



October 5, 2020

Announcement 2322

## **Attention Orthodontia Providers (Provider Type 22, Specialty 079):**

### **Denied Prior Authorization Information**

All orthodontia services must be authorized by Nevada Medicaid's fiscal agent and all prior authorization requests must be submitted through the Provider Web Portal. Please see the [Dental PA Instructions](#) as well as the [Orthodontic Medical Necessity \(OMN\) Form \(FA-25\)](#) for instructions on submitting prior authorization requests.

If a prior authorization request is denied, providers can submit a request for a peer-to-peer review or a reconsideration request through the Nevada Medicaid fiscal agent. A peer-to-peer review and/or a reconsideration request must be used prior to requesting a Fair Hearing.

#### **Peer-to-Peer Review:**

A provider may request a peer-to-peer review by emailing [nvpeer\\_to\\_peer@dxc.com](mailto:nvpeer_to_peer@dxc.com) within **10** business days of the adverse determination. A peer-to-peer review does not extend the 30-day deadline for reconsideration. Peer-to-peer reviews are a discussion between the dentist and the Nevada Medicaid dental consultant.

#### **Reconsideration:**

A reconsideration is a written request from the provider asking Nevada Medicaid to re-review a denied or reduced authorization request. Use the [Prior Authorization Reconsideration Request \(form FA-29B\)](#) to submit your request through the Provider Web Portal.

#### **A reconsideration is not available for technical denials.**

- The provider must request a reconsideration within **30** calendar days from the date of the original determination.
- For a reconsideration request, the provider is also responsible to provide additional medical information (e.g., severity of illness, risk factors) that might not have been submitted with the original/initial request that supports the services requested.
- Nevada Medicaid or the DHCFP will notify the provider of the outcome of the reconsideration within 30 calendar days. The 30-day provider deadline for a reconsideration is independent of the 10-day deadline for a peer-to-peer review.
- If proper medical justification is not provided to Nevada Medicaid in a peer-to-peer review and/or a reconsideration review, Nevada Medicaid considers the lack of proper medical justification a failure of the provider to comply with proper documentation requirements.

#### **Documentation for Authorization Reconsideration:**

Provide a synopsis of the medical necessity not presented in the initial authorization request that you wish to have considered.

- Include only the medical records that support the medical necessity issues identified in the synopsis.
- Voluminous documentation will not be reviewed to determine medical necessity of the requested services. It is the provider's responsibility to identify the pertinent information in the synopsis.

#### **Forms and Information**

- Forms FA-25 (OMN), FA-26 (Client Treatment History Form For Medicaid Orthodontic Treatment) and FA-29B (Prior Authorization Reconsideration Request) are available online at [www.medicaid.nv.gov](http://www.medicaid.nv.gov) (select "Forms" from the "Providers" menu).

- The Nevada Medicaid Prior Authorization Department is available to answer providers' questions on dental and orthodontia prior authorization requests. This department can be reached by calling (800) 525-2395.

For more information, please review the following documents:

[Provider Type 22 \(Dental\) Billing Guidelines](#)

[Provider Billing Manual](#)

[Medicaid Services Manual Chapter 1000 – Dental Policy](#)