medicaid	<input type="checkbox"/> Recipient Death
<input type="checkbox"/> Recipient moved out of the Hospice service area	Date of Death: _____
Physician's order present: <input type="checkbox"/> Yes <input type="checkbox"/> No	Physician's discharge clinical note present: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>SECTION II: CHANGE OF HOSPICE PROVIDER</b>	
I/ Legal Representative/Agent for the recipient identified above, _____ understand that upon completion of this form I will be changing Hospice providers. I understand that I may only change the designation of the particular hospice from which hospice care will be received once in each election period.	
Current Hospice Provider: _____	
New Hospice Provider: _____	
Date of change in Hospice providers: _____	
Reason for change: _____	
<b>SECTION III: REVOCATION OF HOSPICE SERVICES</b>	
I/ Legal Representative/Agent for the recipient identified above, _____ am hereby revoking hospice services. I understand that I am no longer covered for Hospice care during the remainder of this election period. I understand that I will now resume my traditional Medicaid benefits and that if at any time I elect to receive Hospice coverage for another hospice election period, I may be eligible.	
Date of Revocation: _____	
Reason for Revocation: _____	
<b>SECTION IV: SIGNATURE</b>	
I/ Legal Representative/Agent for the Medicaid recipient identified above certify that I have completed this form and understand the actions that will take place upon signature.	
Recipient/Legal Representative/Agent: (print name) _____	
Relationship to Recipient: _____	
Signature: _____	Date: _____
FA-91	Page 1 of 1



**Nevada Medicaid Hospice  
Program Election Notice – Adults (FA-92)**

# Hospice Program Election Notice – Adults (FA-92)

- Be sure to use this required form. Nevada Medicaid will return requests to provider when old forms are submitted.
- Sections I, II, III and IV must be filled out completely.
- This form must be signed and dated by the recipient or legal representative/DPOA and Hospice representative.
- **The original notice of election can be resubmitted for all subsequent PA/benefit periods. Recipient/responsible party/hospice representative does not need to sign a new FA-92 for each certification period. Be clear on the benefit period being requested.**

Nevada Medicaid Hospice Program Election Notice - Adults			
Fax this form to: (866) 480-9903		For questions regarding this form, call: (800) 525-2395	
<b>SECTION I</b>			
Recipient Name:			
Recipient Medicaid ID:		Date of Birth:	
Address:		City/State/Zip:	
Email:		Phone #:	
<b>SECTION II</b>			
<b>I and/or the Legal Representative/Agent of the Medicaid recipient identified above understand the following:</b>			
I have a terminal illness with a life expectancy of six months or less, if the illness were to run its normal course.			Initials
The goal for the hospice care given will be the relief of pain and symptom management and that no extraordinary life sustaining measures will be initiated. The Nevada Medicaid Hospice Benefit and Services have been explained to me and/or my legal representative.			Initials
Any service(s) received related to the care of the terminal illness for which hospice was elected for will not be covered by the traditional Medicaid benefit.			Initials
I may revoke the hospice benefit at any time by signing a statement to that effect, specifying the date when the revocation is to be effective and submitting the statement to the hospice prior to that date. I understand my rights to other Medicaid services will resume at that time, if I continue to be Medicaid eligible.			Initials
If I reach a point of stability and can no longer be certified as terminally ill, I will return to the traditional Medicaid benefit.			Initials
The Hospice provider is responsible for any Home Health, Private Duty Nursing or Personal Care Services if related to my terminal diagnosis and these services will not be covered by the traditional Medicaid benefit. The traditional Medicaid benefit will cover these services needed for conditions not related to the terminal diagnosis.			Initials
<b>SECTION III</b>			
Admitting Terminal Illness ICD-10 Code(s):			
Recipient is currently admitted in a Nursing Facility.		<input type="checkbox"/> Yes <input type="checkbox"/> No	Facility: NPI #:
Recipient is transferring from another Hospice Agency.		<input type="checkbox"/> Yes <input type="checkbox"/> No	Agency: NPI #:
Certification Period:	<input type="checkbox"/> 1st 90 days	<input type="checkbox"/> 2nd 90 days	<input type="checkbox"/> 60 days
Start date of current Certification Period:			
Recipient has an attending physician separate from the hospice physician.		<input type="checkbox"/> Yes <input type="checkbox"/> No	Physician: NPI #:
Disclaimer: I and/or the Legal Representative/Agent of the recipient identified above, certify that the recipient DOES NOT have an attending physician separate from the hospice physician.			Initials
FA-92			
Page 1 of 2			

# Hospice Program Election Notice – Adults (FA-92)

- Section I: Recipient information (ID, name, date of birth)
- Section II: Initials
- Section III: Long Term Care (LTC) facility information (if the nursing facility box is checked, include LTC name and NPI)
- Section III: Transfer from another agency information
- Section III: Certification period designation or start date of hospice service
- Section IV: Elected hospice provider and NPI, date to begin
- Section IV: Names and signatures

Nevada Medicaid Hospice Program Election Notice - Adults		
Recipient Name:		Recipient Medicaid ID:
<b>SECTION IV</b>		
<b>Services currently being provided to recipient by other Agencies:</b>		
Home Health Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Agency:
Private Duty Nursing Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Agency:
Personal Care Services	<input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Agency:
Elected Hospice Provider:		NPI #:
Date Hospice Election to Begin:		
<b>Recipient and/or Legal Representative/Agent Statement</b>		
I, <i>(Recipient's Name)</i> _____, have read and understand the statements in this document. Recipient Signature: _____ Date: _____		
I, <i>(Legal Representative/Agent Name)</i> _____, as the Legal Representative/Agent for <i>(Recipient's name)</i> _____, have read and understand the statements in this document. Relationship to Recipient: _____ Legal Representative/Agent Signature: _____ Date: _____		
<b>Hospice Provider Statement</b>		
I, <i>(Hospice Representative Name)</i> _____, Hospice Representative for <i>(Hospice Provider's Name)</i> _____, understand that the Hospice provider is responsible for the coordination of services to ensure there is no duplication of services. Hospice Representative Title: _____ Signature: _____ Date: _____		
FA-92 Updated 02/23/2016		
		Page 2 of 2



**Nevada Medicaid Hospice Program  
Election Notice – Pediatric (FA-93)**

# Hospice Program Election Notice - Pediatric (FA-93)

Nevada Medicaid Hospice Program Election Notice - Pediatric

Fax this form to: (866) 480-9903 For questions regarding this form, call: (800) 525-2395

