

**SERVICE AUTHORIZATION (SA) REQUIREMENTS FOR NH MEDICAID MEDICAL SERVICES
FOR STRAIGHT FEE-FOR-SERVICE (FFS) MEDICAID ONLY**

For timely Service Authorization Request approvals, BEFORE submitting a SA request the following are required. ALL FORMS SUBMITTED WITHOUT FOLLOWING THIS PROCESS, WILL BE RETURNED TO YOU UNAPPROVED.

- ❖ **VERIFY ELIGIBILITY:** “It is the responsibility of the provider to verify a Member’s eligibility *and* other insurance information for each date of service prior to rendering each service”. To verify eligibility, call the # on the back of the Medicaid ID card, contact the fiscal agent at 1-866-291-1674, or look directly in the MMIS system.

If the Member is enrolled as a Qualified Medicare Beneficiary (QMB). Medicare is their **only** insurance.

If the Member is enrolled in a Managed Care Organizations (MCO) they **do not** have Medicaid as secondary insurance. You need to contact the MCO directly for SA requirements and their Standard Authorization form.

- ❖ **VERIFY IF THE SERVICE REQUIRES AN SA:** The list of codes is located at <https://nhmmis.nh.gov> click on documentation then documents and forms and find the most current fee schedules, For example: 2018 Covered Procedures Report with SA Requirements. If there is an N in the column labeled SA, then you **do not** need an SA from this office. If the code is not on the list, contact the fiscal agent at 1-866-291-1674.
- ❖ **USE THE PROPER FORM, THE SPECIFIC SA FORM FOR YOUR SERVICE:** Go to <https://nhmmis.nh.gov> click on documentation, documents and forms and scroll until you find the proper SA forms for the service you are providing. Or visit <https://www.dhhs.nh.gov/ombp/medicaid/service-auth.htm> Print this document in full size and fill in the information about the request. **ALL FIELDS ARE REQUIRED.**

- ❖ **SA REQUESTS MUST INCLUDE THE FOLLOWING:**

- Clinical records that provide the medical justification for the service(s) or equipment being requested
- **SIGNED**, Physicians order,
- **SIGNED**, Letter of Medical Necessity
- If Durable Medical Equipment (DME) check to see if it requires a Form 272M or the Form 272EQ

If information is missing or invalid, you will receive a fax back request; **only send back missing or corrected information** (requests missing information are shredded after 30 days of no response.)

Once the SA is **medically approved**, a fax will be sent to the contact on the SA form. The request is then mailed to the fiscal agent to create the SA. The fiscal agent has **up to three business days** to create and mail the SA to the **performing provider**. Call the fiscal agent at 1-866-291-1674 to obtain the status after three business days.

Please visit the following links that document SA Requirements in more detail.

- ❖ **Administrative rules** governing the NH Medicaid FFS program are located at the following website: http://gencourt.state.nh.us/rules/state_agencies/he-w500.html.
- ❖ **The General Billing Manual – Volume I** has in depth information on provider requirements: This manual applies to **every** enrolled provider who submits to the NH Medicaid program. A complete copy of this manual can be obtained at <https://nhmmis.nh.gov> click on provider, click on billing manual.
- ❖ **The Provider Specific Billing Manual – Volume II** has in depth provider specific requirements: This manual is specific to a provider type and designed to guide the provider through *specific policies applicable to the provider type*. A complete copy of this manual can be obtained at <https://nhmmis.nh.gov> click on provider, click on provider manual.

REQUEST FOR SERVICE AUTHORIZATIONS (SA) FORMS IMPLEMENTED 09/01/2018