



**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.

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. Three ways to verify eligibility: call the number 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), NH Medicaid pays the premiums, deductibles and copays. We do not give SAs for QMB.

If the Member is enrolled in a Managed Care Organizations (MCO) they do not have Medicaid as secondary insurance. 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: 2021 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. Both are mobility evaluations to be completed by a Physical Therapist. Also attach MSRP and acquisition costs on a quote from your vendor.

If information is missing or invalid, you will receive a form requesting more information. We will keep the original Service Authorization Request for 30 days. If we have not heard back from you, we will delete or shred the file.

Once the SA is medically approved, an email or fax will be sent to the contact name on the SA form. The request is then sent 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.

1. **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.
2. **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.
3. **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.

INSTRUCTIONS FOR FILLING OUT A SERVICE AUTHORIZATION REQUEST FORM:

Please note that before this form is filled out, **it is your responsibility to verify eligibility** of the recipient for the Fee-for-Service (FFS) program. This can be done by calling the number on the back of the recipient’s Medicaid card, calling Conduent at 866-291-1674, looking directly in the MMIS system, or using the software your office has to access the information.

This fully electronic form is made to tab through. Place your cursor in the box after “today’s date”, fill in the date, and tab to the next fill-in spot. Save your document when done and send in an encrypted email to <mailto:ServiceAuthorizationFFS@dhhs.nh.gov>

The first two sections are the Recipient Information and Provider Information and should be filled out accordingly. Note if there is an Alternate Insurance, NH Medicaid is the payer of last resort. We will need an Explanation of Benefit from the primary insurance company or a denial letter in order to process your request.

The next section is the information on the requested service. Each form has its own information needed. Please follow the section titles to fill in this section of the form.

The section following is the legal information with references to the Medicaid rule, for your convenience. Note that you are **now required to attest, by signature**, that you will do each of the things listed in this section.

Attach the Physicians order, the Letter of Medical Necessity, and clinical notes supporting the request. Email all documentation, and the SA form, in an encrypted/secured email to ServiceAuthorizationFFS@dhhs.nh.gov or fax all documentation, and the SA form, to 603-271-8194.

You will receive confirmation from the Fee-for-Service Department that the SA has been approved or that we need more information or that the patient has no eligibility.

Once the SA has been approved by the State it is sent to the Fiscal Agent, Conduent, to create the authorization. Conduent has three business days to create and mail the authorization to the performing provider. If you have questions, please call Conduent at 1-866-291-1674.



PROVIDER SPECIFIC PROVIDER INSTRUCTIONS:

Durable Medical Equipment Service Authorization requests must include a quote from your vendor with both the MSRP and acquisitions costs shown for each item ordered.

Physical Therapy, Occupational Therapy, and Speech Therapy Service Authorization requests must include a separate request form for each discipline.

Private Duty Nursing Service Authorization request are for a range of codes. This means you will enter the correct modifier (no modifier for days, U1 modifier for nights and weekends, and U4 modifier for intensive/ventilator care if the vent is used more than 12 hours a day) and the number of nursing hours requested per week. You will be able to use those hours, with that modifier for either RN or LPN. Each modifier will need its own separate line on the form.

If you need to change an existing SA, use the part of this form at the bottom of the first page. **NOTE:** if you need different dates of service, you will need to fill in the top section on a new form. **Please do not combine both a new request and a change request on the same form.**

- Write in the current SA number and reason for the change.
- Fill in the CPT Code the units are coming from and the modifier, as needed.
- Check the box for add (if you need more hours during these dates of service), change (if you need to change from RN to LPN or time of day), or transfer (if you are giving units you cannot fill to another agency; please list that agency).
- Enter the number of hours/units to be changed.
- Enter the new CPT Code and modifier.
- Enter start and end date of the current Service Authorization.

The second page is additional information and school information needed to process your request; please fill it in completely.