

# **Personal Care Services Provider Training**

## **Provider Types 30 and 83**



Nevada Medicaid Provider Training

2018



**Objectives**



# Objectives

- Locate Medicaid Policy
- Locate CMS-1500 Claim Form Instructions, Billing Manual and Billing Guidelines
- Utilize the Search Fee Schedule
- Locate Prior Authorization Forms
- Login to the Electronic Verification System (EVS) Secure Web Portal
- Review Delegate Access
- Successfully Submit a Prior Authorization
- View Prior Authorizations
- Learn about the Benefits of Electronic Data Interchange (EDI)
- Navigate to Web Announcements
  - Review Web Announcement 1463



# Provider Web Portal

# Provider Web Portal

## www.medicaid.nv.gov



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

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

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](#)]

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.



# Medicaid Services Manual (MSM)

# Locating Medicaid Services Manual (MSM)

The screenshot shows the Nevada Department of Health and Human Services website. The top navigation bar is blue and contains the following items: Home, Providers, EVS, Pharmacy, Prior Authorization, Quick Links, and Calendar. A search box is located on the right side of the top bar. The main content area features a large banner for "New Provider Orientation" with a "REGISTER TODAY" button. A red box highlights the "Quick Links" menu, which includes the following options: Change Provider Information, PASRR, Medicaid Services Manual, Rates Unit, and Get Adobe Reader. The "Medicaid Services Manual" link is highlighted in orange. The left sidebar contains a "Latest News" section with several web announcements and a "Featured Links" section with links to "Authorization Criteria" and "DHCFP Home". The right sidebar contains a "Notifications" section with several news items.

- Step 1: Highlight “Quick Links” from top blue tool bar at [www.medicaid.nv.gov](http://www.medicaid.nv.gov)
- Step 2: Select “Medicaid Services Manual” from the drop-down menu
- Note: MSM Chapters will open in new webpage through the DHCFP website

# Locating Medicaid Services Manual, continued

Meetings, Workshops,  
Public Notices

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CaseloadData

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**Medicaid Services  
Manual**

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*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.*

- 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 Tribal Health 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 “2600 Intermediary Service Organization”
- Select “3500 Personal Care Services Program”
- All providers are responsible for knowing the information in Chapter 100 “Medicaid Program” and the Addendum
- From the next page, always make sure that the most current version is selected





# Medicaid Billing Information

# Locating Medicaid Billing Information

The screenshot shows the Nevada Department of Health and Human Services website. The header includes the logo and the text "Nevada Department of Health and Human Services" and "Financing and Policy Provider Portal". A search bar is located in the top right. A blue navigation bar contains several menu items: "Providers", "EVS", "Pharmacy", "Prior Authorization", "Quick Links", and "Calendar". A red box highlights the "Providers" dropdown menu, which is open and shows the following options: "Announcements/Newsletters", "Billing Information", "Electronic Claims/EDI", "E-Prescribing", "Forms", "NDC", "Provider Enrollment", and "Provider Training". The "Billing Information" option is highlighted in blue. Below the navigation bar, the main content area features a "Welcome" message and a "New Provider Orientation" banner with a "REGISTER TODAY" button. The banner lists several 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, including one about the selection of LIBERTY as the new Managed Care Dental Benefits Administrator (DBA) effective January 1, 2018, and another about the Nevada Medicaid Provider Web Portal (PWP) Upgrade.

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

# Locating Medicaid Billing Information, continued

## Paper Claim Form Instructions

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

- Utilize the CMS-1500 Claim Form Instructions to properly submit claims

## Billing Manual

For Archives [Click here](#)

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

- Utilize the Billing Manual for general billing information

## Billing Guidelines (by Provider Type)

30	<a href="#">Personal Care Services - Provider Agency</a>	02/06/13
83	<a href="#">Personal Care Services - Intermediary Service Organization</a>	02/06/13

- Utilize the Billing Guidelines for specific information for PT 30 and PT 83, including prior authorization information, and covered and non-covered services



# Fee Schedule

# 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

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AMA Disclaimer of Warranties and Liabilities

\* I accept  I have read and agree to the Terms of Agreement

- Step 1: Click “I Accept”
- Step 2: Click “Submit”

# Fee Schedule, continued

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". There are links for "Contact Us" and "Login". The main content area is titled "Search Fee Schedule" and contains a form with the following fields:

- Financial Payer and Benefit:** Nevada Medicaid Title XIX Fee For Service
- \*Code Type:** Medical (dropdown menu)
- \*Procedure Code or Description:** T1019-Personal care ser per 15 min
- \*Provider Type:** 030-Personal Care Services - Provider Agency
- Modifier:** (empty text box)
- Provider Specialty:** (empty text box)

At the bottom of the form are "Search" and "Reset" buttons. A help icon (?) is visible in the top right corner of the search area.

- Step 1: Select Code Type from the drop-down menu
- Step 2: Input Procedure Code or Description
- 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.
- 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** Medical

**\*Procedure Code or Description**

**\*Provider Type**

**Modifier**

**Provider Specialty**

- Note: Make sure that the Effective Date ends in 9999 for current rates of reimbursement
- The current fee amount is indicated on the top line that is returned

**Search Results** Total Records: 4

Procedure	Provider Type	Provider Specialty	Modifier	Fee Amount	Age Restrictions	Effective Date
T1019-Personal care ser per 15 min	030-Personal Care Services - Provider Agency	000-No Specialty		\$4.25	REGULAR	7/1/2009 - 12/31/9999
T1019-Personal care ser per 15 min	030-Personal Care Services - Provider Agency	000-No Specialty		\$4.63	REGULAR	7/1/2006 - 6/30/2009
T1019-Personal care ser per 15 min	030-Personal Care Services - Provider Agency	000-No Specialty		\$4.44	REGULAR	7/1/2005 - 6/30/2006
T1019-Personal care ser per 15 min	030-Personal Care Services - Provider Agency	000-No Specialty		\$4.25	REGULAR	1/1/1980 - 6/30/2005





# Prior Authorization Forms

# Locating Prior Authorization Forms

The screenshot shows the Nevada Department of Health and Human Services website. The top navigation bar is blue and contains the following items: Providers, EVS, Pharmac, Prior Authorization, Quick Links, and Calendar. A red box highlights the 'Providers' dropdown menu, which includes the following options: Announcements/Newsletters, Billing Information, Electronic Claims/EDI, E-Prescribing, Forms, MDC, Provider Enrollment, and Provider Training. The main content area features a 'Welcome' message and a large banner for 'New Provider Orientation' with a 'REGISTER TODAY' button. The banner lists several 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, including 'Web Announcement 1446' and 'Web Announcement 1445'.

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

# Locating Prior Authorization Forms, continued

FA-24	<a href="#">Personal Care Services (PCS) Prior Authorization   PCS Assessment Forms</a>
FA-24 Instructions	<a href="#">Personal Care Services (PCS) Prior Authorization Instructions</a>
FA-24A	<a href="#">Coordination of Hospice and Waiver or Personal Care Services (PCS)</a>
FA-24A Instructions	<a href="#">Coordination of Hospice and Waiver or Personal Care Services (PCS) Instructions</a>
FA-24B	<a href="#">Legally Responsible Individual (LRI) Availability Determination for the Personal Care Services Program</a>
FA-24C	<a href="#">Authorization Request for Self-Directed Skilled Services</a>
FA-24C Instructions	<a href="#">Authorization Request for Self-Directed Skilled Services Instructions</a>
FA-24T	<a href="#">Personal Care Services Recipient Request for Provider Transfer</a>

- While on the “Forms” page, locate the appropriate FA-24 form and its instructions, if applicable
- Make sure to follow the instructions for each required form
- All active forms are fillable for easy uploading for PA submission online
- Any form that is not legible will not be accepted
- **Only PT/OT will use the “PCS Assessment Forms” which are also known as the Functional Assessment Service Plan (FASP)**

# Authorization for Personal Care Services (PCS) – FA-24

- Indicate the Date of Request at the top of the form
- Section 1: To be filled out by Nevada Medicaid Only
- Section 2: Indicate the purpose of the request
- Section 3: Contact information for the recipient and agency information
- The Legally Responsible Individual (LRI) portion must be completed and marked Yes or No, and when Yes, submit form FA-24B

## When the recipient’s Eligibility Changes from Managed Care Organization (MCO) to Fee-for-Service (FFS):

- Submit the most current authorization letter that specifies the dates of service and the number of hours approved by the MCO
- Submit an FA-24 marked as “Information Only” and on lines beneath state that this recipient’s eligibility has now changed from an MCO to Medicaid FFS

Nevada Medicaid and Check Up  
Authorization Request for Personal Care Services (PCS)

Fax to: (855) 709-8846 Questions? Call: (800) 525-2395

For information on completing this form, see the instructions online at [www.medicaid.nv.gov](http://www.medicaid.nv.gov) (select "Forms" from the "Providers" menu, then click on Form Number FA-24-I).

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

SECTION 1: FOR NEVADA MEDICAID USE ONLY			
<input type="checkbox"/> FFS <input type="checkbox"/> FE WAIVER <input type="checkbox"/> PD WAIVER <input type="checkbox"/> ID WAIVER <input type="checkbox"/> NOT ELIGIBLE <input type="checkbox"/> OTHER: _____			
Assigned PT/OT:		Due Date:	
Previous PA Number:		Previous Hours:	PA End Date:
SECTION 2: PURPOSE OF REQUEST			
<input type="checkbox"/> Update Visit (annual) <input type="checkbox"/> Significant Change in Condition <input type="checkbox"/> Temporary Service Authorization <input type="checkbox"/> One-Time Service	<input type="checkbox"/> Information Only _____ _____ _____	<input type="checkbox"/> Cancel Authorization Agency's last date of service: ___/___/___ Reason: <input type="checkbox"/> Recipient Ineligible <input type="checkbox"/> Recipient Expired <input type="checkbox"/> Other: _____	
SECTION 3: CONTACT INFORMATION			
RECIPIENT INFORMATION			
Last Name:		First Name:	
Recipient Medicaid ID:		Date of Birth:	
Translator Required: <input type="checkbox"/> Yes <input type="checkbox"/> No		Language:	
Address:			
City:	State:	Zip Code:	Phone:
PCS AGENCY INFORMATION			
PCS Agency Name:		City:	
NPI/API:	Phone:	Fax:	
LEGALLY RESPONSIBLE INDIVIDUAL (LRI) INFORMATION (if applicable*)			
<small>*Complete this section if the definition of LRI is met. Individuals who are legally responsible to provide medical support, including spouses of recipients, legal guardians [not power of attorney (POA)], and parents of minor recipients, including stepparents, foster parents and adoptive parents. Attach a completed copy of form FA-24B (LRI Availability Determination for the Personal Care Services Program) with any submitted request when the recipient resides with an LRI. It is the responsibility of the provider to attach a current work note (availability) or a copy of the permanent disability form or an updated disability form if the disability was/is temporary (capability). If this section is not addressed and appropriate paperwork not attached, this request will be denied and the form will be returned to the provider. See the FA-24 Instructions on the Forms webpage at <a href="http://www.medicaid.nv.gov">www.medicaid.nv.gov</a> for additional instructions regarding this section.</small>			
Does recipient have an LRI? (see definition above) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
LRI Name:		Phone:	
Relationship to Recipient:		Does LRI reside with recipient? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the LRI also on the PCS Program: <input type="checkbox"/> Yes <input type="checkbox"/> No		Receives _____ hrs/wk	
LRI Employment Status: <input type="checkbox"/> Employed # Hrs/wk: _____ Days Off: _____ <input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled <input type="checkbox"/> Other			

