

Date: 07/25/06

# Web Announcement 94

## Submitting a Notification of Admission

Effective 08/01/06, First Health Services no longer will accept a notification of hospital admission unless it is submitted with pertinent clinical information on the recipient's medical condition. Historically, hospitals have submitted notifications of admissions that contain only demographic data. At this time, most hospitals utilize First Health Services' Online Prior Authorization System (OPAS) to submit requests for authorization and have eliminated the extra step of sending a Notification of Admission.



## Notification Requirements

Notification is when pertinent clinical information on the recipient's medical condition is submitted to First Health Services.

When providing the following services, providers must notify First Health Services within one business day after the admission by submitting the pertinent clinical information on the recipient's medical condition:

- ❖ Emergency admissions transferred from a physician's office or emergency room.
- ❖ OB, maternity and newborn admissions greater than three days for the purpose of vaginal delivery, and greater than four days for C-Sections (elective and emergency).
- ❖ Tubal ligations performed at the time of obstetric delivery.

Information on the recipient's medical condition may be submitted via:

1. Inpatient Medical/Surgical PA Request Form (FH-8) faxed to (866) 480-9903, or
2. Telephone (800) 525-2395, or
3. OPAS (at <https://medicaid.nv.gov> select "Prior Authorization" from the "Providers" menu).

## Notification Reminders

All NICU admissions require authorization, and notification with appropriate clinical information is required within one business day.

If a recipient does not have a Medicaid ID number upon admission, but has a date of decision for Medicaid eligibility during the inpatient stay, authorization is required. In this case, notification with appropriate clinical information is required within five business days of the date of decision of eligibility. For newborns, the five days is from date of birth. The authorization in this case will cover the date of admission, as long as eligibility covers admit date. If notification with appropriate clinical information is received after five days of the date of decision of eligibility and the recipient is still an inpatient, the authorization start date will begin from the date First Health Services was notified with appropriate clinical information.

If the recipient's date of decision is after discharge, a retrospective authorization needs to be requested within 90 days of the date of decision.