



Prior Authorization Online

Provider Web Portal Training

2017



Objectives



Objectives

- Navigate the Electronic Verification System (EVS) Web Portal.
- Understand how to submit a prior authorization (PA) request via the Web Portal.
- Understand how to:
 - View the status of a PA.
 - Search for PAs.
 - Copy a PA.
 - Submit additional PA attachments via fax or mail.



Provider Web Portal

Provider Web Portal

<http://www.medicaid.nv.gov>

The screenshot shows the homepage of the Nevada Department of Health and Human Services Provider Portal. At the top left is the Nevada state seal and the text "Nevada Department of Health and Human Services" and "Division of Health Care Financing and Policy Provider Portal". On the top right are links for "Contact Us" and "Login". Below the header is a "Home" button. The main content area features a "Provider Login" section with a text input field for "User ID" and a "Log In" button. Below the login field are links for "Forgot User ID?", "Register Now", and "Where do I enter my password?". To the right of the login section is a heading "What can you do in the Provider Portal" followed by a paragraph describing the portal's functionality. Below this text is a photograph of five healthcare professionals in white coats. At the bottom left of the main content area is a "Web Announcements" sidebar with three items: "Web Announcement 1123 Online Provider Enrollment Summary Page Updated", "Web Announcement 1122 Providers Invited to Complete Health Information Exchange Small Business Impact Questionnaire by April 22, 2016", and "Web Announcement 1121 Attention Provider Type 12: Claims for CPT Codes with Age Restrictions Will Be". At the bottom center of the main content area is a link for "Website Requirements".

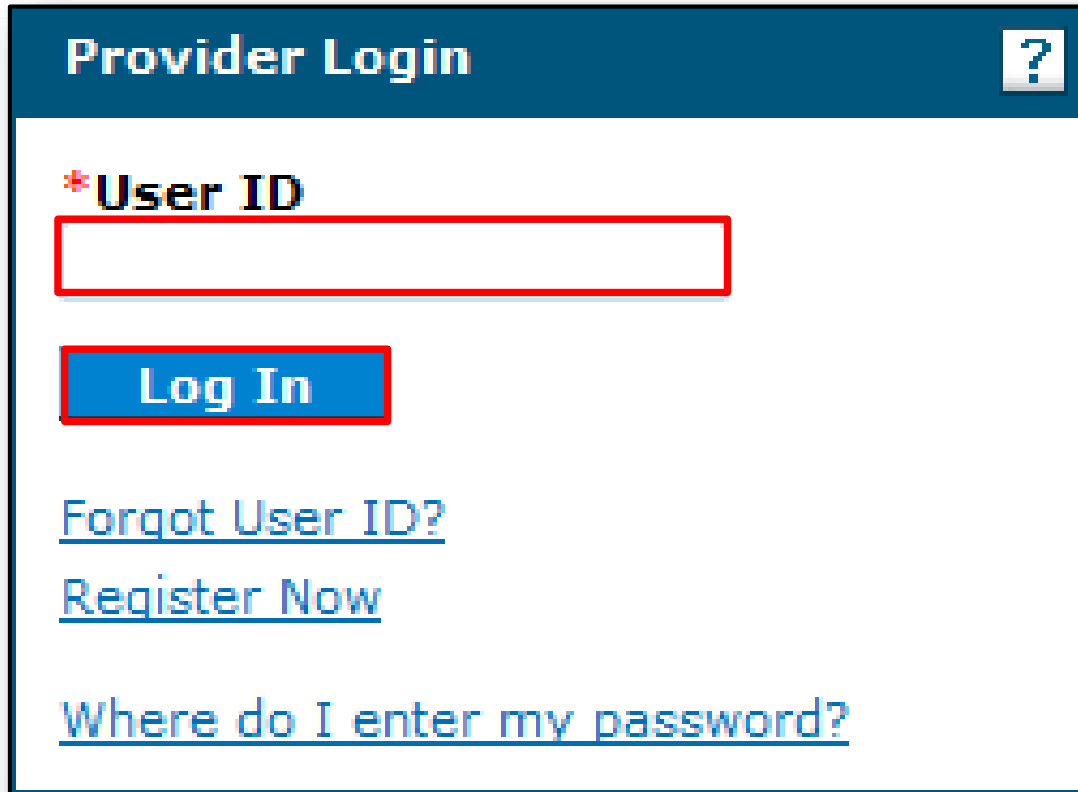
EVS

EVS is available 24 hours a day, seven days a week except during the scheduled weekly maintenance period, Monday–Saturday from 12:00–12:30 a.m. Pacific Time (PT) and Sunday 8:00 p.m.–12:30 a.m. PT

System Requirements

To access EVS, you must have internet access and a computer with a web browser. (Microsoft Internet Explorer 9.0 or higher, Mozilla Firefox, or Google Chrome recommended.)