FA-24  
Updated 10/31/2017 (pv09/02/2016)

Page 1 of 2

# Authorization for Personal Care Services (PCS) – FA-24, continued

- Section 4: PCS Provider will need to indicate only 1 Diagnosis Code
- Section 5: Indicate any additional information that is not notated on the form. Information must be clear and specific as to why this service is being requested.
- Section 6: To be filled out by person requesting the services being rendered

Nevada Medicaid and Check Up  
Authorization Request for Personal Care Services (PCS)

Recipient Name:		Recipient Medicaid ID:	
<b>ALTERNATE CONTACT INFORMATION</b> <i>(An alternate contact is needed for scheduling purposes in the event the recipient and/or LRI are unavailable.)</i>			
Alternate Contact Name:			
Phone:		Relationship to Recipient:	
Can this person be contacted in case we are unable to contact recipient? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>SECTION 4: DIAGNOSES AND INCIDENTS</b>			
<b>DIAGNOSIS/DIAGNOSES AFFECTING THE INDIVIDUAL'S ABILITY TO COMPLETE TASKS:</b>			
Is anyone else in the home receiving PCS at this time? <input type="checkbox"/> Yes - Who: _____ <input type="checkbox"/> No <input type="checkbox"/> Unknown			
<b>INCIDENTS, INCLUDING A SUMMARY OF ALL REPORTED SERIOUS OCCURRENCES, WITHIN PAST 90 DAYS</b> <i>(Check all that apply. The Summary of Reported Serious Occurrences section is mandatory.)</i>			
<input type="checkbox"/> Hospitalization Discharged date or anticipated discharge date: _____			
<input type="checkbox"/> Recent Fall		<input type="checkbox"/> Surgery Type: _____	<input type="checkbox"/> Loss of non-paid caregiver
<input type="checkbox"/> New Medical Condition/Diagnosis (specify): _____			
<input type="checkbox"/> Addition or loss of other services (specify): _____			
<input type="checkbox"/> Summary of Reported Serious Occurrences: _____ _____ _____			
<input type="checkbox"/> No Serious Occurrences			
<b>SECTION 5: COMMENTS</b> <i>(General comments that would assist an assessor in completing an accurate assessment; include reason for request):</i>			
<b>SECTION 6: PERSON COMPLETING/SUBMITTING THIS REQUEST</b> <i>(This person will be contacted with questions or if additional information is needed to process this request.)</i>			
Name:		Phone:	

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. This referral/authorization is not a guarantee of payment.

# Legally Responsible Individual (LRI) – FA-24B

- Follow instructions located at the top of the form
- As of December 1, 2017, this form is required when applicable
- This form will be used to determine if an LRI is unavailable or incapable of providing PCS services
- Not providing completed LRI information could delay authorization for the following year of PCS services

## LRI:

- A spouse
- A parent, foster parent or step parent of a minor child and legal guardians who obtained such through a legal proceeding
- A recipient’s power of attorney (POA) is not a legally responsible individual
- A legally responsible individual can never be the Personal Care Attendant (PCA)

Nevada Medicaid and Nevada Check Up  
**Legally Responsible Individual (LRI)**  
 Availability Determination  
 For the Personal Care Services Program

**NOTE:** This form is not required but may be used for determining if an LRI is unavailable or incapable of providing Personal Care Services (PCS).

**Purpose:** A tool to assist in determining whether a Medicaid recipient’s LRI is available and capable in assisting the recipient with Activities of Daily Living (ADLs) and/or Instrumental Activities of Daily Living (IADLs).

**Attachments:** If the LRI is incapable of providing the recipient with necessary medical support due to a physician-certified limitation, or unavailable due to work and/or school schedule, verification of the limitation, employment and/or school enrollment must be provided. See “Legally Responsible Individual (LRI) Information” section below for complete requirements.

**Definitions:**

**Legally Responsible Individual (LRI)** - Individuals who are legally responsible to provide medical support. These individuals include: spouses of recipients, legal guardians, and parents of minor recipients, including stepparents, foster parents and adoptive parents.

**Available Caregiver** - An LRI who is physically present in the recipient’s home or is physically present with the recipient while in settings outside the home (including employment sites) at the time necessary maintenance, health/medical care, education, supervision, support services, and/or assistance with ADLs and IADLs is needed by a Medicaid recipient.

**Capable Caregiver** - An LRI who can safely manage carrying out necessary maintenance, health/medical care, education, supervision, support services, and/or the provision of needed ADLs and IADLs.

**Policy:** Per Nevada Medicaid Services Manual, Chapter 3500 and 2600, an LRI may not be reimbursed for providing PCS. The LRI must provide verification from a physician, place of employment, or school that they are not capable, due to illness or injury, or not available, due to hours of employment and/or school attendance, to provide services. Additional documentation may be required on a case-by-case basis. Without this verification, PCS will not be authorized.

**Request for Continued Services:** This form may be submitted **annually** when the recipient requires continued services and one of the following two items apply: 1) a physician has certified that the LRI is temporarily incapable of safely providing necessary medical support OR 2) the LRI’s work and/or school schedule continues to render the LRI unavailable to provide the necessary medical support. In cases where a physician certified that the LRI has a temporary limitation/issue, a date of release should be included.

An LRI who has a physician-certificated permanent incapability need only provide the verification at the time of the initial PCS request.

**Instructions for LRI:** Complete the date of request, the “Recipient Information” and the “Legally Responsible Individual (LRI) Information” sections. Ask your physician to complete the “Physician Certification” section. Both pages must be completed and returned to Nevada Medicaid.

**Fax this form to:** (855) 709-6846

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

This form may be mailed to: Nevada Medicaid, Attn: HCM, P.O. Box 30042 Reno, NV 89520-3042

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

RECIPIENT INFORMATION	
Recipient Name:	Date of Birth:
Recipient ID:	Phone:
LEGALLY RESPONSIBLE INDIVIDUAL (LRI) INFORMATION	
LRI Name:	Phone:
LRI Mailing Address:	
Relationship to Recipient: <input type="checkbox"/> Spouse <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Parent <input type="checkbox"/> Step Parent <input type="checkbox"/> Foster Parent	

# Legally Responsible Individual (LRI) – FA-24B, continued

- Check all necessary information before proceeding to the next section
- Physician Signature is required before submitting the form to Nevada Medicaid

Check all that apply, then follow the instructions after each applicable item:

I am incapable of safely providing the recipient with medical support due to a **health condition**.  
**Instructions:** The "Physician Certification" section below must be completed by your primary care physician before you return this form to Nevada Medicaid.

I am unavailable to provide the recipient with necessary medical support due to my **work schedule**.  
**Instructions:** Provide verification of your employment schedule. The verification **MUST**:
 

- Be written on company letterhead or other stationery which contains the employer name;
- List your specific days of work and hours of work on each day;
- Be signed by a human resources representative or your manager;
- Include the professional title of the person signing the verification; AND
- Contain contact information for the person signing the verification.

I am unavailable to provide the recipient with necessary medical support due to my **school schedule**.  
**Instructions:** Provide verification of your school schedule. The verification **MUST**:
 

- List the day, time and duration of each class;
- Be signed by an authorized school representative;
- Include the professional title of the person signing the verification; AND
- Contain contact information for the person signing the verification.

Legally Responsible Individual (LRI) Name:	Phone:
Recipient Name:	Recipient ID:

**PHYSICIAN CERTIFICATION**

*Please check/complete all that apply:*

At this time, there are no limitations and/or issues that prevent the LRI named above from safely providing necessary medical support to the recipient named above.

I hereby certify that the LRI named above is incapable of safely managing care for the recipient named above due to *(check all that apply)*:

- The LRI's cognitive limitations (cannot learn care tasks, memory deficits)
- The LRI's physical limitations (cannot render care such as, ability to lift recipient)
- The LRI's significant health or emotional issues that directly prevent or interfere with provision of care

Describe in detail your patient's specific limitations and/or issues: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The limitations and/or issues described above are:  Temporary\*  Permanent

\*If temporary, enter the date of release from limitation and/or issue: \_\_\_\_\_

Patient Name (Medicaid recipient's Legally Responsible Individual): \_\_\_\_\_

Physician Name *(please print)*: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*This waiver is not a guarantee of services. Service provision 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.*

# Authorization Request for Self-Directed Skilled Services – FA-24C

- *This form is to be used only by Provider Type 83*
- Fill out form in its entirety
- Indicate **Date** of Request
- Section 1:
  - Initial – No current authorization for self-directed skilled services
  - Reauthorization – previous request for Medically Necessary Skilled Services has changed within an authorized period or for annual request for authorization
  - Indicate Date of Request
- Personal Care Representative (PCR) cannot be the Personal Care Attendant (PCA)

Nevada Medicaid and Check Up  
 Authorization Request for Self-Directed Skilled Services  
 (For use only by Provider Type 83 – Intermediary Service Organization – ISO)  
 Fax this form to: (855) 709-6846    Questions? Call: (800) 525-2395

