



March 30, 2015
Announcement 904

Updates for Provider Type 14 Regarding Prior Authorizations for HCPCS Code H2012 (Day Treatment)

Effective April 1, 2015, only provider type 14 providers who have a Day Treatment Model and Specialty 308 Enrollment Checklist approved by DHCFP will be able to bill HCPCS code H2012 (Behavioral Health Day Treatment, per hour). See [Web Announcement 857](#) and [Web Announcement 897](#) for previous notifications.

Prior authorization requests for H2012 submitted on or after April 1, 2015, must be submitted via the Provider Web Portal and will require that the requesting provider have the new specialty code 308.

You can verify if your provider has the new secondary specialty code 308 by using the Provider Search Function on the Provider Web Portal. It is important that you make sure you are logged into the Provider Web Portal using the user ID for the provider that has been assigned the new secondary specialty code 308.

On the Provider Search page you can search using the name of your provider by following these steps:

1. For Provider Category, select "Other"
2. Click "Show Advanced Search"
3. Enter your provider name in the "Last/Organization Name" field
4. Click the "Search Provider" button

The Search Results page will display the provider information and the Specialty column will display "APPROVED FOR DAY TREATMENT PROC (H2012)."

Search Results ?					
Duplicate providers may appear in the results since a unique row is created for each provider type.					
Provider ▲	NPI/API	Address	Phone	Specialty	OPR Indicator
CARE CENTER		89106-4710 LAS VEGAS, Nevada,		APPROVED FOR DAY TREATMENT PROC (H2012)	No

If the requesting provider does not have the new specialty code 308, the following error message will display after the provider clicks the "Submit" button on the Create Authorization Step 2 page: "Provider not approved for day

treatment services. Please refer to Chapter 400 of the Medicaid Services Manual (MSM) for enrollment instructions.”

Error

Provider not approved for day treatment services. Please refer to Chapter 400 of the Medicaid Services Manual (MSM) for enrollment instructions.

Create Authorization: Step 2



Updating Existing Prior Authorizations

Prior authorizations created before April 1, 2015, that have HCPCS code H2012 as one of the service lines can only be updated online to add additional service lines by providers who have specialty code 308.

If the provider does not have the new secondary specialty code 308, the online prior authorization system will not allow them to add additional service lines, even if the new service lines are not for HCPCS code H2012. The following error message will display after the provider clicks the “Resubmit” button on the Resubmit Authorization page: “Provider not approved for day treatment services. Please refer to Chapter 400 of the Medicaid Services Manual (MSM) for enrollment instructions.” In this situation, the provider will need to create a new authorization.

Error

Provider not approved for day treatment services. Please refer to Chapter 400 of the Medicaid Services Manual (MSM) for enrollment instructions.

Resubmit Authorization:

