Hewlett Packard Enterprise

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Announcement 1395

Attention Therapy Providers: Therapy Services Require Prior Authorization

Effective January 1, 2013, with the exception of evaluations and re-evaluations, all therapy services (physical, occupational, speech or respiratory) billed by provider types 12 (Hospital, Outpatient), 17 (Special Clinics) and 34 (Therapy) require prior authorization (PA). Effective immediately, any services paid without an appropriate, approved prior authorization on the claim submission will be subject to recoupment.

To obtain prior authorization for therapy services, all coverage and limitation requirements must be met, and appropriate therapy evaluations must be completed and submitted with the request.

Once prior authorization is approved, therapy services can be rendered, and the claims billed must include the prior authorization number on the claim. Claims will deny if this policy is not followed, and if a claim pays in error, it will be subject to full recoupment at a later date.

Attention Provider type 12: To be in compliance with the therapy authorization requirement, outpatient hospitals providing emergency respiratory services for respiratory distress in the emergency or urgent care service areas must submit a PA request within one business day of the emergent service.

Please review the provider responsibilities specified in Medicaid Services Manual (MSM) for related policy and more information. The MSM is located on the http://dhcfp.nv.gov/ website. The Billing Manual and Billing Guidelines also cover details related to the therapy prior authorization requirements and more, and are located on the Providers Billing Information webpage at https://www.medicaid.nv.gov/providers/BillingInfo.aspx.