<b>SECTION I</b>	
Recipient Name:	
Recipient Medicaid ID:	Date of Birth:
Address:	City/State/Zip:
Email:	Phone #:
<b>SECTION II</b>	
I/We as the Parents/Legal Guardians/Agents of the Medicaid recipient identified above understand the following:	
He/she has a terminal illness with a life expectancy of six months or less, if the illness were to run its normal course.	Initials
The Affordable Care Act will entitle him/her to concurrent care while an eligible recipient of the Medicaid Hospice Program, that is curative care and palliative care at the same time. Upon turning 21 years of age, he/she will no longer have concurrent care benefits and will be subject to the rules governing adults who have elected Medicaid hospice care.	Initials
The goal for the hospice care provided will be the relief of pain and symptom management. Pediatric hospice care is both a philosophy and an organized method for delivering competent, compassionate and consistent care to children with terminal illnesses and their families. This care focuses on enhancing quality of life, minimizing suffering, optimizing function and providing opportunities for personal and spiritual growth, planned and delivered through the collaborative efforts of an interdisciplinary team with the child, family and caregivers as its center.	Initials
If he/she reaches a point of stability and is no longer considered terminally ill, the physician will be unable to recertify him/her for hospice care and he/she will return to traditional Medicaid benefits.	Initials
We, as the Parents/Legal Guardians/Agents, may revoke his/her hospice benefit at any time by signing a statement to that effect, specifying the date when the revocation is to be effective and submitting the statement to the hospice provider prior to that date.	Initials
The Hospice provider is responsible for any Home Health, Private Duty Nursing or Personal Care Services if related to the recipient's terminal diagnosis and these services will not be covered by the traditional Medicaid benefit. The traditional Medicaid benefit will cover these services needed for conditions not related to the terminal diagnosis.	Initials
<b>SECTION III</b>	
Admitting Terminal Illness ICD-10 Code(s):	
Recipient is currently admitted in a Nursing Facility. <input type="checkbox"/> Yes <input type="checkbox"/> No	Facility: NPI #:
Recipient is transferring from another Hospice Agency. <input type="checkbox"/> Yes <input type="checkbox"/> No	Agency: NPI #:
Certification Period: <input type="checkbox"/> 1st 90 days <input type="checkbox"/> 2nd 90 days <input type="checkbox"/> 60 days	Start date of current Certification Period:
Recipient has an attending physician separate from the hospice physician. <input type="checkbox"/> Yes <input type="checkbox"/> No	Physician: NPI #:
Disclaimer: If and/or the Legal Representative/Agent of the recipient identified above, certify that the recipient DOES NOT have an attending physician separate from the hospice physician.	
Initials	

Nevada Medicaid Hospice Program Election Notice - Pediatric

Recipient Name:	Recipient Medicaid ID:
<b>SECTION IV</b>	
Services currently being provided to recipient by other Agencies:	
Home Health Services <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Agency:
Private Duty Nursing Services <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Agency:
Personal Care Services <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Agency:
Elected Hospice Provider:	NPI #:
Date Hospice Election to Begin:	
<b>Recipient and/or Legal Representative/Agent Statement</b>	
I, (Recipient's Name) _____, have read and understand the statements in this document.	
Recipient Signature: _____ Date: _____	
I, (Legal Representative/Agent Name) _____, as the Legal Representative/Agent for (Recipient's name) _____, have read and understand the statements in this document.	
Relationship to Recipient: _____	
Legal Representative/Agent Signature: _____ Date: _____	
<b>Hospice Provider Statement</b>	
I, (Hospice Representative Name) _____, Hospice Representative for (Hospice Provider's Name) _____, understand that the Hospice provider is responsible for the coordination of services to ensure there is no duplication of services.	
Hospice Representative Title: _____	
Signature: _____ Date: _____	

## Reminders:

- Be sure to use this required form. Nevada Medicaid will cancel requests back to provider when old forms are submitted
- Sections I, II, III and IV must be filled out completely
- This form *must* be signed and dated by the recipient or legal representative/DPOA and Hospice Representative
- Section IV: Services currently being provided to recipient by other agencies must be entered



**Nevada Medicaid Hospice Program  
Physician Certification of Terminal Illness  
(FA-94)**



# Physician Certification of Terminal Illness (FA-94)

This form must indicate the Purpose of Request (Initial Certification, 60 Day Certification, 1st 90 Day Certification or 2nd 90 day or Subsequent Certification) and the Effective Date of Certification

- **Sections I, II and III:** Must be filled out completely. If not completed, the prior authorization will be pended for five business days requesting additional information.
- **Section II, PHYSICIAN EVALUATION RESULTS:** Must include a brief narrative explanation of the clinical findings that support a life expectancy of six months or less as part of the certification and re-certification.
- **Section III PHYSICIAN CERTIFICATION STATEMENT:** **The face-to-face encounter must occur no more than 30 calendar days prior to the 180th day benefit period recertification and no more than 30 calendar days prior to every subsequent recertification thereafter.**
- **Must include Attending Provider license number, signature and date; please include license number if available.** If no attending provider, then Exclusion Statement must be signed and dated by Hospice Medical Director and Hospice Representative.