Logging in to the Provider Web Portal

A screenshot of a web portal login page. The page has a dark blue header with the text "Provider Login" and a question mark icon. Below the header, there is a red asterisk followed by the text "User ID". Underneath this is a red-outlined text input field. Below the input field is a blue button with the text "Log In". At the bottom of the page, there are three blue underlined links: "Forgot User ID?", "Register Now", and "Where do I enter my password?".

Provider Login ?

***User ID**

Log In

[Forgot User ID?](#)

[Register Now](#)

[Where do I enter my password?](#)

- Enter your User ID.
- Click **Log In**.

Logging in to the Provider Web Portal (continued)

Computer and Challenge Question

Site Key
The HealthCare Portal uses a personalized site key to protect your privacy online. To use a site key, you are asked to respond to your Challenge question the first time you use a personal computer, or every time you use a public computer. When you type the correct answer to the Challenge question, your site key token displays which ensures that you have been correctly identified. Similarly, by displaying your personalized site key token, you can be sure that this is the actual HealthCare Portal and not an unauthorized site.

If this is your personal computer, you can register it now by selecting: **This is a personal computer. Register it now.**

Answer the challenge question to verify your identity.

Challenge Question In what city were you born?

***Your Answer**

[Forgot answer to challenge question?](#)

Select This is a personal computer. Register it now.
 This is a public computer. Do not register it.

Continue

- Answer the **challenge question** to verify your identity the first time you log in from a personal computer or every time you use a public computer.
- Select **personal computer** or a **public computer**.
- Click **Continue**.

Logging in to the Provider Web Portal (continued)

Confirm Site Key Token and Passphrase

Confirm that your site key token and passphrase are correct.

If you recognize your site key token and passphrase, you can be more comfortable that you are at the valid HealthCare Portal site and therefore is safe to enter your password.

Make sure your site key token and passphrase are correct.

If the site key token and passphrase are correct, type your password and click **Sign In**.

If this is not your site key token or passphrase, do not type your password.
Call the [customer help desk](#) to report the incident.

Site Key: 

Passphrase: apple

Password:

[Sign In](#)

[Forgot Password?](#)

- Confirm that your **site key token** and **passphrase** are correct. If you recognize your site key token and passphrase, you can be assured that you are at the valid Provider Web Portal website and it is safe to enter your password.
- Enter your **Password**.

Welcome Screen

Verify all provider information on left margin of screen.

It is important to verify all of the information to ensure that you are **logged in** correctly.

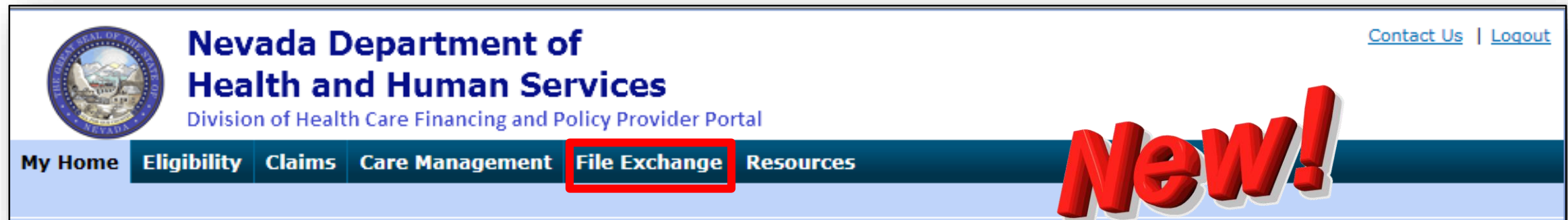
Provider Services information

The screenshot shows the Nevada Department of Health and Human Services Provider Portal. At the top left is the state seal and the department name. A navigation bar includes 'My Home', 'Eligibility', 'Claims', 'Care Management', 'File Exchange', and 'Resources'. The main content area features a 'Welcome Health Care Professional!' message with a photo of healthcare workers. On the left, there is a 'Provider' section with details for 'Plano Independent Hospital' and a 'Provider Services' section with links like 'Member Focused Viewing' and 'Search Payment History'. On the right, there are links for 'Contact Us' and 'Secure Correspondence', along with contact information for Nevada Medicaid Administration.

Links to contacts via telephone and secure email.

Navigation Bar

The navigation bar contains six different tabs that allow you to move throughout the Provider Web Portal.



My Home

Confirm provider information and contact information and check messages.

Eligibility

Search recipient eligibility information.

Claims

Search claims and payment history.

Care Management

Create authorizations, view authorization status, and maintain favorite providers.