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

<b>SECTION 1: Contact Information</b>			
<b>PURPOSE OF REQUEST</b>			
<input type="checkbox"/> Initial		<input type="checkbox"/> Reauthorization	
<b>RECIPIENT INFORMATION</b>			
Last Name, First Name, Middle Initial:			
Recipient's Medicaid ID:		Date of Birth:	
Address:			
City:	State:	Zip Code:	Phone:
<b>Check the appropriate box:</b>			
<input type="checkbox"/> The recipient has no Legally Responsible Individual (LRI) and is able to self-direct their own care. <i>(If this option is checked, complete Section 4; do not complete Section 5)</i>			
<input type="checkbox"/> The recipient is not able to direct their own care, and the LRI or Personal Care Representative understands that they must be present to direct the care while it occurs and cannot be the paid caregiver for the recipient. <i>(If this option is checked, complete Section 5; do not complete Section 4)</i>			
<b>LEGALLY RESPONSIBLE INDIVIDUAL (LRI) INFORMATION</b>		<i>Complete this section if this definition of an LRI is met: Individuals who are legally responsible to provide medical support, including spouses of recipients, legal guardians [not power of attorney (POA)], and parents of minor recipients, including stepparents, foster parents and adoptive parents.            If LRI is not available or not capable, complete and attach form FA-24B (LRI Availability Determination for the Personal Care Services Program)</i>	
LRI Name (if applicable):		Relationship to Recipient:	
LRI Address:			
City:	State:	Zip Code:	Phone:
<b>PERSONAL CARE REPRESENTATIVE INFORMATION</b>		<i>Complete this section if recipient is unable to direct his/her own care and has no legally responsible individual available or capable to perform or direct the care. The Personal Care Representative cannot be the Personal Care Assistant.</i>	
Contact Name (other than recipient):		Relationship to Recipient:	
Contact Address:			
City:	State:	Zip Code:	Phone:
<b>ISO PROVIDER INFORMATION</b>			
ISO Provider Name:			
NPI/API:			
Phone:		Fax:	



# Authorization Request for Self-Directed Skilled Services – FA-24C, continued

- Section 2 must be completed by the Physician, Physician’s Assistant (PA) or Advanced Practice Registered Nurse (APRN)

**SECTION 2: Request for Medically Necessary Skilled Services**  
*(Must be completed by a Physician, Physician’s Assistant (PA) or Advanced Practice Registered Nurse (APRN))*

**RECIPIENT** (Last Name, First Name, Middle Initial): \_\_\_\_\_

I, the undersigned, do hereby certify the following statements about my patient (listed above) are true to the best of my knowledge:

- The services I am requesting are simple and would usually be performed by the individual if not for the patient’s disability.
- I have determined that my patient’s condition is stable and predictable.

The personal care assistant agrees to refer the patient back to my attention when:

1. The condition of the patient changes or a new medical condition develops;
2. My patient or their personal care or legal representative becomes unable to self-direct the services/care authorized;
3. The progress or condition of the patient after the provision of a service is different than expected;
4. An emergency situation develops;
5. Any other situation described by me occurs: (describe) \_\_\_\_\_

I will complete a new FA-24C for the following reasons:

- The patient/recipient’s condition changes in regard to stable and predictable.
- Annually.

**Note:** Per NRS 629.091, a provider of health care who determines in good faith that a personal care assistant has complied with and meets the requirements of NRS 629.091 is not liable for civil damages as a result of any act or omission, not amounting to gross negligence, committed by him in making such a determination and is not liable for any act or omission of the personal assistant.

I hereby authorize a personal care assistant who has met the requirements as outlined in NRS 629.091 to perform the following service(s) under the direction of my patient or their personal care or legal representative. I authorize these services to continue until (date) \_\_\_\_\_, at which time I wish to have my patient’s condition re-evaluated by myself or by \_\_\_\_\_. The services listed must address a medical need, i.e., wound care, bowel care with suppository or digital stimulation, etc., and describe the complexity of the recipient’s care and the frequency of the skilled intervention.

	Frequency of Service	Instructions/Steps to Complete the Task(s)
<b>Skilled Service:</b> <i>Wound Care</i>	<i>EXAMPLE ONLY</i>	
<b>Diagnosis:</b> <i>Decubitus Ulcer Stage 1</i>	<i>1xDay</i>	<i>Clean with H2O2, apply prescription ointment, apply duoderm</i>
<b>1</b>		
<b>Skilled Service:</b>		
<b>Diagnosis:</b>		
<b>2</b>		
<b>Skilled Service:</b>		
<b>Diagnosis:</b>		

# Authorization Request for Self-Directed Skilled Services – FA-24C, continued

- Fill out recipient information at the top of the page
- If there are more than 10 skilled services needed, complete additional Section 2
- Health Care Provider **must** sign to certify the statements are true
- If any rows have been left blank, the Health Care Provider who is signing the form must cross out the blank rows

SECTION 2: Request for Medically Necessary Skilled Services (continued) (Must be completed by a Physician, Physician's Assistant (PA) or Advanced Practice Registered Nurse (APRN))		
RECIPIENT (Last Name, First Name, Middle Initial):		
	Frequency of Service	Instructions/Steps to Complete the Task(s)
3	Skilled Service:	
	Diagnosis:	
4	Skilled Service:	
	Diagnosis:	
5	Skilled Service:	
	Diagnosis:	
6	Skilled Service:	
	Diagnosis:	
7	Skilled Service:	
	Diagnosis:	
8	Skilled Service:	
	Diagnosis:	
9	Skilled Service:	
	Diagnosis:	
10	Skilled Service:	
	Diagnosis:	
<b>Health Care Provider's Signature and Attestation:</b> I certify the statements on this form are true and certify that I have read NRS 629.091 (reproduced in Section 7 of this form). Health Care Provider: Please cross out any rows above that have been left blank.		
Signature:		Date:
Printed Name:		Title:

# Authorization Request for Self-Directed Skilled Services – FA-24C, continued

- Section 3 must be completed by a licensed health care provider
- The name of the PCA must be on the form
- Skills that the PCA can perform must be listed
- Page must be signed by a licensed health care provider acting within the scope of their licensure

**Note:** Complete Section 3 for each competent Personal Care Attendant. Each time a new PCA is hired to perform skilled services for this recipient during an approved authorization period, the new PCA must sign the existing Section 6 and complete a new Section 3. All currently authorized PCAs must have a completed Section 3 and Section 6 on file with the ISO.

<b>Section 3: Confirmation of PCA Competency</b> <i>(This Section must be completed by a licensed health care provider as outlined in NRS 629.091 within the scope of their licensure)</i>	
RECIPIENT (Last Name, First Name, Middle Initial):	
<i>Complete this section for each authorized Personal Care Assistant. Each time a new PCA is hired to perform skilled services for this recipient during an approved authorization period, the new PCA must sign the existing Section 6 and complete a new Section 3. All currently authorized PCAs must have a completed Section 3 and Section 6 on file with the ISO.</i>	
Name of PCA:	
<b>Skilled services this PCA may perform for the above listed recipient:</b> <i>(Do not list non-skilled services, for example, mouth care, incontinence cleanup, bathing and transferring. The skilled services listed below must be in the Request for Medically Necessary Skilled Services.)</i>	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
I have reviewed with the Personal Care Assistant the reasons outlined in Section 2 for when the patient should be referred back to the health care provider requesting services.	
<b>Note:</b> Per NRS 629.091, a provider of health care who determines in good faith that a personal care assistant has complied with and meets the requirements of NRS 629.091 is not liable for civil damages as a result of any act or omission, not amounting to gross negligence, committed by him in making such a determination and is not liable for any act or omission of the personal assistant.	
I, the undersigned health care provider, have determined that the above listed personal care assistant has the knowledge, skill and ability to competently perform the services listed above.	
<b>Health Care Provider's Signature</b>	
Signature:	Date:
Printed Name:	Title:

# Authorization Request for Self-Directed Skilled Services – FA-24C, continued

- Section 4 must be read and understood by the recipient
  - Do not complete Section 5
  
- ISO Provider must sign and date

<b>Section 4: Recipient Agreement</b> (for recipients who are capable of directing their own care)	
<b>RECIPIENT</b> (Last Name, First Name, Middle Initial):	
Complete this Section only if the recipient is able to direct their own care; if the recipient is unable to direct their own care, please leave this section blank and complete Section 5.	
<b>I, the undersigned Recipient, do hereby attest the following:</b>	
I have chosen to direct the delivery of the specific medical, nursing or home health care services through an ISO as defined by NRS 629.091 (reproduced in Section 7 of this form).	
I have the ability and desire to self-direct my care, to choose the ISO provider, to select personal care assistants (PCA), to arrange the PCA's schedule and to direct the PCA in the delivery of specific medical, nursing or home health care services.	
I am capable of making choices about my specific medical, nursing or home health care services, understanding the impact of these choices and assuming responsibility for these choices. I am capable of directing all the tasks related to the delivery of my self-directed skilled services.	
I will comply with all Medicaid policies and procedures as outlined in the Medicaid Services Manual, Chapters 100, 2600 and 3300.	
I will direct the PCA to provide only the specific medical, nursing or home health care services approved in this authorization.	
I agree to hold the State of Nevada harmless from any such liability whatsoever for any injuries, damages, loss, whether physical or financial, associated with or resulting from self-directing my skilled services.	
I am responsible for developing a back-up plan and for obtaining back-up coverage in the absence of a regularly scheduled PCA.	
The ISO is the employer of record for PCAs.	
I am responsible for reviewing and verifying service delivery records to ensure the Request for Medically Necessary Skilled Services has been followed, thereby authorizing Medicaid to be billed. Misrepresentation within these documents constitutes fraud per NRS 422.540, attached, and will be referred to the Surveillance and Utilization Review (SUR) Unit for investigation and appropriate action.	
I am responsible for selecting, scheduling and managing all PCAs who will provide my services according to the Request for Medically Necessary Skilled Services.	
A newly completed FA-24C must be submitted annually for consideration of continued services.	
I may discontinue the option to self direct my skilled services at any time and receive my specific medical, nursing or home health care services through a Home Health Agency, if eligible to do so and there is a Home Health Agency available to provide care.	
I agree to contact my physician if any of the following occur: <ul style="list-style-type: none"> <li>• My condition changes or a new medical condition develops;</li> <li>• I become unable to direct the services/care authorized;</li> <li>• My progress or condition after the provision of services is different than expected; and/or</li> <li>• An emergency situation develops.</li> </ul>	
<b>Recipient's and ISO Provider's Signatures</b>	
<b>Recipient's Signature:</b>	<b>Date:</b>
<b>ISO Provider Name:</b> (please print)	
<b>ISO Provider Signature:</b>	<b>Date:</b>

# Authorization Request for Self-Directed Skilled Services – FA-24C, continued

- Section 5 is to be filled out only if the recipient is unable to direct their own care
  - Do not complete Section 4
- The Personal Care Representative (PCR) cannot be the PCA
- This section must be completed by the:
  - LRI & directing care, but unable to perform the care and FA-24B is on file or
  - PCR designated due to no LRI or
  - PCR designated by the LRI due to the LRI being unavailable and FA-24B is on file
- ISO Provider must sign and date section