Nevada Medicaid Hospice Program Physician Certification of Terminal Illness			
Fax this form to: (866) 480-9903		For questions regarding this form, call: (800) 525-2395	
PURPOSE OF REQUEST			
<input type="checkbox"/> Initial Certification	<input type="checkbox"/> 60 Day Certification	<input type="checkbox"/> 1st 90 Day Certification	<input type="checkbox"/> 2nd 90 Day Certification
Effective Date of Certification:			
SECTION I: PATIENT INFORMATION			
Recipient Name:			
Recipient Medicaid ID:		Date of Birth:	
Parent/Legal Guardian/Agent:		Relationship to Recipient:	
Hospice Provider Name:		Hospice Provider NPI:	
SECTION II: PHYSICIAN EVALUATION RESULTS <i>(Please note: Principal diagnoses of "debility" or "adult failure to thrive" will not be accepted as meeting the eligibility criteria for Medicaid hospice care.)</i>			
Terminal Diagnoses ICD-10 Codes:			
Explanation of the clinical findings supporting a life expectancy of 6 months or less if the terminal illness were to run its normal course. <i>(You may submit narrative as an attachment if more room is needed).</i>			
SECTION III: PHYSICIAN CERTIFICATION STATEMENT			
I certify that I am a physician licensed in the State of Nevada. I further certify that I entered the evaluation results listed above and that they are based on a face to face evaluation performed on <i>(date of certification)</i> _____.			
The conclusions listed are unbiased and free from influence. I certify that this recipient has a life expectancy of 6 months or less if the terminal illness runs its normal course.			
Attending Provider:		License #:	
Signature:		Date:	
Hospice Medical Director:		License #:	
Signature:		Date:	
Exclusion Statement			
I certify that the recipient identified above DOES NOT have an attending physician separate from the hospice physician.			
Hospice Medical Director:		License #:	
Signature:		Date:	
Hospice Representative:		Title:	
Signature:		Date:	
FA-94			
Page 1 of 1			

# Physician Certification of Terminal Illness (FA-94)

## – Purpose of recertification and start date

- Needs to be checked and date listed. If certification period requested does not correspond with Medicaid service history (recipient has already received hospice and new provider is asking for 1st 90 days), prior authorization will be pended for five business days requesting additional information.

## – Section I Patient Information

- If the request is missing information, such as hospice name and NPI, prior authorization will be pended for five business days requesting additional information.

## – Section II Physician Evaluation Results

- If FA-94 is not completed as required, and agency Certification of Terminal Illness (CTI) with detailed information NOT attached, prior authorization request will be pended for five business days requesting additional information.

## – Section III Physician Certification Statement

- One of two physicians (attending or hospice medical director) have to timely sign and date the FA-94 within two calendar days of initiation of care. If a signature cannot be obtained, a verbal order must be obtained within this two calendar day time frame and a written order obtained no later than eight calendar days after care is initiated. If not signed within eight calendar days, only the signature date forward will be considered allowable days.
- If the agency CTI is signed/authenticated timely, but the provider did not sign FA-94 timely, the prior authorization will be pended for five business days requesting additional information.



# **Hospice Prior Authorization Request Form (FA-95)**

# Hospice Prior Authorization Request Form (FA-95)

## Reminders:

- Sections I, II, IV, V, VI, date of request and request type must be fully completed
- **Section III should be completed only if the recipient is in a nursing facility**

## Required Attachments:

- Individualized Plan of Care and Measurable Treatment Goals
- FA-92 Hospice Program Election Notice (Adult) or FA-93 Hospice Program Election Notice (Pediatric)
- FA-94 Hospice Program Physician Certification of Terminal Illness
- **For subsequent benefit periods:**
  - **Labs**
  - **Assessments**
  - **Documented decline (or improvement) of recipient health**

# Hospice Prior Authorization Request Form (FA-95)

If any information on the prior authorization request form is missing, the request will be pended back to the provider. The provider will need to update the information and resubmit within five business days.