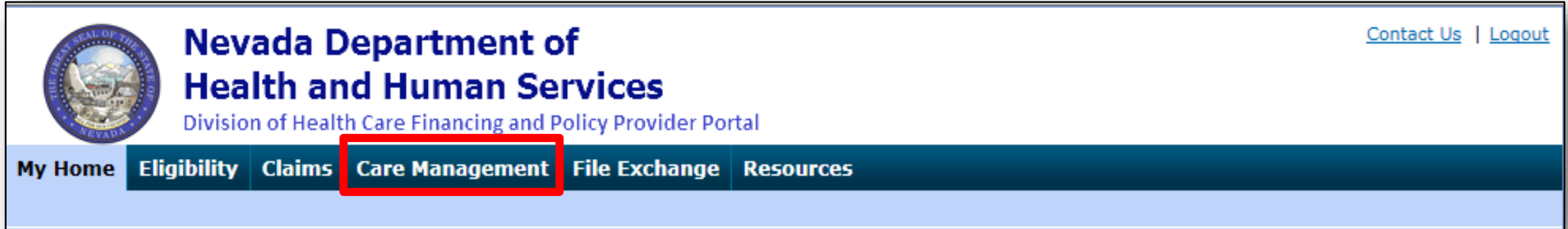
File Exchange

Upload forms online.

Resources

Download forms and documents.

Care Management Tab



The screenshot shows the header of the Nevada Department of Health and Human Services website. On the left is the state seal. The main title is "Nevada Department of Health and Human Services" with the subtitle "Division of Health Care Financing and Policy Provider Portal". On the right are links for "Contact Us" and "Logout". Below this is a dark blue navigation bar with the following tabs: "My Home", "Eligibility", "Claims", "Care Management" (highlighted with a red box), "File Exchange", and "Resources".

Create Authorization

- Create authorizations for eligible recipients.

View Authorization Status

- Prospective authorizations that identify you as the requesting or servicing provider are listed.

Maintain Favorite Providers

- Create a list of frequently used providers.
- Select the facility or servicing provider from the providers on the list when you are creating an authorization.
- Maintain a favorites list of up to 20 providers.



Role-Based Security

Delegate Access — Role-Specific

Granting Access to a Delegate

- A new delegate is a person who does not currently have a delegate code, including a code that was created by someone else.
- Each delegate (person) should only have one delegate code, which is created by the first provider to add them as a delegate.

- Log in to Provider Web Portal.
- Click **Manage Accounts**.

Ask the person to whom you would like to delegate access if they have a delegate code before deciding whether to add a new delegate or link to an existing delegate.

Nevada Department of Health and Human Services
Division of Health Care Financing and Policy Provider Portal

My Home Eligibility Claims Care Management File Exchange Resources

My Home Wednesday 04/19/2017 10:49 AM PST

Provider

Name: Plano Independent Hospital
Provider ID: XXXXXXXXXX (NPI)
Location ID: XXX-XXXXXX

My Profile
Manage Accounts

Provider Services

- Member Focused Viewing
- Search Payment History
- Revalidate-Update Provider
- PASRR
- EHR Incentive Program
- EPSDT
- Presumptive Eligibility

Welcome Health Care Professional!

Contact Us

Secure Correspondence

All Claim Inquiries should be submitted to the following Address:
Nevada Medicaid Administration
P.O.Box 30042
Reno, NV 89520-3042

We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and search for claims, payment information, and access Remittance Advices, our secure site provides access to eligibility, answers to frequently asked questions, and the ability to process authorizations.

Prior Authorization Quick Reference Guide [\[Review\]](#)
Provider Web Portal Quick Reference Guide [\[Review\]](#)

Don't See the Manage Accounts Link?

Verify that you are using the correct Provider ID.

Delegate Assignment Tabs

- Add New Delegate.
- Add Registered Delegate.

Required fields are marked with a red asterisk (*).

Nevada Department of Health and Human Services
Division of Health Care Financing and Policy Provider Portal

[Contact Us](#) | [Logout](#)

[My Home](#) | [Eligibility](#) | [Claims](#) | [Care Management](#) | [File Exchange](#) | [Resources](#)

[My Home](#) > [Manage Accounts](#) Tuesday 09/06/2011 10:48 AM PST

Delegate Assignment [Back to My Home](#) ?

[Add New Delegate](#) [Add Registered Delegate](#)

* Indicates a required field.
Enter the fields below and click **Submit** to generate the delegate code for the new delegate to register.

* **First Name**

* **Last Name**

* **Birth Date**

* **Last 4 of DLN**

No Delegates are assigned to the User.

Delegate Assignment

The screenshot shows the Nevada Department of Health and Human Services web portal. The header includes the department name and navigation links like 'Contact Us' and 'Logout'. A menu bar contains 'My Home', 'Eligibility', 'Claims', 'Care Management', 'File Exchange', and 'Resources'. The main content area is titled 'Delegate Assignment' and features two buttons: 'Add New Delegate' (highlighted with a red box) and 'Add Registered Delegate'. Below the buttons, there is a form with four required fields: 'First Name', 'Last Name', 'Birth Date' (with a calendar icon), and 'Last 4 of DLN'. A 'Submit' button and a 'Cancel' button are at the bottom of the form. A message at the bottom of the form states 'No Delegates are assigned to the User.'

Add New Delegate

Enter the delegate's:

- First Name.
- Last Name.
- Birth Date.
- Last four digits of the delegate's Driver's License Number.
- Click **Submit**.

