Washoe County Department of Social Services
Treatment Authorization Request

(This form is valid for no longer than 30 days from the date of authorization from WCDSS unless otherwise noted)

PO Box 11130
Reno, NV 89520-0027
Phone (775)328-2700
Fax (775) 328-2738

IMPORTANT: IN ORDER TO REIMBURSE VENDORS, SERVICE MUST BE **PRE-AUTHORIZED** BY WCDSS AND COVERED BY **BOTH MEDICAID AND MEDICARE.** VENDORS WILL BE REIMBURSED AT MEDICAID OR MEDICARE RATE, WHICHEVER IS LESS.

ONE TYPE OF SERVICE PER TAR

PROVIDER INFORMATION

Date:	Service Provider:	Ordering Physician:
Provider Address:		Fax:
Person Completing the TAR:		Phone:

CLIENT INFORMATION

Patient Name:	DOB:	Sex:	SSN:
Address:		Phone:	
Diagnosis:			
ICD-9 Code:			
Clinic Eligibility Period From: To:			
FOR OXYGEN REQUESTS ONLY SaO2 @ RA result: _____ Date: _____			

REQUESTED SERVICE

THERAPY / TESTS / EQUIPMENT (circle one)	CPT / HCPCS / NDC Code	CPT or HCPCS Description	Duration or Time Required (example: 3xwkx1mo)
Occupational Therapy			
Physical Therapy			
Speech Therapy			
Wound Therapy / RN			
Oxygen			
Sleep Study			
CPAP Titrating			
PET Scan			
MRI / MRA			
Durable Med Equip			
Out-of-State Care			
Home Health			
Mammogram			
Rehab.			
Non-Formulary Drug			

Pharmacy Signature **Date:**

WASHOE COUNTY SOCIAL SERVICES USE ONLY

Client ID: _____ Action Number: _____

☐ Straight County ☐ Referred Medicaid ☐ Pending Medicaid ☐ Denied ☐ Terminated

From: _____ Through: _____ Note: _____ Term Date: _____

Worker Signature / Date Phone Number

Straight County - There are no known prior resources at the time of approval . Provider must bill WCDSS within 6 months from the date of service for reimbursement. If the patient applies for a prior resource such as Medcaid after WCDSS approves the TAR, payment will be made in accordance with the Referred Medicaid and Pending Medicaid guidelines stated below.

Referred Medicaid / Pending Medicaid - WCDSS will reimburse, only if Medicaid is denied for reasons other than Non-Cooperation by the client. Please note: In some cases Medicaid can remain pending for several months while the client is pending Social Security. It is the provider's responsibility to monitor the status of Medicaid eligibility and submit billing within 60 days from the date of Medicaid denial for reimbursement.