



January 26, 2015
Announcement 868

Enhancements for Online Prior Authorizations

Effective January 26, 2015, the online prior authorization system was updated to improve the Provider Web Portal experience for providers. Enhancements have been made to the "View Authorization Response" page, and some fields have been removed from the "Create Authorization Step 2," "Print Preview," "View Provider Request" and "View Denial Information" pages for some Authorization/Service Types.

The following information will now be displayed on the "View Authorization Response" page:

- The "From" and "To/Through" dates and units: For authorizations that are Pended, Denied or Cancelled, the dates and units requested by the provider are displayed. For authorizations that are "Certified in Total" or "Modified," the approved dates and units are displayed.
- "Medical Citation" and "Notes to Provider" are displayed by clicking the "Hide" link under Medical Citation.
- Decision and date: The decision date will be considered the final decision date once the prior authorization is no longer pending. For "Pending" authorizations, the decision date is the date that the PA was submitted.

Note: If there is no information to display in the "Medical Citation" and "Notes to Provider" fields, the fields will appear blank in the Provider Web Portal.

View Authorization Response for										Back to View Authorization Status ?	
Authorization Tracking # 2000											
General Authorization Response Instructions										Expand All Collapse All	
Requesting Provider Information										+	
Member 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			
12/20/2014	12/20/2014	1	-	-	CPT/HCPCS 99213-OFFICE/OUTPATIENT VISIT EST	Hide	Certified In Total 12/18/2014	-			
Medical Citation											
Notes To Provider											
Test											
12/20/2014	12/20/2014	3	-	-	CPT/HCPCS S100F-RSK FX REF W/N 24 HRS XRAY	Hide	Not Certified 12/18/2014	-			
Medical Citation											
203.5A1-3 - Ambulatory services are not reimbursable when an alternative level of care is supported by the clinical information provided.											
Notes To Provider											
Test											
12/21/2014	12/21/2014	2	-	-	CPT/HCPCS 77001-FLUOROGUIDE FOR VEIN DEVICE	Hide	Pended 12/19/2014	Disposition pending review			
Medical Citation											
Notes To Provider											
-											
Edit			View Provider Request				Print Preview				

Denied Authorizations

When all of the service lines on a prior authorization are “Not Certified,” the “View Denial Information” button will appear on the “View Authorization Response” page.

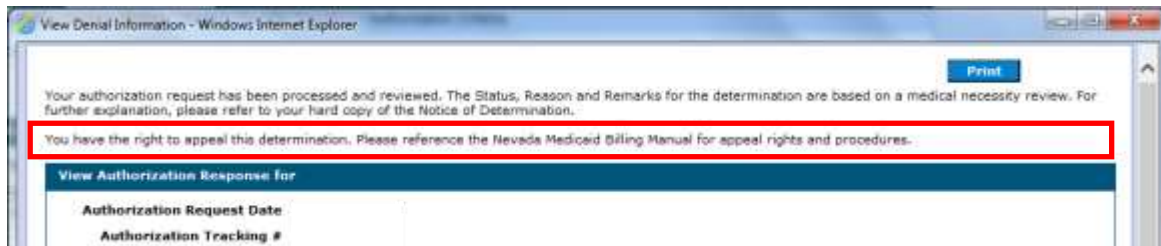
From Date	To/Through Date	Units/Days	Remaining Units/Days	Amount	Code	Medical Citation	Decision / Date	Reason
12/31/2014	01/02/2015	3	-	-	Revenue 0121-R&B-2 BED-MED-SURG-GYN	View	Not Certified 12/18/2014	-
12/31/2014	01/03/2015	-	-	-	Surgical ICD-9 0001-THER HN VESSEL US	View	Not Certified 12/18/2014	-

[View Provider Request](#) [View Denial Information](#) [Print Preview](#)

Clicking the “View Denial Information” button will display the “View Denial Information” page. The text on this page has been updated to state:

You have the right to appeal this determination. Please reference the Nevada Medicaid Billing Manual for appeal rights and procedures.

The [Billing Manual](#) is located on the Provider Billing Information webpage at www.medicaid.nv.gov.



View Provider Request

203.5A1-3 - Ambulatory services are not reimbursable when an alternative level of care is supported by the clinical information provided.