Section 5: Personal Care Representative Agreement	
RECIPIENT (Last Name, First Name, Middle Initial):	
<i>Complete this section only if the recipient is unable to direct his/her own care and a Personal Care Representative (PCR) has been appointed. The Personal Care Representative cannot be the Personal Care Assistant.</i>	
Name of Personal Care Representative:	
I, the undersigned Personal Care Representative, do hereby attest the following:	
<p>_____ (name of recipient or LRI) has chosen me to direct the delivery of specific medical, nursing or home health care services through an Intermediary Service Organization (ISO), as defined in NRS 829.091 (reproduced in Section 7 of this form). I have the ability and desire to direct, manage and take responsibility to direct his/her care, to choose the ISO provider, to select personal care assistants (PCAs), to arrange the PCA's schedule and to be present to direct the PCA in the delivery of specific medical, nursing or home health care services. As the PCR, I must be capable of making choices about specific medical, nursing or home health care service needs, understand the impact of these choices, assume responsibility for these choices, and be capable of directing all the tasks related to specific medical, nursing or home health care services delivery.</p> <p>As the PCR, I must comply with all Medicaid policies and procedures as outlined in the Medicaid Services Manual, all relevant chapters, including Chapters 100, 2600 and 3300.</p> <p>I will direct the PCA to provide only the specific medical, nursing or home health care services approved on the active/current authorization.</p> <p>As the PCR, I agree to hold the State of Nevada harmless from any liability whatsoever for any injuries, damages, loss, whether physical or financial, associated with or resulting from directing the recipient's care in this option.</p> <p>As the PCR, I am not eligible to receive reimbursement for acting as a PCR or for providing specific medical, nursing or home health care services, and that I must be present when services are delivered.</p> <p>As the PCR, I am responsible for developing a back-up plan and for obtaining backup coverage for the recipient in the absence of a regularly scheduled PCA.</p> <p>The ISO is the employer of record for PCAs.</p> <p>As the PCR, I am responsible for reviewing and verifying service delivery records of the recipient to ensure the authorized services have been provided, thereby authorizing Medicaid to be billed. Misrepresentation within these documents constitutes fraud per NRS 422.540 (reproduced in Section 7 of this form) and will be referred to the Surveillance and Utilization Review (SUR) Unit for investigation and appropriate action.</p> <p>As the PCR, I am responsible for selecting, scheduling and managing all PCAs who will provide services for the recipient according to the Request for Medically Necessary Skilled Services.</p> <p>A newly completed FA-24C must be submitted annually for consideration of continued services.</p> <p>I may discontinue the option to direct the recipient's skilled services at any time and the recipient may receive specific medical, nursing or home health care services through a Home Health Agency, if eligible to do so and there is a Home Health Agency available to provide care.</p> <p>I agree to refer the patient back to the physician when:</p> <ul style="list-style-type: none"> <li>• The condition of the patient changes or a new medical condition develops;</li> <li>• The patient or their personal care or legal representative becomes unable to self-direct the services/care authorized;</li> <li>• The progress or condition of the patient after the provision of a service is different than expected; and/or</li> <li>• An emergency situation develops.</li> </ul>	
Personal Care Representative's and ISO Provider's Signatures	
Personal Care Representative Signature:	Date:
Personal Care Representative Name: (please print)	
ISO Provider Signature:	Date:
ISO Provider Name: (please print)	

# Authorization Request for Self-Directed Skilled Services – FA-24C, continued

- Section 6 must be signed by the following:
  - Recipient
  - Legally Responsible Individual/Personal Care Representative (*if the recipient is not able to self-direct the care*)
  - ISO Provider
  - PCA(s)

SECTION 6: Required Signatures	
RECIPIENT ( <i>Last Name, First Name, Middle Initial</i> ):	
<ul style="list-style-type: none"> <li>• By signing this form, I have read and understood Section 2, the Request for Medically Necessary Skilled Services.</li> <li>• By signing this form, I understand I am not an employee of Nevada Medicaid (Division of Health Care Financing and Policy) or the requesting Health Care Provider.</li> </ul>	
Recipient Signature:	Date:
Recipient Name: ( <i>please print</i> )	
LRI or Personal Care Representative Signature:	Date:
LRI or Personal Care Representative Name: ( <i>please print</i> )	
ISO Provider Signature:	Date:
ISO Provider Name: ( <i>please print</i> )	
Personal Care Assistant Signature:	Date:
Personal Care Assistant Name: ( <i>please print</i> )	
Personal Care Assistant Signature:	Date:
Personal Care Assistant Name: ( <i>please print</i> )	
Personal Care Assistant Signature:	Date:
Personal Care Assistant Name: ( <i>please print</i> )	
Personal Care Assistant Signature:	Date:
Personal Care Assistant Name: ( <i>please print</i> )	
Personal Care Assistant Signature:	Date:
Personal Care Assistant Name: ( <i>please print</i> )	

# Authorization Request for Self-Directed Skilled Services – FA-24C, continued

- Section 7 must be read and understood by all parties involved

Section 7: Applicable Nevada Revised Statutes (NRS)
<b>RECIPIENT</b> (Last Name, First Name, Middle Initial):
<b>NRS 422.540 Offenses regarding false claims, statements or representations; penalties.</b> 1. A person, with the intent to defraud, commits an offense if with respect to the Plan the person: (a) Makes a claim or causes it to be made, knowing the claim to be false, in whole or in part, by commission or omission; (b) Makes or causes to be made a statement or representation for use in obtaining or seeking to obtain authorization to provide specific goods or services, knowing the statement or representation to be false, in whole or in part, by commission or omission; (c) Makes or causes to be made a statement or representation for use by another in obtaining goods or services or services pursuant to the plan, knowing the statement or representation to be false, in whole or in part, by commission or omission; or (d) Makes or causes to be made a statement or representation for use in qualifying as a provider, knowing the statement or representation to be false, in whole or in part, by commission or omission. 2. A person who commits an offense described in subsection 1 shall be punished for a: (a) Category D felony, as provided in NRS 193.130, if the amount of the claim or the value of the goods or services obtained or sought to be obtained was greater than or equal to \$850.00. (b) Misdemeanor if the amount of the claim or the value of the goods or services obtained or sought to be obtained was less than \$850.00. Amounts involved in separate violations of this section committed pursuant to a scheme or continuing course of conduct may be aggregated in determining the punishment. 3. In addition to any other penalty for a violation of the commission of an offense described in subsection 1, the court shall order the person to pay restitution. (Added to NRS by 1991, 1049; A 1997, 457, 2011, 174)
<b>NRS 629.091 Personal assistant authorized to perform certain services for person with disability if approved by provider of health care; requirements.</b> 1. Except as otherwise provided in subsection 4, a provider of health care may authorize a person to act as a personal assistant to perform specific medical, nursing or home health care services for a person with a disability without obtaining any license required for a provider of health care or his assistant to perform the service if: (a) The services to be performed are services that a person without a disability usually and customarily would personally perform without the assistance of a provider of health care; (b) The provider of health care determines that the personal assistant has the knowledge, skill and ability to perform the services competently; (c) The provider of health care determines that the procedures involved in providing the services are simple and the performance of such procedures by the personal assistant does not pose a substantial risk to the person with a disability; (d) The provider of health care determines that the condition of the person with a disability is stable and predictable; and (e) The personal assistant agrees with the provider of health care to refer the person with a disability to the provider of health care if: (1) The condition of the person with a disability changes or a new medical condition develops; (2) The progress or condition of the person with a disability after the provision of the service is different than expected; (3) An emergency situation develops; or (4) Any other situation described by the provider of health care develops. 2. A provider of health care that authorizes a personal assistant to perform certain services shall note in the medical records of the person with a disability who receives such services: (a) The specific services that he has authorized the personal assistant to perform; and (b) That the requirements of this section have been satisfied. 3. After a provider of health care has authorized a personal assistant to perform specific services for a person with a

# Authorization Request for Self-Directed Skilled Services – FA-24C, continued

- Section 8 must be read and understood by all parties involved

disability, no further authorization or supervision by the provider is required for the continued provision of those services.

4. A personal assistant shall not:
  - (a) Perform services pursuant to this section for a person with a disability who resides in a medical facility.
  - (b) Perform any medical, nursing or home health care service for a person with a disability which is not specifically authorized by a provider of health care pursuant to subsection 1.
  - (c) Except if the services are provided in an educational setting, perform services for a person with a disability in the absence of the parent or guardian of, or any other person legally responsible for, the person with a disability, if the person with a disability is not able to direct his own services.
5. A provider of health care who determines in good faith that a personal assistant has complied with and meets the requirements of this section is not liable for civil damages as a result of any act or omission, not amounting to gross negligence, committed by him in making such a determination and is not liable for any act or omission of the personal assistant.
6. As used in this section:
  - (a) "Guardian" means a person who has qualified as the guardian of a minor or an adult pursuant to testamentary or judicial appointment, but does not include a guardian ad litem.
  - (b) "Parent" means a natural or adoptive parent whose paternal rights have not been terminated.
  - (c) "Personal assistant" means a person who, for compensation and under the direction of:
    - (1) A person with a disability;
    - (2) A parent or guardian of, or any other person legally responsible for, a person with a disability who is under the age of 18 years; or
    - (3) A parent, spouse, guardian or adult child of a person with a disability who suffers from a cognitive impairment, performs services for the person with a disability to help him maintain his independence, personal hygiene and safety.
  - (d) "Provider of health care" means a physician licensed pursuant to chapter 630, 630A or 633 of NRS, a dentist, a registered nurse, a licensed practical nurse, a physical therapist or an occupational therapist.

(Added to NRS by 1995, 749; A 2005, 69)

*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. This referral/authorization is not a guarantee of payment.*



# PCS Recipient Request for Provider Transfer – FA-24T

- The form is to be used when a recipient is requesting to transfer from one provider to another
- Fill form out in its entirety
- Recipient, LRI or PCR must complete Section 1, indicate the reason for the transfer and initial where applicable
- Section 2 is the new provider information
  - The new provider must ensure that there will be no lapse in services when a recipient is transferring

Nevada Medicaid and Check Up  
**Personal Care Services Recipient Request for Provider Transfer**

**Purpose:** Use this form to verify a recipient's request to transfer to another provider. All fields, signatures and initials must be completed and are required for processing of this transfer request. Provider is required to submit verification of release of information. Incomplete forms will not be acted upon.

