



September 28, 2012

Announcement 520

All Providers: Follow Specified Time Frames when Submitting Prior Authorization Requests

Providers are urged to submit prior authorization (PA) requests as soon as there is a need. Effective November 1, 2012, HP Enterprise Services (HPES) will more aggressively follow Nevada Medicaid/Nevada Check Up guidelines. **Authorization requests made outside of the specified time frames will be technically denied.** An authorization request is not complete until HPES receives all pertinent clinical information.

Chapter 4 of the [Billing Manual](#) lists submission deadlines and common services that require authorization. Be sure to review the [Billing Guidelines](#) for your provider type for special time limitations that apply to some services.

Reminders for provider type 14 regarding continued service requests:

- Continued service requests must be submitted 5 to 15 business days prior to the expiration of the current authorized treatment period.
- Resubmission of a request must reflect the minimum 5-day expiration date. This will cause the next authorization start date to be 5 days from the date of the submission for continued services/stays.