

Date: 12/15/09

Web Announcement 299

FH-29 Prior Authorization Data Correction Form Submittal Period

[FH-29 Prior Authorization Data Correction Forms](#) must be received by First Health Services within the claims timely filing period in order to be processed. FH-29 is utilized to correct or modify non-clinical, administrative data on a previously submitted prior authorization request.

The claims timely filing period is specified within both the [Nevada Medicaid Services Manual \(MSM\)](#) and the [Nevada Medicaid and Nevada Check Up Billing Manual](#).

MSM Chapter 100, Section 105.2B Billing Time Frames (Stale Dates):

- To be considered timely, claims must be received by the fiscal agent within 180 days from the date of service or the date of eligibility decision, whichever is later.
- For out of state providers or when a third party resource exists, the (claims) timely filing period is 365 days.
- In order to submit claims for which eligibility was determined after the date of service within the required time frame, providers should query the Electronic Verification System (EVS) every 30 days until the determination of eligibility is obtained.

Billing Manual (page 25) Frequently Asked Billing Questions:

- An exception to the (claims) timely filing limitation may be granted if you document delays due to errors on the part of the Division of Welfare and Supportive Services, Division of Health Care Financing and Policy or First Health Services.

Data correction requests received at First Health Services after 180 days from the date of service or date of eligibility will not be processed. For out of state providers or when a third party liability (TPL) exists, the claims timely filing period is 365 days.

Please complete all sections of form FH-29, including the date(s) of service and whether or not you are an out of state provider or the recipient has TPL.