**DATE OF REQUEST:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_      **Fax to:** (855) 709-8846      **Questions? Call:** (800) 525-2395

<b>SECTION I: RECIPIENT INFORMATION</b>	
<i>The Recipient, Legally Responsible Individual (LRI) or Personal Care Representative (PCR) must complete Section I. Indicate the reason for the transfer, initial the items below to indicate an understanding of the changes that may occur due to the transfer and sign the form.</i>	
Last Name:	First Name:
Medicaid ID:	Date of Birth:
Reason for transfer of service to new provider: _____	
<b>Recipient/LRI/PCR must initial, complete the following and sign below:</b>	
____ I/LRI/PCR understand that services will be terminated with my current personal care services agency: (agency name) _____ and I have notified my current agency of my last date of service with them. I understand that I am authorized to receive service from only one agency at a time.	
____ I/LRI/PCR understand that selecting a new agency may result in a new personal care assistant.	
____ I/LRI/PCR understand that a request for transfer will not result in a change in my current personal care hours.	
____ I/LRI/PCR have NOT been offered nor have I received financial incentives to authorize this transfer.	
____ I/LRI/PCR for the Medicaid recipient identified above certify that I have completed this form and understand the actions that will take place upon my signature.	
Recipient/LRI/PCR: (print name) _____	
Relationship to Recipient: _____	
Recipient/LRI/PCR Signature:	Date:
<b>SECTION II: NEW PROVIDER INFORMATION</b>	
<i>The provider must complete Section II. Be sure to complete the effective dates and sign the form.</i>	
New Provider Name: _____	
New Provider Agency NPI: _____	New Provider Agency Phone Number: _____
Last Date with Current Provider: _____	
Start Date with New Requesting Provider (the day after the last date with current provider): _____	
Additional comments or contact information not specified above (that would assist in the completion of this request):   	

# PCS Recipient Request for Provider Transfer – FA-24T, continued

- An individual representative from the new provider must initial and sign page 2

<b>The Individual Representative from the New Provider must initial the following and sign below:</b>	
<input type="checkbox"/>	I have met with the recipient and provided the recipient with a copy of our agency's policies and procedures.
<input type="checkbox"/>	No information has been provided to the recipient implying that a failure to transfer will result in consequences such as a decrease in PCS hours, loss of Medicaid eligibility or that the current/existing agency is now unable to provide services.
<input type="checkbox"/>	No financial incentives have been made or offered in relation to this transfer request.
<input type="checkbox"/>	No assurances regarding an increase in PCS hours have been made to the recipient.
Individual Representative from New Provider ( <i>print name</i> ): _____	
<b>Provider Signature:</b> _____	<b>Date:</b> _____

*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. This referral/authorization is not a guarantee of payment.*



# **EVS Secure Web Portal**

# Provider Web Portal

## www.medicaid.nv.gov

The screenshot shows the Nevada Department of Health and Human Services website. The header includes the 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. The main content area features a 'Welcome' message and a large 'New Provider Orientation' banner with a 'REGISTER TODAY' button. The orientation topics listed are: 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 updates regarding the LIBERTY Dental Plan, PWP upgrades, and browser updates. A 'Featured Links' sidebar on the left provides quick access to authorization criteria, DHCFP home, and EDI enrollment forms.

## EVS

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

# EVS Secure Web Portal

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

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- [Web Announcement 1487](#)  
Diabetic Supply Changes for Nevada Medicaid
- [Web Announcement 1486](#)  
Prior Authorization Information Regarding Changes to Medicaid Managed Care Dental Services
- [Web Announcement 1485](#)  
Clinical Claim Editor Updated with Knowledge Base V60 Files
- [Web Announcement 1484](#)  
Physician and Laboratory Payment Methodology Changes Implemented

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

**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

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

**Scheduled Site Maintenance**

- EVS Web Portal can be accessed by highlighting EVS from the top tool bar and selecting “Provider Login” or “Provider Login (EVS)” can be selected from the Featured Links section

# EVS Secure Web Portal, continued

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

[Contact Us](#) | [Login](#)

Home

Home

**Login** ?

\*User ID

[Log In](#)

[Forgot User ID?](#)  
[Register Now](#)  
[Where do I enter my password?](#)

**Web Announcements**

[Web Announcement 1488](#)  
Coverage Requirements for Contraceptive Drugs, Devices and Services to Implement on January 1, 2018

[Web Announcement 1487](#)  
Diabetic Supply Changes for Nevada Medicaid

[Web Announcement 1486](#)  
Prior Authorization Information Regarding Changes to Medicaid Managed Care Dental Services

[Web Announcement 1485](#)  
Clinical Claim Editor Updated with Knowledge Base V60 Files

[Web Announcement 1484](#)  
Physician and Laboratory Payment Methodology Changes Implemented

[View More Web Announcements](#)

**Featured Links**

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

**What can you do in the Provider Portal**


Through this secure and easy to use internet portal, healthcare providers can inquire on the status of their claims and payments, inquire on a patient's eligibility, process prior authorization requests and access Remittance Advices. In addition, healthcare providers can use this site for further access to contact information for services provided under the Nevada Medicaid program.

[Website Requirements](#)

Prior Authorization Quick Reference Guide [\[Review\]](#)  
Provider Web Portal Quick Reference Guide [\[Review\]](#)

- Step 1: Input User ID
- Step 2: Select “Log In”
- If an account has not been created, select “Register Now” to begin creating a web portal account. See Chapter 1: Getting Started of the EVS User Manual for reference.

# EVS Secure 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”

# EVS Secure 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** ChicagoCubs

**\*Password**

[Sign In](#)

[Forgot Password?](#)

- 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**
- Select “Forgot Password” to start the reset process



# EVS Secure Web Portal, continued

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

[Contact Us](#) | [Logout](#)

**My Home** | **Eligibility** | **Claims** | **Care Management** | **File Exchange** | **Resources** | **Switch Provider**

My Home

**Provider**

Welcome J  
Name E  
F  
Provider ID 1  
Location ID C...

▶ [My Profile](#)  
▶ [Switch Provider](#)

**Provider Services**

▶ [Member Focused Viewing](#)  
▶ [Search Payment History](#)  
▶ [PASRR](#)  
▶ [EHR Incentive Program](#)  
▶ [EPSDT](#)  
▶ [Presumptive Eligibility](#)

**Welcome Health Care Professional!**

[Contact Us](#)

[Secure Correspondence](#)

All Claim Inquiries should be submitted to the following Address:

Nevada Medicaid Administration  
P.O.Box 30042  
Reno, NV 89520-3042

We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and search for claims, payment information, and access Remittance Advices, our secure site provides access to eligibility, answers to frequently asked questions, and the ability to process authorizations.

Prior Authorization Quick Reference Guide [\[Review\]](#)  
Provider Web Portal Quick Reference Guide [\[Review\]](#)

- Verify all provider information
- Utilize Provider Services
- Use “Contact Us” or “Secure Correspondence” to contact Nevada Medicaid

# EVS Secure Web Portal, continued



## Nevada Department of Health and Human Services

Division of Health Care Financing and Policy Provider Portal

[Contact Us](#) | [Logout](#)

**My Home** | **Eligibility** | **Claims** | **Care Management** | **File Exchange** | **Resources** | **Switch Provider**

### 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.



# **Role-Based Security and Delegate Access**

# Granting Access to a Delegate

- A new delegate is a person who does not currently have a delegate code, including a code that was created by someone else
- An existing delegate is a person who was previously provided with a delegate code and is registered for a portal account
- Each delegate should only have one delegate code, which is created by the first provider to add them as a delegate

1. Login to Provider Web Portal
2. Click “Manage Accounts”

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

[Contact Us](#) | [Logout](#)

**My Home** | [Eligibility](#) | [Claims](#) | [Care Management](#) | [File Exchange](#) | [Resources](#)

My Home

**Provider**

Name: Plano Independent Hospital  
Provider ID: XXXXXXXXXX (NPI)  
Location ID: XXX-XXXXXX

[My Profile](#)  
**[Manage Accounts](#)**

**Provider Services**

- [Member Focused Viewing](#)
- [Search Payment History](#)
- [Revalidate-Update Provider](#)
- [PASRR](#)
- [EHR Incentive Program](#)
- [EPSDT](#)
- [Presumptive Eligibility](#)

**Welcome Health Care Professional!**

[Contact Us](#)

[Secure Correspondence](#)

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We are committed to make it easier for physicians and other providers to do their business. In addition to providing the ability to verify member information, search for claims, payment information, and access Remittance Advice, our secure site provides access to eligibility, answers to frequently asked questions, and the ability to process authorizations.

Prior Authorization Quick Reference Guide [\[Review\]](#)  
Provider Web Portal Quick Reference Guide [\[Review\]](#)

**Don't See the Manage Accounts Link?**  
Verify that you are using the correct Provider ID

# Delegate Assignment Tabs

- Add New Delegate
- Add Registered Delegate

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

The screenshot displays the Nevada Department of Health and Human Services Provider Portal. The header includes the state seal, the department name, and the division: "Division of Health Care Financing and Policy Provider Portal". Navigation tabs include "My Home", "Eligibility", "Claims", "Care Management", "File Exchange", and "Resources". The current page is "Manage Accounts" under "My Home". The "Delegate Assignment" section features two tabs: "Add New Delegate" and "Add Registered Delegate", both highlighted with red boxes. Below the tabs, a note states: "\* Indicates a required field." and "Enter the fields below and click **Submit** to generate the delegate code for the new delegate to register." The form contains four required fields: "First Name", "Last Name", "Birth Date" (with a calendar icon), and "Last 4 of DLN". "Submit" and "Cancel" buttons are at the bottom. A message at the bottom of the form reads: "No Delegates are assigned to the User."

# Delegate Assignment

## Add New Delegate

The screenshot shows the 'Nevada Department of Health and Human Services' website. The page title is 'Nevada Department of Health and Human Services' with the subtitle 'Division of Health Care Financing and Policy Provider Portal'. The navigation menu includes 'My Home', 'Eligibility', 'Claims', 'Care Management', 'File Exchange', and 'Resources'. The current page is 'My Home > Manage Accounts'. The main heading is 'Delegate Assignment'. There are two tabs: 'Add New Delegate' (selected) and 'Add Registered Delegate'. Below the tabs, there is a note: '\* Indicates a required field.' and instructions: 'Enter the fields below and click **Submit** to generate the delegate code for the new delegate to register.' The form fields are: '\* First Name', '\* Last Name', '\* Birth Date' (with a calendar icon), and '\* Last 4 of DLN'. At the bottom of the form are 'Submit' and 'Cancel' buttons. A status message at the bottom of the page reads: 'No Delegates are assigned to the User.'