## Hospice Prior Authorization Request

**Purpose:** To request prior authorization for Hospice services through the Nevada Medicaid program. This form must be submitted with Hospice forms FA-92 or FA-93, and FA-94.

**Required Attachments:** Please attach an Individualized Plan of Care and Measurable Treatment Goals. Nevada Medicaid will require that the other in-home service providers (Private Duty Nursing, Home Health, Personal Care Services) cooperate in the coordination efforts and understand that the hospice provider is the lead case coordinator. For recipients under age 21 who have elected Hospice services and curative interventions, the Hospice Plan of Care should include all necessary palliative interventions (all interventions provided for the purpose of symptom control, or to enable the recipient to maintain Activities of Daily Living (ADLs) and basic functional skills). Examples of these non-curative, non-life prolonging interventions include but are not limited to: bathing / dressing / diapering / transferring / nebulizer treatments / chest vest treatments / applying braces / performing range of motion exercises / stander use.

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

DATE OF REQUEST: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

If this is an initial request, a Pre-Admission face-to-face visit by a medical professional must have been conducted within the previous 15 days. Date and time of visit: \_\_\_\_\_

Name of assessing medical professional: \_\_\_\_\_

REQUEST TYPE:  Initial 90-Day Period  Subsequent 90-Day Period  Subsequent 60-Day Period

Current prior authorization (PA) number, if applicable: \_\_\_\_\_

SECTION I: RECIPIENT INFORMATION	
Recipient Name:	
Recipient ID:	Date of Birth:
Medicaid Eligibility: <input type="checkbox"/> Healthy Kids (EPSDT) <input type="checkbox"/> Katie Beckett <input type="checkbox"/> Waiver Program <input type="checkbox"/> Managed Care	
Medicare Insurance Eligibility: <input type="checkbox"/> Part A <input type="checkbox"/> Part B Medicare ID#:	
Bypass Medicare: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Insurance Name:	
Other Insurance ID#:	
Bypass Other Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No	
SECTION II: GUARDIAN INFORMATION (if other than the recipient)	
Name:	
Phone:	
Address (include city, state, zip code):	
SECTION III: LONG-TERM CARE FACILITY (if applicable)	
<input type="checkbox"/> Long-Term Care Facility Facility Name:	
Facility Address:	
Facility NPI:	Contact Fax:
SECTION IV: ORDERING PROVIDER INFORMATION (if applicable)	
Name:	
NPI:	
Phone:	Fax:
SECTION V: SERVICING PROVIDER INFORMATION	
Name:	
NPI:	
Phone:	Fax:
Contact Name:	Miles from Hospice Agency to Recipient's Home:
Where does this provider render services? <input type="checkbox"/> In Nevada (includes catchment areas) <input type="checkbox"/> Outside Nevada	
SECTION VI: CLINICAL INFORMATION	
Date of Registered Nurse Evaluation:	Date of Last Physician Visit:
Terminal Diagnoses ICD-10 Codes:	

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



**Nevada Medicaid Hospice Extended Care  
Physician Review Form (FA-96)**

# Hospice Extended Care Physician Review Form (FA-96)

- When an adult recipient (21 years of age or older) reaches 12 months in hospice care, an independent face-to-face physician review is required.
- If any information on the form is missing, the request will be pended back to the provider. The provider will need to update the information and resubmit within 5 business days.

## Required Attachments:

- Hospice Prior Authorization Request Form (FA-95)

### Nevada Medicaid Hospice Extended Care Physician Review Form

**Purpose:** Medicaid hospice benefits are reserved for terminally ill patients who have a medical prognosis to live no more than six (6) months if the illness runs its normal course.

When an adult patient (21 years of age or older) reaches 12 months in hospice care, an independent face-to-face physician review is required. Independent reviews are subsequently required every 12 months thereafter if the patient continues to receive extended hospice care.

