



May 30, 2025

Nevada Medicaid Web Announcement 3644

**Attention Provider Types 11 (Hospital, Inpatient) and 13 (Psychiatric Hospital, Inpatient):**

**Reminder of Non-Emergent Hospital or Level of Care Transfer Requirements**

Reminder to [Web Announcement 2890](#) and [Web Announcement 1944](#): All non-emergent hospital-to-hospital transfers, in-state or out-of-state, must have an authorization in place prior to the transfer. Please see [Medicaid Services Manual \(MSM\) Chapter 200 Hospital Services](#), Section 203(C), Section 203.1(B)(6), and Section 203.2(P) and (Q) for the complete policy guidelines.

The attending physician who is transferring the recipient is responsible for requesting the authorization prior to the transfer. The receiving hospital is responsible for confirming that an approved authorization for a non-emergent transfer is in place prior to accepting/admitting the recipient. A receiving hospital may also choose to submit their own authorization request prior to the transfer occurring. As an example, if a recipient is transferring from another hospital where they were an inpatient admission status (i.e., in cases for transfers from a provider type (PT) 11 (Hospital, Inpatient) to a 13 (Psychiatric Hospital, Inpatient)), it would not be considered an emergency admission to the PT 13 hospital since they were stabilized at the PT 11 hospital. Therefore, policy guidelines concerning this hospital-to-hospital transfer policy must be followed.

In addition, all non-emergent changes in Level of Care (LOC)/transfers between units within a hospital must have an authorization in place prior to the transfer. Please see MSM Chapter 200, Section 203.1(B)(6)(h). As a helpful reminder, please also reference [Web Announcement 3009](#) for instructions for requesting a change in revenue code or procedure code.

Having the authorization in place prior to a non-emergent transfer is intended to assure the receiving hospital or unit that the transfer is authorized as meeting medical necessity criteria.

Refer to the [PWP User Manual Chapter 4, Prior Authorization](#) for step-by-step instructions on how to view the status of a Prior Authorization Request (PAR) to ensure that a PAR has been submitted by a transferring hospital on behalf of a receiving hospital prior to admitting a recipient. The receiving hospital can view the PAR status when they have been informed by the transferring hospital of the PAR number that has been submitted on their behalf, or it can be searched by using the recipient ID number.

Should you have any questions regarding this notice, please reach out to the DHCFP Behavioral Health Benefits Coverage Unit at [BehavioralHealth@dhcfp.nv.gov](mailto:BehavioralHealth@dhcfp.nv.gov) or the Medical Benefits Coverage Unit at [medicalprograms@dhcfp.nv.gov](mailto:medicalprograms@dhcfp.nv.gov).