Delegate Assignment (continued)

New!

Manage Accounts Back to My Home ?

Add New Delegate

Click **Confirm** to confirm the request. Click **Cancel** to cancel it.

First Name John
Last Name Tester
Birth Date 01/01/1980
Last 4 of DLN 1234
Decision Active

Functions

- Base Delegate Access
- Care Management - Create Prior Authorization
- Care Management - View Prior Authorization
- Claims - Treatment History
- Claims - View Claims
- Eligibility - Eligibility Verification
- File Exchange - Download
- File Exchange - Upload
- Member Focus Viewing
- Provider Enrollment - Revalidate/Update

Edit **Confirm** **Cancel**

You can now select
role-based
functions that a
delegate is
authorized to
access.

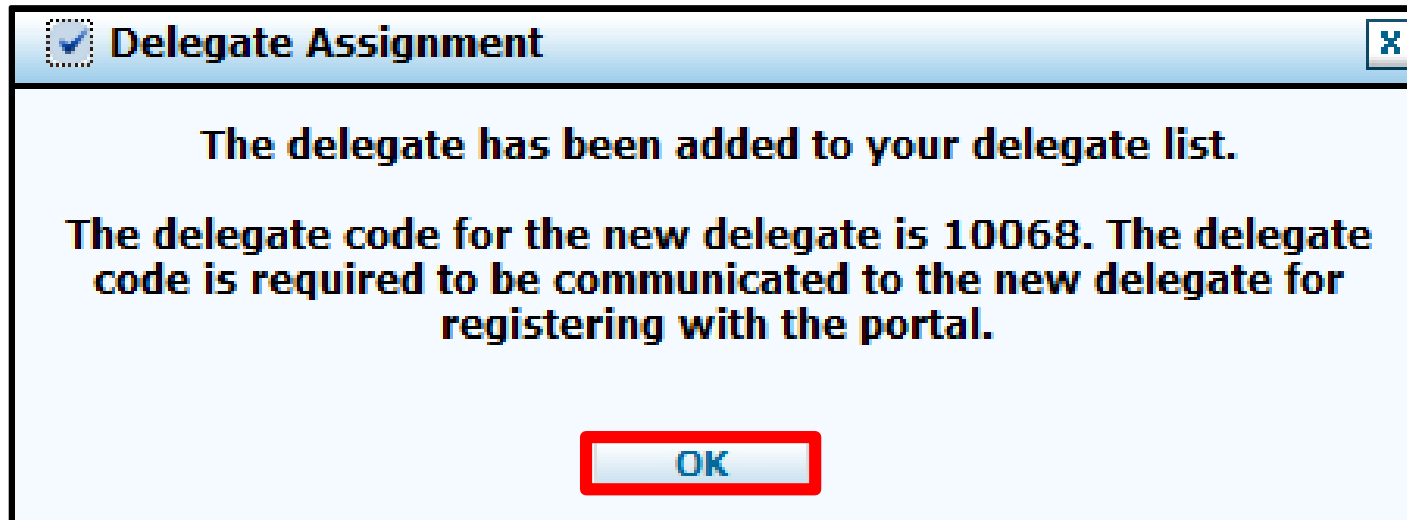
Provider Web Portal 5.0

- Choose the Functions you want the delegate to be able to perform.
- Click **Confirm**.

Delegate Code

Delegate Assignment

The delegate needs a code to register for their own Provider Web Portal account. Once registered, they can access and switch between all providers who have assigned them as a delegate.



The **Delegate Assignment** screen displays with the **Delegate Code** for the new delegate. The delegate must enter this code to register. They should maintain this code in case another provider would like to add him or her as a delegate.

- Click **OK** to return to the Delegate Assignment screen to add another delegate or add a delegate that is already registered.

Linking to an Existing Delegate

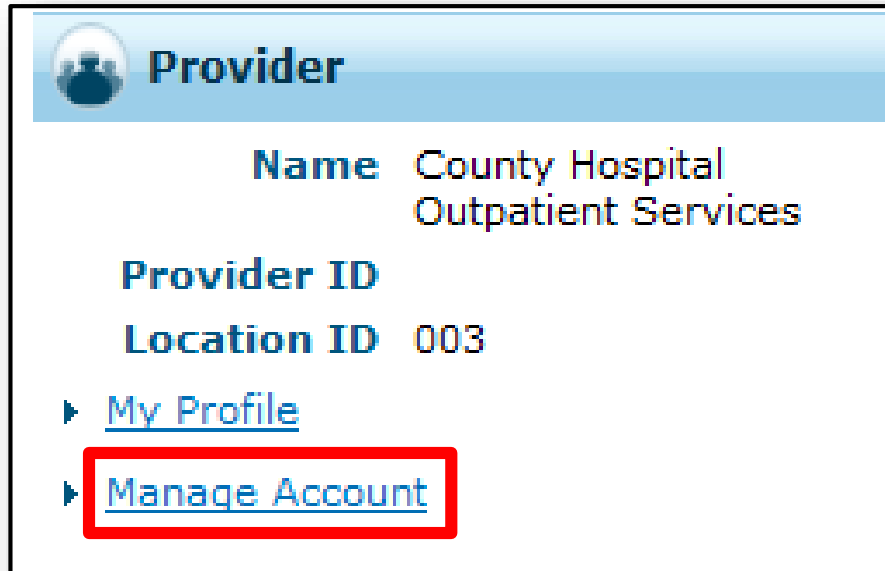
An existing delegate is a person who already has a delegate code, including a code that was created by someone else, and has registered for a Provider Web Portal account as a delegate.