Hospice agencies should advise patients of this requirement and provide this form to take with them to each independent review. Prior authorization requests for extended hospice care will be denied if this form is not submitted along with the PA request or if this form indicates the patient does not continue to meet program eligibility requirements.

**Instructions:** Submit this form with the Hospice Prior Authorization Request (form FA-95).

<b>SECTION I: RECIPIENT INFORMATION</b> <i>(to be completed by Hospice provider)</i>	
Recipient First Name:	Recipient Last Name:
Recipient Medicaid ID:	Recipient Date of Birth:
Hospice Provider Name:	
Hospice Provider NPI:	
<b>SECTION II: INDEPENDENT PHYSICIAN EVALUATION RESULTS</b> <i>(to be completed by the independent physician)</i>	
Does this recipient have a terminal illness? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Inconclusive	
If you replied "Yes" please list the terminal diagnosis/es: <i>(Please note: principal diagnoses of "debility" or "adult failure to thrive" will not be accepted as meeting the eligibility criteria for Medicaid hospice.)</i>	
Considering the normal course of the patient's diagnosis/es, does it appear the patient's life expectancy is six (6) months or less if the illness runs its normal course?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Inconclusive	
<b>SECTION III: INDEPENDENT PHYSICIAN'S CERTIFICATION STATEMENT</b>	
I certify that I am a physician licensed in the state of Nevada and that I am not affiliated with the hospice agency listed in Section I above. I further certify that I (or my staff) entered the evaluation results listed above and that they are based on a face-to-face evaluation performed on _____ (date). The conclusions listed are unbiased and free from influence.	
Physician's Printed Name:	License #:
Physician's Signature:	Date:

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



# Medicaid Billing Manual



# Locating Medicaid Billing Manual

The screenshot shows the Nevada Department of Health and Human Services website. The header includes the department logo and name, along with links for 'Contact Us' and 'DHCFP Home'. A search bar is located in the top right. A blue navigation bar contains links for 'Providers', 'EVS', 'Pharmacy', 'Prior Authorization', 'Quick Links', and 'Calendar'. A dropdown menu is open under 'Providers', listing items such as 'Announcements/Newsletters', 'Billing Information', 'Electronic Claims/EDI', 'E-Prescribing', 'Forms', 'NDC', 'Provider Enrollment', and 'Provider Training'. The main content area features a 'Welcome' message and a large 'New Provider Orientation' banner with a 'REGISTER TODAY' button. The banner lists 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'. A 'Notifications' sidebar on the right contains several news items. At the bottom, there are 'Featured Links' for 'Authorization Criteria', 'DHCFP Home', and 'EDI Enrollment Forms and Information'.

- Step 1: At [www.medicaid.nv.gov](http://www.medicaid.nv.gov) highlight “Providers” from top blue tool bar
- Step 2: Select “Billing Information” from the drop-down menu

# Locating Medicaid Billing Manual, 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](#)

**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="#">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

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 files, and web form information.

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](#)

- Step 3: Select the Billing Manual from the section header “Billing Manual”



# **UB-04 Claim Form Instructions**

# Locating UB-04 Claim Form Instructions

The screenshot shows the Nevada Department of Health and Human Services website. The header includes the state seal and the text "Nevada Department of Health and Human Services" and "Division of Health Care Financing and Policy Provider Portal". A search bar is located in the top right. A blue navigation bar contains links for "Providers", "EVS", "Pharmacy", "Prior Authorization", "Quick Links", and "Calendar". A drop-down menu is open under "Providers", listing "Announcements/Newsletters", "Billing Information", "Electronic Claims/EDI", "E-Prescribing", "Forms", "NDC", "Provider Enrollment", and "Provider Training". The main content area features a "Welcome" message and a large "New Provider Orientation" banner with a "REGISTER TODAY" button. The banner lists 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". A "Notifications" sidebar on the right contains three news items. A "Featured Links" section at the bottom left includes "Authorization Criteria" and "DHCFP Home".