Enter the delegate's:

- First Name, Last Name, Date of Birth and Last four digits of the delegate's Driver's License Number
- Click "Submit"

## Add Registered Delegate

The screenshot shows the 'Manage Accounts' section of the website. The page title is 'Manage Accounts' with the subtitle 'Division of Health Care Financing and Policy Provider Portal'. The navigation menu includes 'My Home', 'Eligibility', 'Claims', 'Care Management', 'File Exchange', and 'Resources'. The current page is 'My Home > Manage Accounts'. The main heading is 'Add Registered Delegate'. There are two tabs: 'Add New Delegate' and 'Add Registered Delegate' (selected). Below the tabs, there is a note: '\* Indicates a required field.' and instructions: 'Enter the Last Name and the Delegate Code to add that delegate to your delegate list then click **Submit** to proceed.' The form fields are: '\* Last Name' and '\* Delegate Code'. At the bottom of the form are 'Submit' and 'Cancel' buttons. A status message at the bottom of the page reads: 'No Delegates are assigned to the User.'

Enter the delegate's:

- Last Name and previously provided Delegate Code

# Delegate Assignment, continued

**Manage Accounts** [Back to My Home](#) ?

Edit Delegate

Select Active or Inactive to change the status and/or modify the functions below, then click the **Submit** button to update the information.

**First Name** charlie  
**Last Name** brown  
**Birth Date** 12/02/1972  
**Last 4 of DLN** 1234  
**Delegate Code** 10086  
**\*Decision**  Active  Inactive

---

Select the functions that the delegate is authorized to access

**\*Functions**

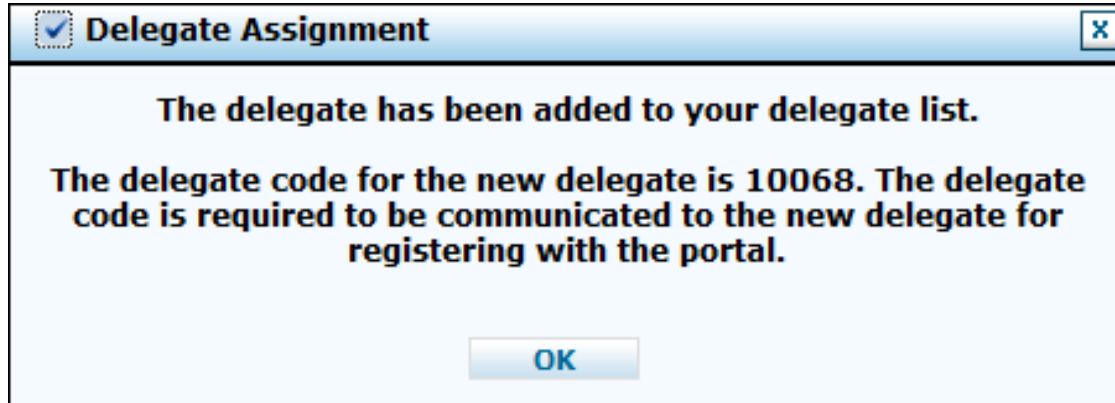
- Base Delegate Access
- Care Management - Create Prior Authorization
- Care Management - View Prior Authorization
- Claims - Treatment History
- Claims - View Claims
- Eligibility - Eligibility Verification
- File Exchange - Download
- File Exchange - Upload
- Member Focus Viewing
- Provider Enrollment - Revalidate/Update

- Choose the Functions you want the delegate to be able to perform
- Click "Confirm"

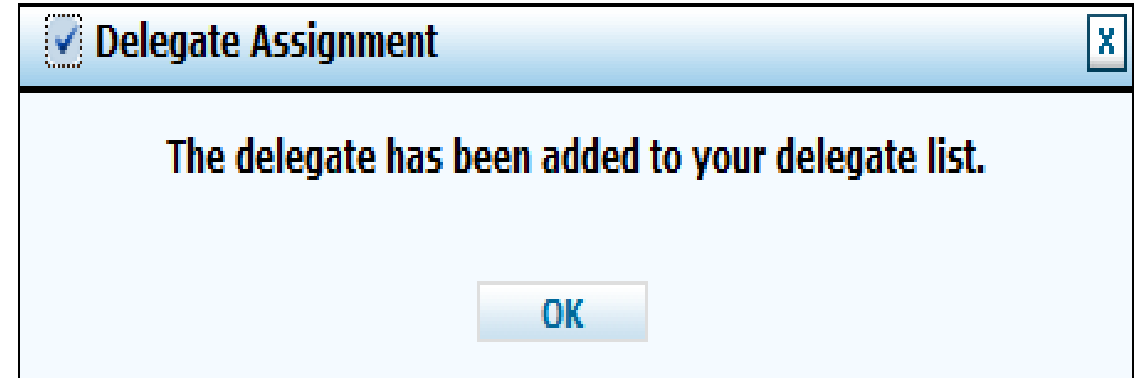
## Edit Delegate

- Make the appropriate changes to the functionality for the delegate
- To remove the delegate's ability to have access to your Portal, chose **Inactive**
- When changes are complete, click "Submit"

# Delegate Assignment, continued



- The delegate needs a code to register for their own Provider Web Portal account. Once registered, they can access and switch between all providers who have assigned them as a delegate








- A Delegate Assignment box will be displayed to confirm that the delegate was added to the provider's delegate list.





**Before You Create a Prior Authorization**

# Before Creating a Prior Authorization

-  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.
-  An authorization request is not complete until Nevada Medicaid receives all pertinent 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 cancelled

# Create Authorization

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

[Contact Us](#) | [Logout](#)

**My Home** | **Eligibility** | **Claims** | **Care Management** | **File Exchange** | **Resources** | **Switch Provider**

[Create Authorization](#) | [View Authorization Status](#) | [Maintain Favorite Providers](#) | [Authorization Criteria](#)

Care Management

**Authorizations**

- ▶ [Create Authorization](#)
- ▶ [View Status of Authorizations](#)
- ▶ [Maintain Favorite Provider List](#)
- ▶ [Authorization Criteria](#)

- Hover over the Care Management tab or select Care Management from the top tool bar, then 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 blue header bar. Below the header, there is a legend: "\* Indicates a required field." The form has two radio buttons: "Medical" (selected) and "Dental". Below the radio buttons is a dropdown menu labeled "\*Process Type". The dropdown menu is open, showing a list of options. A red box highlights the following options: "PCS Annual Update", "PCS One-Time", "PCS SDS", "PCS Significant Change", "PCS Temporary Auth", and "PCS Transfer". To the right of the dropdown menu, there are two links: "Expand All" and "Collapse All".

Process Type
ABA
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

- Step 1: Select the radio button next to “Medical”
- Step 2: Select appropriate PCS “Process Type”

# Create Medical Prior Authorization

## Provider, Recipient, Referring and Servicing Provider Information

Requesting Provider Information	
Provider ID 110487	Name MOUNTAINV

Recipient Information	
*Recipient ID <input type="text"/>	First Name
Last Name	
Birth Date	

Referring Provider Information	
Referring Provider same as Requesting Provider <input type="checkbox"/>	
Select from Favorites	<input type="text"/>
Provider ID <input type="text"/>	ID Type <input type="text"/> Name <input type="text"/>
	Add to Favorites <input type="checkbox"/>

Service Provider Information	
Service Provider same as Requesting Provider <input type="checkbox"/>	
Select from Favorites	<input type="text"/>
*Provider ID <input type="text"/>	*ID Type <input type="text"/> Name <input type="text"/>
Location	<input type="text"/>
	Add to Favorites <input type="checkbox"/>

### 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

### Service Provider Information

- 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 the Provider ID and select the ID Type from the drop-down list
- Select Service Location (optional)



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

# 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
Click to collapse.		
*Diagnosis Type	ICD-10-CM	*Diagnosis Code

- Submit only 1 diagnosis code
- The Portal allows up to nine diagnosis codes, but for PCS providers only 1 diagnosis code is required for the PA



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



# Diagnosis Information, continued

## Invalid diagnosis code:

**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 T1019 Diagnosis Code not found.	

## Valid diagnosis code:

**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	R69-Illness, unspecified	<a href="#">Remove</a>

Click to collapse.

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

# Service Details

**Service Details** [-]

Click '+' to view or update the details of a row. Click '-' to collapse the row. Click **Copy** to copy or **Remove** to remove the entire row.

Line #	From Date	To Date	Code	Modifiers	Units	Action
[-] Click to collapse.						
	*From Date <input type="text"/>	To Date <input type="text"/>	*Code Type <input type="text" value="CPT/HCPCS"/>	*Code <input type="text"/>		
	Modifiers <input type="text"/>		<input type="text"/>	<input type="text"/>		
	*Units <input type="text"/>					
	*Medical Justification <input type="text"/>					

- Indicate a "From" or start date
- Select a Code Type from the drop-down menu
- Input the Code
- Input amounts of Units being requested
- In the Medical Justification field, indicate "See attached form"
- Select "Add Service"

# 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**

# 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 that are available on request, select the appropriate Transmission Method and enter all the fields displayed.

Click the **Remove** link to remove the entire row.

	Transmission Method	File	Action
<input type="checkbox"/>	EL-Electronic Only	FA-1.pdf (1018K)	<a href="#">Remove</a>

Click to collapse.

\*Transmission Method

\*Upload File

\*Attachment Type

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



All PA requests require an attachment and any PA request that does not have an attachment submitted within 30 days will be automatically cancelled

# 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 select an appropriate Transmission Method. Attachments that were sent using another method will not be available for selection.

[Prior Authorization Forms](#)

If you will not be sending an attachment electronically, select an appropriate Transmission Method.