Notes To Provider
Test

12/21/2014	12/21/2014	2	-	-	CPT/HCPCS 77001-FLUOROGUIDE FOR VEIN DEVICE	Hide	Pended 12/19/2014	Disposition pending review
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Medical Citation
-
Notes To Provider
-

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

The “View Original Request” button has been replaced with the “View Provider Request” button. Click the “View Provider Request” button to display the “View Authorization Print” page. This page will now show all of the diagnosis, service lines, and attachments, including those that have been added since the prior authorization was initially submitted. This page will show the information **requested** by the provider. The dates and units may be different than the approved dates and units that are displayed on the “View Authorization Response” page if the PA has been modified during the approval process.

For PA service lines, the “View Authorization Print” page will always display the **requested** “Units” and “From” and “To/Through” dates.

Service Details					
From Date	To Date	Code	Modifiers	Units	
12/01/2014	12/05/2014	CPT/HCPCS T1007-TREATMENT PLAN DEVELOPMENT		15.00	
Medical Testing Justification <div style="border: 1px solid black; padding: 5px; text-align: center;">No Attachments exist for this service detail</div>					
12/16/2014	12/20/2014	CPT/HCPCS 99224-SUBSEQUENT OBSERVATION CARE		15.00	
Medical Line 2 Justification <div style="border: 1px solid black; padding: 5px; text-align: center;">No Attachments exist for this service detail</div>					

Note regarding attachment information for previously submitted prior authorizations: HP Enterprise Services (HPES) is working to resolve an issue with displaying attachment information for previously submitted PAs on the “View Provider Request” screen. For inpatient PAs, the file name of the attachment is not being displayed. For other PA types, no attachment information is being displayed. Providers are advised to use the “Print Preview” button from the Authorization Receipt page when the PA is submitted and print the PA, so that they have the attachment information for the PA.

Additional Changes

In addition to the above changes, some fields have been removed from “Create Authorization Step 2,” “Print Preview,” “View Provider Request” and “View Denial Information” pages for the following Authorization/Service Types.

Authorization Type **M/S Outpatient/Lab - Service Type OB/GYN** will no longer display the following fields:

- Is this request pregnancy related?
- Is the EDC related to the service?

Authorization Type **M/S Outpatient/Lab - Service Type Therapies** will no longer display the following fields:

- Yes/No Radio button: Is this a request for home health care, private duty nursing, or services by a nurses’ agency?
- Checkbox for Homebound – Unable to receive services in alternative setting
- Checkbox for Making Progress in Therapy
- Goals text box

Authorization Type **Home Health - Service Type Home Health/PDN** will no longer display the following fields:

- Yes/No Radio button: Is this a request for home health care, private duty nursing, or services by a nurses’ agency?
- Checkbox for Homebound – Unable to receive services in alternative setting
- Checkbox for Making Progress in Therapy
- Goals text box

*Code Type

*Procedure Code or Description

*Provider Type

Provider Specialty

Search Results

To show/hide Service Limits click on Required if exceeding service limitations hyperlink.

Total Records: 7

Procedure	Provider Type	Provider Specialty ▲	Claim Type	PA Required	Age Restrictions	Effective Date
A4377-DRAINABLE PLSTIC PCH W/O FP	017-SPECIAL CLINICS	166-FAMILY PLANNING	PRACTITIONER	Required if exceeding service limitations	0-999	06/01/2006 - 12/31/9999
A4377-DRAINABLE PLSTIC PCH W/O FP	017-SPECIAL CLINICS	174-PUBLIC HEALTH	PRACTITIONER	Required if exceeding service limitations	0-999	06/01/2006 - 12/31/9999
A4377-DRAINABLE PLSTIC PCH W/O FP	017-SPECIAL CLINICS	183-COMPREHENSIVE OUTPATIENT REHAB FACILITIES (CO	PRACTITIONER	Required if exceeding service limitations	0-999	06/01/2006 - 12/31/9999
A4377-DRAINABLE PLSTIC PCH W/O FP	017-SPECIAL CLINICS	195-COMMUNITY HEALTH CLINICS - STATE HEALTH DIVIS	PRACTITIONER	Required if exceeding service limitations	0-999	06/01/2006 - 12/31/9999
A4377-DRAINABLE PLSTIC PCH W/O FP	017-SPECIAL CLINICS	196-SPECIAL CHILDREN'S CLINICS	PRACTITIONER	Required if exceeding service limitations	0-999	06/01/2006 - 12/31/9999