- A provider's office may have more than one provider of services but utilize the same staff to perform administrative duties.
- Each provider will register in EVS and may want to delegate administrative duties to the same staff as the other provider.
- Although each provider registers separately, the delegate only needs to register once. The provider can add a registered delegate to perform administrative duties on their behalf.

Linking to an Existing Delegate (continued)

Add Registered Delegate



Provider

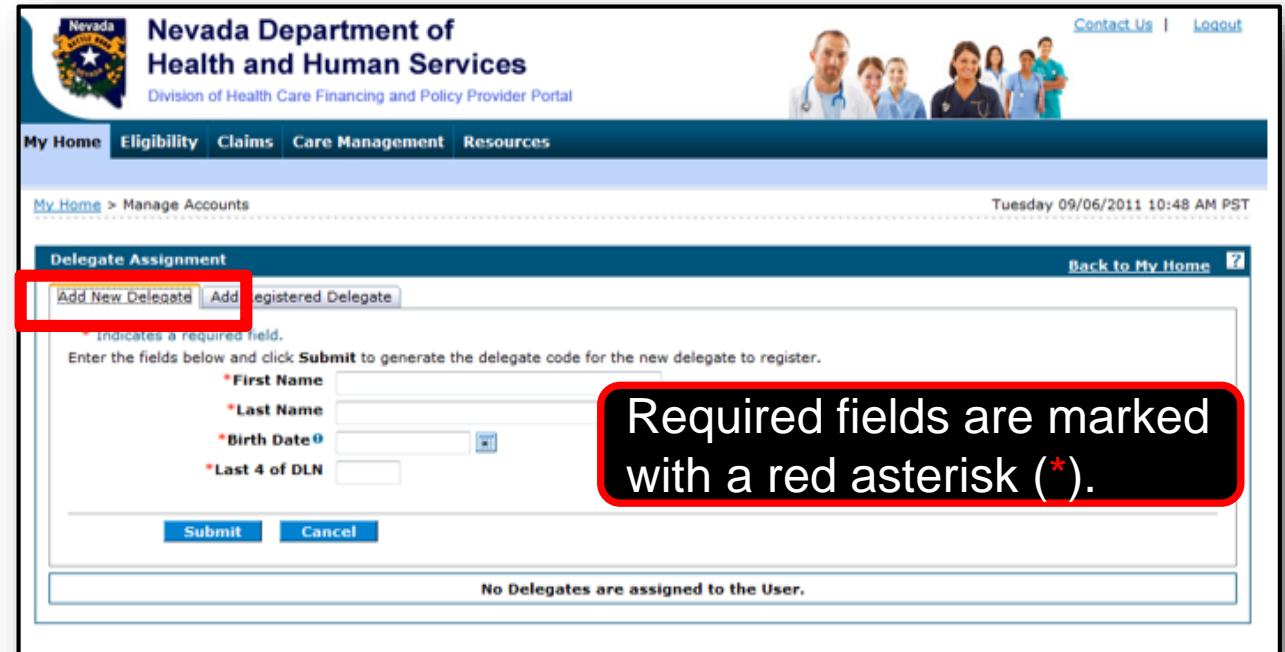
Name County Hospital
Outpatient Services

Provider ID

Location ID 003

▶ [My Profile](#)

▶ [Manage Account](#)



Nevada Department of Health and Human Services
Division of Health Care Financing and Policy Provider Portal

[My Home](#) | [Eligibility](#) | [Claims](#) | [Care Management](#) | [Resources](#)

[My Home](#) > [Manage Accounts](#) Tuesday 09/06/2011 10:48 AM PST

Delegate Assignment [Back to My Home](#)

[Add New Delegate](#) | [Add Registered Delegate](#)

* Indicates a required field.

Enter the fields below and click **Submit** to generate the delegate code for the new delegate to register.

*First Name

*Last Name

*Birth Date

*Last 4 of DLN

No Delegates are assigned to the User.

Required fields are marked with a red asterisk (*).

- On the Home page, click **Manage Account**.

- Click **Add Registered Delegate**.

Linking to an Existing Delegate (continued)

Manage Accounts [Back to My Home](#) ?