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

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

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

Current Procedural Terminology  
American Dental Association (ADA)

and data are copyrighted by the  
liability for data contained or not c

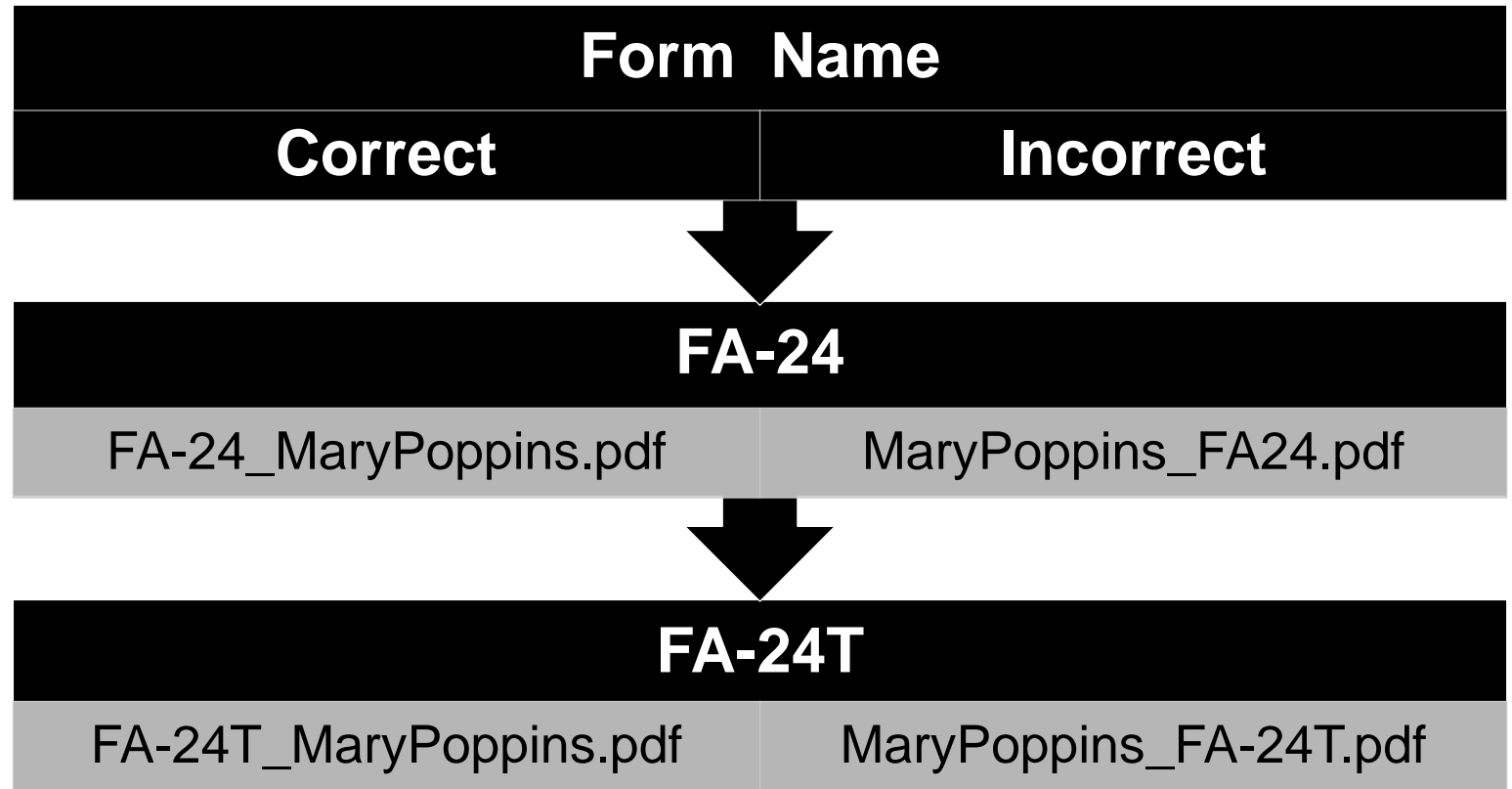
# Uploading Attachments, continued

## File Upload Naming Convention Guidelines



- Forms being uploaded must be in an approved format
- Files should be saved using the form name as the prefix (e.g., FA-24\_ or FA-24T\_)
- Non-compliant files may cause a delay in processing the request

### File Upload Naming Convention Examples



# 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
<input type="checkbox"/> Click to collapse.		
*Transmission Method	EL-Electronic Only ▾	
*Upload File	<input type="text"/> Browse...	
*Attachment Type	<input type="text"/> ▾	
<input type="button" value="Add"/> <input type="button" value="Cancel"/>		
<input type="button" value="Submit"/> <input type="button" value="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	T1015 Clinic Services		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
- When confirming the PA, only click on “Confirm” once and wait for confirmation page to load. Clicking multiple times will create multiple PAs in the system.

# 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
<span>+</span> 1	04/01/2017	04/30/2017	T1015 Clinic Services		1

**Attachments** -

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

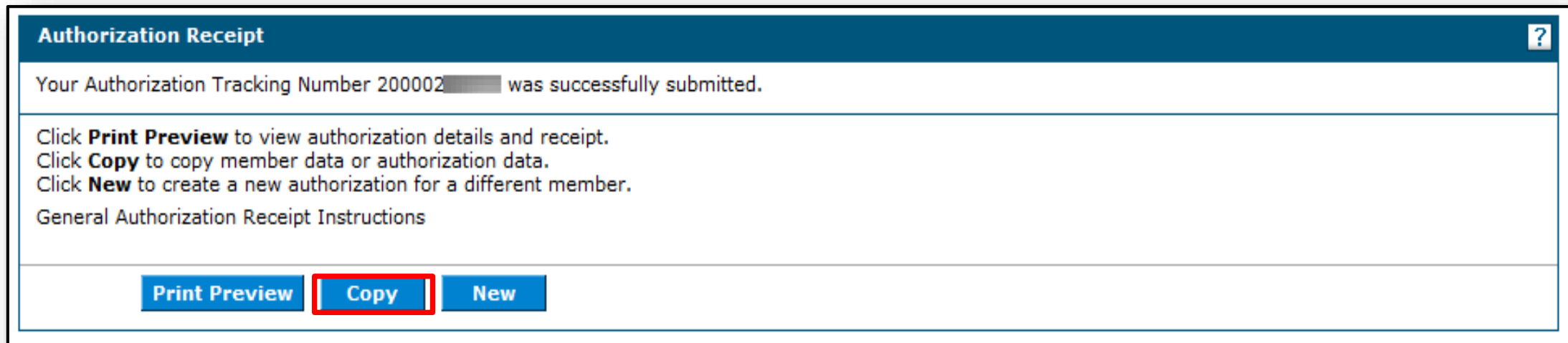
[Back](#) [Confirm](#) [Cancel](#)



# Copying an Authorization

# Copying an Authorization

- A PA request can be copied, either for the same recipient or the same service, from the Authorization Receipt screen once the original PA request has been successfully submitted



The screenshot shows a web interface titled "Authorization Receipt" with a help icon in the top right corner. The main content area displays a confirmation message: "Your Authorization Tracking Number 200002 [redacted] was successfully submitted." Below this message, there are three instructions: "Click **Print Preview** to view authorization details and receipt.", "Click **Copy** to copy member data or authorization data.", and "Click **New** to create a new authorization for a different member." At the bottom of the screen, there are three buttons: "Print Preview", "Copy", and "New". The "Copy" button is highlighted with a red rectangular border.

# Copying an Authorization, continued

## Member or Authorization Data

**Copy Data** ?

Select the information you would like to have copied to the new authorization. Press **Copy** to initiate the new authorization request and continue entering authorization information.

**Member Data**  
Copy the member data to a new authorization request.

**Authorization Data**  
Copy authorization data to a different member.

**Copy** **Cancel**

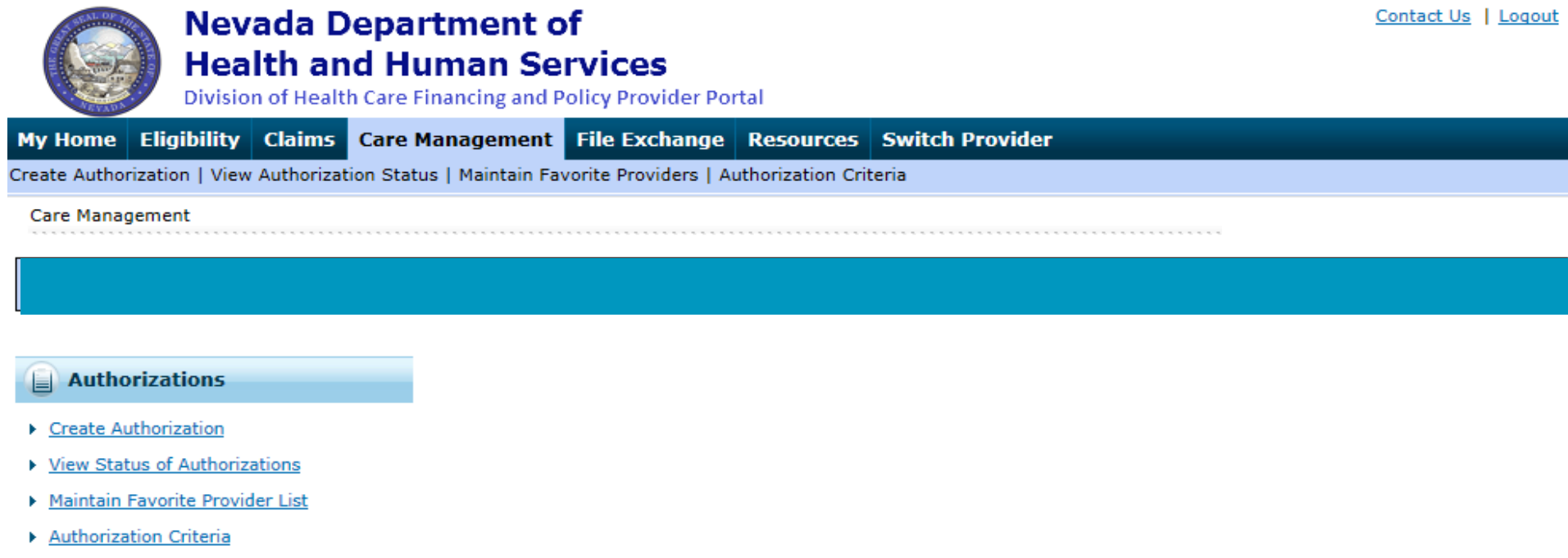
- Copy a PA request for an existing recipient when requesting a new service
- Only the recipient data is copied

- Copy a PA request by service in order to submit a PA request for similar services but for a different recipient



# Viewing Authorizations

# View Status of Authorization



The screenshot shows the Nevada Department of Health and Human Services portal. At the top left is the state seal. The main header reads "Nevada Department of Health and Human Services" and "Division of Health Care Financing and Policy Provider Portal". On the top right are links for "Contact Us" and "Logout". A dark blue navigation bar contains tabs for "My Home", "Eligibility", "Claims", "Care Management", "File Exchange", "Resources", and "Switch Provider". Below this is a light blue sub-menu with "Create Authorization", "View Authorization Status", "Maintain Favorite Providers", and "Authorization Criteria". The "Care Management" tab is active, and a dashed line indicates a sub-menu. Below this is a large teal rectangular area. On the left, there is a blue button labeled "Authorizations" with a document icon. Below it is a list of links: "Create Authorization", "View Status of Authorizations", "Maintain Favorite Provider List", and "Authorization Criteria".