- Step 1: At [www.medicaid.nv.gov](http://www.medicaid.nv.gov) highlight “Providers” from top blue tool bar
- Step 2: Select “Billing Information” from the drop-down menu

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.

# Locating UB-04 Claim Form Instructions, continued

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

[Web Announcement 1446](#)  
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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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**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](#)

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## 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)

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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](#)]

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**Provider Links**

[Billing Information](#)



# **EDI Companion Guides**

# Locating the EDI Companion Guides

**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

Web Announcement 1447  
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View All Web Announcements

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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

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.

**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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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]

- Step 1: At [www.medicaid.nv.gov](http://www.medicaid.nv.gov) highlight “Providers” from top blue tool bar
- Step 2: Select “Electronic Claims/EDI” from the drop-down menu

# Locating the EDI Companion Guides, continued

## EDI Companion Guides

Title	Date
<a href="#">Transaction 270/271 - Health Care Eligibility Inquiry and Response</a>	February 2015
<a href="#">Transaction 271U - Unsolicited Transaction - HIPAA Version 5010</a>	February 2013
<a href="#">Transaction 277U - Unsolicited 277 Claims Status Response - HIPAA Version 5010</a>	October 2012
<a href="#">Transaction 820 - Health Care Premium Payment - HIPAA Version 5010</a>	October 2012
<a href="#">Transaction 834 - Benefit Enrollment and Maintenance - HIPAA Version 5010</a>	October 2012
<a href="#">Transaction 835 - Health Care Payment/Advice</a>	February 2015
<a href="#">Transaction 837D - Dental Health Care Claim - HIPAA Version 5010</a>	October 2015
<a href="#">Transaction 837I - Institutional Health Care Claim - HIPAA Version 5010</a>	October 2015
<a href="#">Transaction 837P - Professional Health Care Claim - HIPAA Version 5010</a>	October 2015

- Step 3: EDI Companion Guides will be located at the bottom of the webpage

The Companion Guides contain our HIPAA-compliant technical specifications for each transaction.





# **Common Hospice Claim Denial Codes and Resolutions**

# Edit 0091: Referring NPI is Required and Has Not Been Submitted

## Provider Type 64 Claims:

- A referring provider is required on provider type 64 claims. If this edit is occurring, please verify that the Ordering, Prescribing and Referring (OPR) provider's National Provider Identifier (NPI) is indicated in Field 78 of the UB-04 Claim Form.
- If using Payerpath, please be sure to enter this information in the appropriate Electronic Fields. See Web Announcement 1330 at [www.medicaid.nv.gov](http://www.medicaid.nv.gov) for complete details. Also refer to the EDI Companion Guides located on the Medicaid website.

## Provider Type 65 Claims:

- A referring provider is not required.



## **Edit 0160: Procedure Disagrees with the Authorization**

- This denial indicates that the claim has been submitted with the prior authorization number in Field 63 of the UB-04. The claim form should not list the PA number.
- The prior authorization number is not required on the claim.
- Please continue the same process in obtaining an authorization.
- Please remove the prior authorization number and rebill the denied claims within timely filing.
  - Refer to the Medicaid Services Manual or the Billing Manual for more information.

## Edit 0309: Services Not Covered

- This denial indicates that the claim has been billed with a code that is not covered.
- Verify that the Revenue Code being billed is a payable code under the Reimbursement Rates located on the Billing Information page at [www.medicaid.nv.gov](http://www.medicaid.nv.gov).

Provider Location	Code	Description	Rate
Clark County Hospice Providers	0651	Hospice Serv-Routine-Home Care	\$ 178.57
	0652	Hospice Serv-Continuous Home Care	\$ 10.85
	0655	Hospice Serv-Inpatient Respite Care	\$ 189.77
	0656	Hospice Serv-General Inpatient Care	\$ 787.48

# Edit 0734: Covered Days Entered Exceed Statement Period

- For Hospice providers, this denial code will appear due to the claims incorrectly crossing over from Medicare to Medicaid.
- It is the provider's responsibility to verify that the amount of days being billed corresponds within the actual dates of service.
- The covered days that are being billed must fall within the to-and-from dates of service.
- Claims will need to be re-billed with the correct dates of service and/or covered days.
  - Please see previous slides pertaining to viewing the Billing Manual for more information regarding how to re-bill a claim.



