



January 29, 2020

Web Announcement 2090

Attention Provider Type (PT) 19 Nursing Facility:

Specialty Level of Care (LOC) Authorization Requests

Provider type (PT) 19 Nursing Facility (NF) providers have 72 hours from the admission date or date of change in the recipient's condition to submit a specialty Level of Care (LOC - Ventilator Dependent or Pediatric Specialty Care I or II) authorization request. If Nevada Medicaid returns the request asking for additional information, providers have five calendar days to upload the required information in the Provider Web Portal. If the additional information is not received within five calendar days, the specialty LOC can be backdated only three days from receipt of the requested information.

For NF Ventilator LOC requests, the following medical records are required to be submitted with the request:

- A physician's order specifying the ventilator support.
- Recent history and physical.
- Detailed ventilator flow sheets to verify that the ventilator support is required for a minimum of six hours within a 24-hour period.
 - Medical records must include the date the recipient was placed on the ventilator.

For NF Pediatric Specialty Care I or II LOC requests, the following medical records are required to be submitted with the request:

- Recent history and physical.
- Medication Administration Record (MAR).
- Recent doctor's progress note.
- Recent therapy note(s) if the recipient is receiving Physical Therapy (PT), Occupational Therapy (OT) or Behavioral Therapy (BT).