- Hover over the Care Management tab from the top tool bar and select “View Authorization Status” from the sub-menu or select Care Management from the top tool bar and click “View Status of Authorizations” from the Authorizations menu



# 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.

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

- Prospective Authorizations and Search Options tabs will be displayed
- Prospective Authorizations displays PAs by either the requesting or servicing provider
- Search Options allows a search by either recipient or provider information
- To view the details of an authorization, click the blue, underlined “ATN” link

# Viewing Authorizations, continued

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

**Authorization Tracking #** **Process Type**

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

**Requesting Provider Information** +

**Recipient Information** +

**Referring Provider Information** +

**Diagnosis Information** +

**Service Provider / Service Details Information** -

Provider ID		ID Type	NPI	Name				
From Date	To Date	Units	Remaining Units	Amount	Code	Medical Citation	Decision / Date	Reason
05/01/2017	06/30/2017	1	0	–	CPT/HCPCS A4524-INACTIVE ADULT SIZE DIAPER XL EACH	–	Pended –	–
11/01/2017	12/31/2017	1	0	–	CPT/HCPCS 99214-Office/outpatient visit est	–	Pended –	–

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

From Date	To Date	Units	Remaining Units	Amount	Code	Medical Citation	Decision / Date	Reason
02/17/2013	02/17/2013	3	0	–	Revenue 0121-R&B-2 BED-MED-SURG-GYN	<a href="#">View</a>	Not Certified 02/21/2013	–
02/20/2031	02/20/2031	2	0	–	Revenue 0121-R&B-2 BED-MED-SURG-GYN	<a href="#">View</a>	Not Certified 02/22/2013	–
02/17/2013	02/20/2013	3	3	–	Revenue 0121-R&B-2 BED-MED-SURG-GYN	–	Certified In Total 02/24/2013	–

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

[Print Preview](#)

- Under the Decision/Date field:
  - Certified in Total – The PA request was approved.
  - *Not* Certified – The PA was not approved.
  - Certified in Partial – The PA was approved but only for a specific amount that is different than what was requested.
- Under the Reason field:
  - Disposition pending review – The PA request is still in process, which appears when the PA request is in “Pended” status.

# Viewing Authorizations, continued

From Date	To Date	Units	Remaining Units	Amount	Code	Medical Citation	Decision / Date	Reason
02/17/2013	02/17/2013	3	0	–	Revenue 0121-R&B-2 BED-MED-SURG-GYN	<a href="#">Hide</a>	Not Certified 02/21/2013	–
<p><b>Medical Citation</b> 7002 - Information provided does not support medical necessity as defined by Nevada Medicaid.</p> <p><b>Notes To Provider</b> Inpatient admission criteria not met. Intensity of service was not supported in the documentation submitted. Inpatient admission criteria not met. Intensity of service was not supported in the documentation submitted.</p>								
02/20/2031	02/20/2031	2	0	–	Revenue 0121-R&B-2 BED-MED-SURG-GYN	<a href="#">View</a>	Not Certified 02/22/2013	–
02/17/2013	02/20/2013	3	3	–	Revenue 0121-R&B-2 BED-MED-SURG-GYN	–	Certified In Total 02/24/2013	–

[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 and clinical notes provided by Nevada Medicaid or click “Hide” to collapse the information panel.
- 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).



**Searching Authorization Status**

# Searching Authorization Status, continued

**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

**Status Information**

Select status to return authorization service lines with the chosen status.

Status

**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  Birth Date

Last Name  First Name

**Provider Information**

Provider ID  ID Type

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


**Search** **Reset**

- 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
- Or
- Recipient’s ID number **or** the recipient’s Last name, First name and Date of Birth
- Or
- Provider’s NPI and ID Type
  - Indicate Servicing or Referring Provider
- Click “Search”
- Search results will display at the bottom of the screen



# **Submitting Additional Information**

# How to Submit Additional Information



If you have submitted a PA request via the Provider Web Portal but need to submit additional information such as:

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



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

View Authorization Response for Print Preview

Authorization Tracking # 3517134 Process Type DME [Back to View Authorization Status](#) ?

[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

FA-29	Prior Authorization Data Correction Form
FA-29A	Request for Termination of Service
FA-29B	Prior Authorization Reconsideration Request

- Locate necessary forms on the Forms Page after the completion of a PA
- 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.



# EDI Information

# Locating the EDI Companion Guides

The screenshot shows the Nevada Department of Health and Human Services website. At the top, there is a navigation bar with links for Providers, EVS, Pharmacy, Prior Authorization, Quick Links, and Calendar. A search bar is located on the right. A dropdown menu is open under 'Providers', listing various services like Announcements/Newsletters, Billing Information, Electronic Claims/EDI, E-Prescribing, Forms, NDC, Provider Enrollment, and Provider Training. The main content area features a '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. A 'Notifications' sidebar on the right contains several updates regarding the LIBERTY plan, PWP upgrade, and other provider-related news.

- Step 1: Highlight “Providers” from top blue tool bar
- Step 2: Select “Electronic Claims/EDI” from the drop-down menu

# EDI Enrollment Forms

## EDI Enrollment Forms

EDI enrollment forms are for completion and submission by active or enrolling Nevada Medicaid and Nevada Check Up providers only.

Form Number	Title
FA-35	Electronic Transaction Agreement for Service Centers
FA-36	Service Center Operational Information
FA-37	Service Center Authorization
FA-39	Payerpath Enrollment

- Fill out necessary forms completely:
  - The Allscripts-Payerpath Program is a free program for all Nevada Medicaid providers
- Send completed enrollment forms to Nevada Medicaid:
  - By uploading into the Provider Web Portal
  - Mail to the address listed on the form
  - E-mail to: [NVMMISEDISupport@dxc.com](mailto:NVMMISEDISupport@dxc.com)
- Training opportunities are hosted every month for Payerpath Trainings. Please review EDI Announcements on the EDI webpage for training sessions.



# Viewing Web Announcements

# Web Announcements

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 navigation bar contains links for Providers, EVS, Pharmacy, Prior Authorization, Quick Links, and Calendar. A search bar is located in the top right. The main content area features a 'Welcome' section with a large banner for 'New Provider Orientation' that lists topics like 'Introduction to Nevada Medicaid', 'Website Navigation', and 'Getting Started on EVS'. Below the banner is a 'REGISTER TODAY' button. To the left of the banner is a list of 'Web Announcements' with links to specific announcements (1449, 1448, 1447, 1446, 1445). A red box highlights the 'View All Web Announcements' link at the bottom of this list. To the right of the banner is a 'Notifications' section with text about the LIBERTY Dental Plan and the Nevada Medicaid Provider Web Portal upgrade. A 'Featured Links' section is at the bottom left.

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

# Web Announcements, continued

The screenshot shows the Nevada Medicaid Provider Portal interface. At the top, there is a search bar with a magnifying glass icon. Below the search bar is a navigation bar with 'Quick Links' and 'Calendar'. The main content area is titled 'Announcements & Newsletters'. On the left side, there is a 'Search by Category:' dropdown menu that is open, showing a list of categories including 'All Announcements', 'Inpatient', 'Outpatient', 'Pharmacy', 'Dental/Orthodontia', 'Vision', 'Physician/Medical', 'Personal Care Services (PCS)', 'Durable Medical Equipment (DME)', 'Behavioral Health', 'Waiver Providers', and 'All Providers'. The main table lists various announcements with columns for 'Date', 'ID', and 'Topic'. A red box highlights the search bar and the category dropdown menu. A red arrow points from the search bar to the 'Notifications' sidebar on the right.

Date	ID	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	1447	Updated Nevada Medicaid Informational Bulletin on Medications and Services for Substance Use Disorders
Sep 19, 2017	1446	Behavioral Health Provider Types 14 and 82 Invited to Take DHCFF Provider Training Survey
Sep 19, 2017	1445	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	1444	Attention Provider Type 32 (Ambulance, Air or Ground): Urgent Notification Regarding Claims for Ambulance Services Denied as Duplicate Claims
Sep 14, 2017	1443	Influenza and Polio Vaccine Procedure Codes Opened for Billing
Sep 11, 2017	1442	New Managed Care Dental Benefits Administrator Selected
Sep 11, 2017	1441	Reminder Regarding Durable Medical Equipment (DME) Procedure-to-Procedure (PTP) Edits for Procedure Code Combinations
Sep 11, 2017	1440	Reminder: Wheelchair Repair Form (FA-1D) Must Be Filled Out Completely
Sep 08, 2017	1439	Update Regarding Some Claims that Cut Back or Denied in Error with Edit Code 0476
Sep 05, 2017	1438	Attention Provider Type 22 (Dentist): Claims for Dental Codes D3110, D3120, D3220 and D8660
Sep 05, 2017	1437	Attention All Providers: Important Reminders Regarding Online Prior Authorizations
Sep 01, 2017	1436	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	1435	Provider Types Allowed to Bill Secondary Diagnosis Codes
Aug 29, 2017	1434	Upcoming Nevada Medicaid Community Paramedicine Provider Training and Enrollment Sessions
Aug 25, 2017	1433	Payerpath Claim Submission Training for September 2017
Aug 24, 2017	1432	Attention Provider Type 17, Specialty 181 (FQHC): Notification Regarding Dental Services Claims for Medicaid Managed Care Recipients

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



# Web Announcements, continued

## Web Announcement 1463

### Recipient's Eligibility Changes from Managed Care Organization (MCO) to Fee-for-Service (FFS)

- Submit the most current authorization letter that specifies the dates of service and the number hours approved by the MCO.
- Submit an FA-24 marked as “Information Only” and on lines beneath state that this recipient’s eligibility has now changed from an MCO to Medicaid FFS.



October 26, 2017

Web Announcement 1463

### **Attention Personal Care Services Provider Types 30 and 83:** **Instructions Regarding Recipient Eligibility Transfers from Managed Care Organization to Fee-for-Service**

When a prior authorization (PA) request for Personal Care Services (PCS) has been approved by one of the Managed Care Organizations (MCOs) and the recipient's eligibility subsequently transfers to Fee-for-Service (FFS), Nevada Medicaid will authorize PCS services in order to ensure continuity of care while awaiting completion of an in-home functional assessment (FASP). PCS providers please upload or submit by fax an [FA-24 \(Authorization Request for Personal Care Services \(PCS\)\)](#) with the Significant Change in Condition checkbox selected, along with a copy of the approved authorization from the MCO. This MCO documentation must include the service type (PCS), approved dates of services and authorized units. The MCO documentation must be uploaded as a separate attachment from the FA-24 when submitted through the Provider Web Portal.

Upon receipt of the PA request and required documentation, Nevada Medicaid will issue a temporary authorization at the level of service provided by the MCO and obtain an in-home functional assessment. Once the in-home functional assessment has been completed, the provider will be notified of the outcome. Failure to include the required MCO authorization will result in a delay in processing the request for authorization of continued PCS services.



# Resources

# Additional Resources

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

## **DHCFP Contact Information:**

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

Mackenzie Lord

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

Phone: 775-412-9428



**Thank You**