# **Edit 0205: All the Rev Lines on a UB-04 are Priced at Zero**

## **Edit 0210: No Pricing Segment**

### **If a Provider is receiving either edit:**

- Verify that the Revenue Code is payable and that the claim form has been filled out correctly.

### **If a claim has denied with an edit code of 0205 with edit 0160:**

- Remove the PA and rebill the claim. Edit 0160 indicates that the procedure disagrees with the authorization.

### **If a claim has denied with an edit code of 0205 with edit 0309:**

- Check the Revenue Code billed on the claim or correct the code and rebill the claim.

# **Edit 0128: Recipient Not Authorized for Dates of Service**

## **Edit 0042: Coverage Limited to Medicaid Covered Service**

- If the claim has denied with both of these edits, this indicates that the recipient is not authorized for the services and dates billed (refer to the Hospice benefit line).
- Confirm that there is an approved authorization on file for the service and dates being billed.
- Verify that there is an approved authorization on file for the dates of service being billed. Submitting claims prior to having an approved authorization will result in a denial.
- Contact the Nevada Medicaid authorization department to have the benefit line updated, if there is an approved authorization on file.
- **Claim will need to be re-billed after the benefit line has been updated.**
- **Please see previous slides pertaining to viewing the Billing Guidelines for more information regarding prior authorization information.**

## Edit 0302: Duplicate of History File Record - Same Provider, Same DOS

- This denial indicates that the claim has already been paid for services rendered for the dates of service.
- Check internal records to verify that services have already been billed and reimbursed.
  - Please refer to the Remittance Advice for further information.
- Make sure to utilize the Claim Status functionality through the EVS Web Portal.
- Please be advised that should the claim pay at a \$0.00, this is still considered a **“Paid Claim”**
- Claims can pay at \$0.00 when:
  - Field 55 is not completed
  - If a recipient’s TPL pays more than the Medicaid allowable amount





**Resources**

# Resources

- For Forms: [www.medicaid.nv.gov/providers/forms/forms.aspx](http://www.medicaid.nv.gov/providers/forms/forms.aspx)
- For Electronic Verification System (EVS) General Information: [www.medicaid.nv.gov/providers/evsusermanual.aspx](http://www.medicaid.nv.gov/providers/evsusermanual.aspx)
- For Secure EVS Web Portal: [www.medicaid.nv.gov/hcp/provider/Home/tabid/135/Default.aspx](http://www.medicaid.nv.gov/hcp/provider/Home/tabid/135/Default.aspx)
- Billing Manual and Guides: [www.medicaid.nv.gov/providers/BillingInfo.aspx](http://www.medicaid.nv.gov/providers/BillingInfo.aspx)
- Medicaid Services Manual Chapter 3200: [dhcfp.nv.gov/Resources/AdminSupport/Manuals/MSM/C3200/Chapter3200/](http://dhcfp.nv.gov/Resources/AdminSupport/Manuals/MSM/C3200/Chapter3200/)

## **DHCFP Contact Information:**

Nevada Department of Health and Human Services  
Division of Health Care Financing and Policy / Long Term Services & Supports  
1100 E. William Street, Suite 222, Carson City, NV 89701  
Telephone: (775) 684-3676



**Contact Nevada Medicaid**



# Contact Us — Nevada Medicaid Customer Service

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

Prior Authorization Department: 800-525-2395

Provider Relations Field Services Representatives:

E-mail: [NevadaProviderTraining@dxc.com](mailto:NevadaProviderTraining@dxc.com)



**Thank You**