[Add New Delegate](#) [Add Registered Delegate](#)

A registered delegate is defined as office staff and/or other support staff employed by the provider who have previously registered in the Portal. Providers may authorize Portal access to a registered delegate by completing the required fields using the delegate's assigned code. The delegate will then have access to the provider's information (claims, reports, eligibility inquiries, or other functionality) via the Portal.

* Indicates a required field.

Enter the Last Name and the Delegate Code to add that delegate to your delegate list then click **Submit** to proceed.

*Last Name

*Delegate Code

Select the functions that the delegate is authorized to access

*Functions

- Base Delegate Access
- Care Management - Create Prior Authorization
- Care Management - View Prior Authorization
- Claims - Treatment History
- Claims - View Claims
- Eligibility - Eligibility Verification
- File Exchange - Download
- File Exchange - Upload
- Member Focus Viewing
- Provider Enrollment - Revalidate/Update

- Enter the delegate's Last Name.
- Enter the Delegate Code.
- Select the delegate's role-based functions.
- Click **Submit**.

Linking to an Existing Delegate (continued)

Make Changes to Delegate Assignments

Manage Accounts [Back to My Home](#) ?

Add Registered Delegate

Click **Confirm** to confirm the request. Click **Cancel** to cancel it.

First Name Charlie
Last Name Brown |
Birth Date 12/02/1972
Last 4 of DLN 1234
Delegate Code 100

Functions

- Base Delegate Access
- Care Management - Create Prior Authorization
- Care Management - View Prior Authorization
- Claims - Treatment History
- Claims - View Claims
- Eligibility - Eligibility Verification
- File Exchange - Download
- File Exchange - Upload
- Member Focus Viewing
- Provider Enrollment - Revalidate/Update

Edit **Confirm** **Cancel**

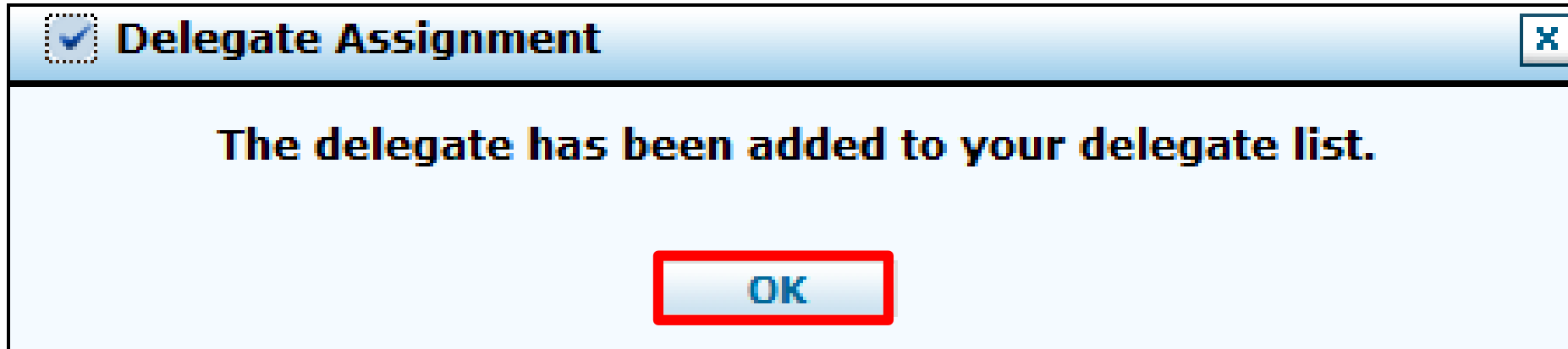
Click Edit, Confirm or Cancel

- Click **Cancel** to return to the Delegate Assignment page.
- Click **Edit** to make any changes in the Delegate Assignment page. After making changes, click Submit.
- Click **Confirm** to confirm the delegate information.

Linking to an Existing Delegate (continued)

Confirm Delegate Assignment

- A **Delegate Assignment** box will be displayed to confirm that the delegate was added to the provider's delegate list.



- Click **OK**. The delegate will be added to the Delegate Assignment page.



Before You Create

A Web Portal Prior Authorization Request

Before You Create a Prior Authorization Request



Verify eligibility to ensure that the recipient is eligible on the date of service for the requested services.



Use the Provider Web Portal's PA search function to see if a request for the dates of service, units and service(s) already exist and is associated with your individual, state or local agency, or corporate or business entity.



Review the coverage, limitations, and PA requirements for the Nevada Medicaid Program before submitting PA requests.



Use the Provider Web Portal to check PAs in pending status for additional information.



Before You Create a Prior Authorization Request (continued)

Recipient's Eligibility Changes from Managed Care Organization (MCO) to Fee-for-Service (FFS)

- Submit the most current authorization letter that specifies the dates of service and the number hours approved by the MCO.
- Submit an FA-24 marked as “Information Only” and on lines beneath. State that this recipient's eligibility has now changed from an MCO to Medicaid FFS.



Create a Prior Authorization Request

Key Information

Recipient Demographics

- First Name, Last Name and Birth Date will be auto-populated based on the recipient ID entered.

