WASHOE COUNTY SOCIAL SERVICES
TREATMENT AUTHORIZATION REQUEST (TAR) PROCEDURE

- All TARs must be filled out completely. If a provider contact person and phone number is not listed on the TAR, the TAR will be denied as incomplete.
- You may request one treatment, test or piece of equipment per TAR.
- All procedures and equipment that require prior authorization are listed on the TAR form.
- A copy of the prescription/order and the history and physical/current doctor notes must be submitted with the TAR to WCDSS or the TAR will be denied.
- WCDSS has 3 business days from the date verification is received to process a TAR.
- Authorization is valid for no more than 30 days from the date of the Washoe County Social Services decision, unless otherwise noted. **WCDSS DOES NOT BACK-DATE TARs.**
- WCDSS will notify treating provider and the Healthcare Center of all decisions on TARS.
- Services must be covered by both Medicaid and Medicare. It is the provider's responsibility to ensure that requested services are covered by both Medicaid and Medicare.
- WCDSS follows Medicaid guidelines regarding limits on visits for therapies. [Vendors will be reimbursed at Medicaid or Medicare rates, whichever is less.]
- A HCFA billing must be submitted to Washoe County Social Services, Attn: Adult Services Billing, PO Box 11130, Reno NV 89520-0027 within 6 months from the date of service or 60 days from the date of Medicaid denial or other prior resource denial.

Procedure for Occupational, Physical, Speech, Whirlpool and Wound Therapies

1. Referring provider will send the prescription/order, history and physical/current doctor notes for services to the treating provider.
2. Treating provider will fill out the TAR and submit along with all documentation requested in #1 provided by the referring provider. Treating provider will request an "Eval and Treat". Once approved the provider is authorized to conduct an initial evaluation and one treatment at that visit.
3. Once the provider has determined the appropriate treatment plan, they will submit a new TAR to authorize those services. A copy of the treatment plan must be attached to the new TAR request.

Procedure for Oxygen and Oxygen Supplies

Initial Requests

1. Referring Provider will fill out the TAR and submit to WCDSS along with a copy of the prescription, history and physical/current doctor notes, which includes the current SaO2 @ RA results (must be 88% or below).

Ongoing Requests

1. The oxygen provider will request the history and physical/current doctor notes, which includes the SaO2 @ RA results, from the referring provider or the Healthcare Center if the referring provider was a hospital.
2. Oxygen provider will fill out the TAR and submit along with a copy of prescription, history and physical/current doctor notes provided by the referring provider.

Procedure for all other Tests and Equipment

1. Referring provider will complete the TAR and submit to WCDSS along with the prescription/order along with the history and physical/current doctor notes.
2. If the TAR is approved, the provider may schedule the procedure and supply the client with the equipment.
3. A new Sa02 @RA result must be done every 6 months and verification of the results submitted along with the TAR.