



May 11, 2012

Announcement 474

Providers' Requests for Reviews of Denied/Reduced Prior Authorizations

As specified in the [Billing Manual for Nevada Medicaid and Nevada Check Up](#), a provider has two options for a prior authorization (PA) to be reviewed if the determination is denied or reduced. The two options are a peer-to-peer review or reconsideration.

Peer-to-Peer Review

Before submitting a written request for reconsideration, the requesting provider may request a peer-to-peer review with the HP Enterprise Services (HPES) physician reviewer who made the adverse determination.

Note: A peer-to-peer does not extend the 30-day deadline for requesting a reconsideration.

Procedures for Peer-to-Peer Review:

Providers contact the HPES Medical Management Department to request a peer-to-peer review via one of two options:

- Email the request to peertopeer@external.groups.hp.com **or** call HPES at (800) 525-2395 and select option 6.
- Please provide the following information:
 - PA number and type of service that was denied;
 - Recipient ID;
 - Recipient name;
 - Date(s) of service;
 - Name and contact information (telephone number) of the physician requesting the peer-to-peer review; and
 - Available days and times.

HPES staff will coordinate scheduling the peer-to-peer and contact the requesting provider with the time that the HPES physician reviewer will contact the requesting provider.

Reconsideration

A reconsideration review is a one-time review of denied services. The purpose is to provide due process for initial denial determinations to ensure the consistent processing of reconsideration requests.

- The HPES physician reviewer will base the reconsideration determination on the original information supplied by the provider of care and the additional new information provided with the reconsideration request. The determination may result in the original decision(s) being upheld or overturned.
- A reconsideration request must be **in writing** within 30 calendar days from the date of the original determination, except for Residential Treatment Center (RTC) services, which must be requested **in writing** within 90 calendar days.

- HPES will notify the provider of the outcome within 30 calendar days.
 - The 30-day provider deadline for reconsiderations is independent of the 10-day deadline for peer-to-peer reviews.

Procedures for Reconsideration:

- The requesting provider submits a request for reconsideration of a determination **in writing** (via fax or mail). Please fax to (866) 480-9903 or mail to:
 - Nevada Medicaid Reconsideration Review
 - PO Box 3571
 - Topeka, KS 66601-3571
- The requesting provider must submit new, additional supporting information with the request for reconsideration.
- Results of the review will be posted on the HPES online prior authorization system on the Provider Web Portal within the appropriate time frame (30 days).