Diagnosis Codes

- All PAs will require at least one valid diagnosis code.

Searchable Diagnosis, Current Procedural Terminology (CPT), Healthcare Common Procedure Coding System (HCPCS) and Current Dental Terminology (CDT) Codes

- Enter the first three letters or the first three numbers of the code to use the predictive search.

PA Attachments

- Attachments are required with all PA requests. Attachments can be submitted electronically, by mail or by fax.
- PA requests received without an attachment will remain in pended status for 30 days.
- If no attachment is received within 30 days, the PA request will automatically be cancelled.
- The PA is considered received on the date the attachment is received.

Create Authorization



- Log in to the Provider Web Portal.
- Click **My Home**.
- Hover over the Care Management tab, click **Create Authorization** from the sub-menu.

One Page Process for Prior Authorization Requests

Create Authorization ?

* Indicates a required field.

Medical Dental

*Process Type

[Expand All](#) | [Collapse All](#)

Requesting Provider Information -

Authorization Types
Select **Medical**.

One Page Process for Prior Authorization Requests (continued)

Process Types

Select the appropriate process type from the drop-down list.

The screenshot shows the 'Create Authorization' form with a dropdown menu open for the '*Process Type' field. The form includes sections for 'Requesting Provider Information', 'Recipient Information', 'Referring Provider Information', and 'Service Provider Information'. The dropdown menu lists various process types under 'Medical' and 'Dental' categories. The 'Medical' category is selected with a radio button.

Category	Process Type
Medical	ABA
Medical	ADHC
Medical	Audiology
Medical	BH Inpt
Medical	BH Outpt
Medical	BH PHP/IOP
Medical	BH Rehab
Medical	BH RTC
Medical	DME
Medical	Home Health
Medical	Hospice
Medical	Inpt M/S
Medical	Ocular
Medical	Outpt M/S
Medical	PCS Annual Update
Medical	PCS One-Time
Medical	PCS SDS
Medical	PCS Significant Change
Medical	PCS Temporary Auth
Medical	PCS Transfer
Medical	Retro ABA
Medical	Retro ADHC
Medical	Retro Audiology
Medical	Retro BH Inpt
Medical	Retro BH Outpt
Medical	Retro BH PHP/IOP
Medical	Retro BH Rehab
Medical	Retro BH RTC
Medical	Retro DME
Medical	Retro Home Health
Dental	

Create Medical Prior Authorization

Provider, Recipient, and Referring Provider Information

Requesting Provider Information
Provider ID 119 ID Type NPI Name Plano Independent Hospital

Recipient Information
*Recipient ID
Last Name First Name
Birth Date

Referring Provider Information
Referring Provider same as Requesting Provider
Select from Favorites
Provider ID ID Type Name Add to Favorites

Requesting Provider Information
The information in this section is automatically populated.

Recipient Information
Enter the Recipient ID.

Referring Provider Information
If there is a referring provider, complete one of the following options:

- Check the Referring Provider same as Requesting Provider box.
- Use the Select from Favorites drop-down list to select a provider from your favorites list.
- Enter the Provider ID and select the ID Type from the drop-down list.



The Last Name, First Name, and Birth Date will be automatically populated based on the Recipient ID that is entered.

Create Medical Prior Authorization (continued)

Service Provider Information

Service Provider Information

Service Provider same as Requesting Provider

Select from Favorites

*Provider ID *ID Type Name

Location

Add to Favorites

Required fields are marked with a red asterisk (*).

- Check the Service Provider same as Requesting Provider box.
- Use the Select from Favorites drop-down list to select a provider from your favorites list.
- Enter Provider ID and select an ID Type from the drop-down list.
- Check the Add to Favorites box to add the entered provider to the favorite providers list.
- Select service location from the Location drop-down list (optional).

Diagnosis Information

Diagnosis Information

Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.
Click the **Remove** link to remove the entire row.

Diagnosis Type	Diagnosis Code	Action
Click to collapse.		
*Diagnosis Type ICD-10-CM	*Diagnosis Code	

Required fields are marked with a red asterisk (*).

- The first diagnosis code entered is considered to be the principal or primary diagnosis code.
- Portal allows up to nine diagnosis codes.
- Click **Add** to add each diagnosis code.



Do not key any decimals into the diagnosis code fields.

Diagnosis Information (continued)

Diagnosis Information

Error
Diagnosis Code not found.

Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.
Click the **Remove** link to remove the entire row.

Diagnosis Type	Diagnosis Code	Action
Click to collapse.		
*Diagnosis Type ICD-10-CM	*Diagnosis Code 1234 Diagnosis Code not found.	

— Invalid diagnosis codes are not acceptable.



Do not key any decimals into the diagnosis code fields.

Diagnosis Information (continued)

Diagnosis Information

Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.
Click the **Remove** link to remove the entire row.

Diagnosis Type	Diagnosis Code	Action
ICD-10-CM	T750XA-Unspecified effects of lightning, initia	Remove

Click to collapse.

*Diagnosis Type *Diagnosis Code

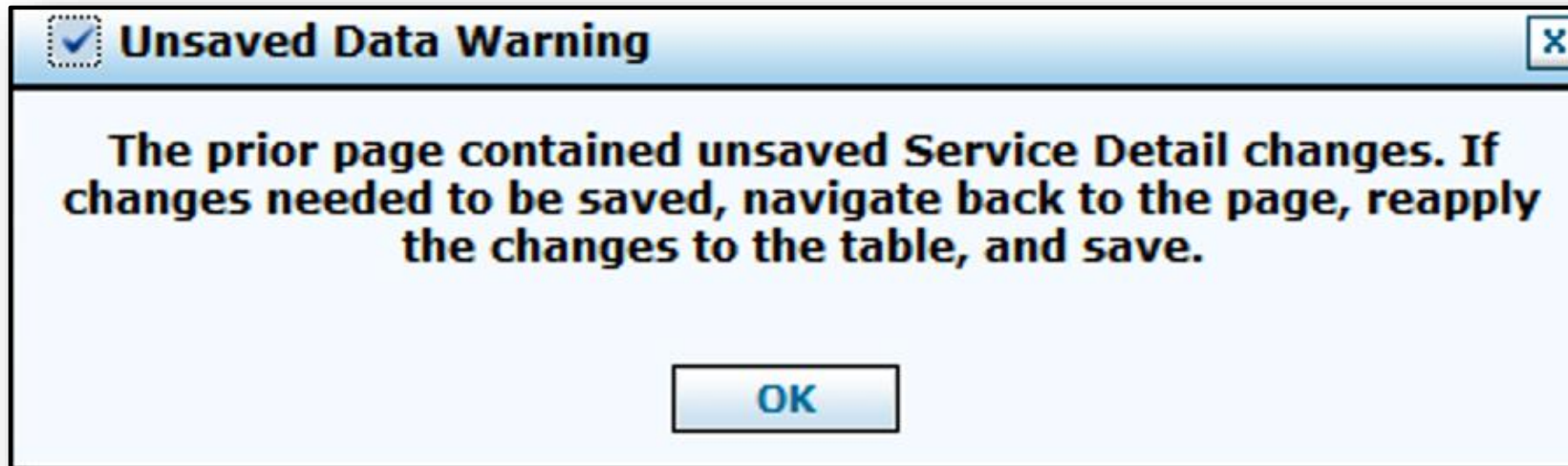
— A valid diagnosis code must be entered.



Do not key any decimals into the diagnosis code fields.

Service Details — Unsaved Data Warning

If you have entered information on the PA and have not clicked the **Add** button, you will get the message below when you click the **Submit** button.





Attachments

Upload File

Attachment Requirements

Attachments

To include an attachment electronically with the prior authorization request, browse and select the attachment, select an Attachment Type and then click on the Add button.

[Prior Authorization Forms](#)

If you will not be sending an attachment electronically, but you have information about files that were sent using another method, such as by fax or that are available on request, select the appropriate Transmission Method and enter all the fields displayed.

Click the **Remove** link to remove the entire row.

	Transmission Method	File	Action
<input type="checkbox"/>	EL-Electronic Only	FA-1.pdf (1018K)	Remove

Click to collapse.

*Transmission Method

*Upload File

*Attachment Type

Allowable file types include:
doc, .docx, .gif, .jpeg, .pdf, .txt,
.xls, .xlsx, .bmp, .tif, and .tiff.



All PA requests require an attachment.

Attachment Requirements (continued)

Choose the type of attachment being submitted from the drop-down list.

Attachments

To include an attachment electronically with the prior authorization request, browse and select the attachment, select an Attachment Type, and click the **Add** button. Attachments that were sent using another method will not be included.

[Prior Authorization Forms](#)

If you will not be sending an attachment electronically, select an appropriate Transmission Method and click the **Add** button.

Click the **Remove** link to remove an attachment.

Transmission Method	Attachment Type
<input type="checkbox"/> Click to collapse.	59-Benefit Letter
*Transmission Method	03-Report Justifying Treatment Beyond Utilization Guidelines
*Upload File	11-Chemical Analysis
*Attachment Type	04-Drug Administered
<input type="button" value="Add"/>	05-Treatment Diagnosis
	06-Initial Assessment
	07-Functional Goals
	08-Plan of Treatment
	09-Progress Report
	10-Continued Treatment
	13-Certified Test Report
	15-Justification for Admission
	21-Recovery Plan
	48-Social Security Benefit Letter
	55-Rental Agreement
	77-Support Data for Verification
	A3-Allergies/Sensitivities Document
	A4-Autopsy Report
	AM-Ambulance Certification
	AS-Admission Summary
	AT-Purchase Order Attachment
	B2-Prescription
	B3-Physician Order
	BR-Benchmark Testing Results
	BS-Baseline
	BT-Blanket Test Results
	CB-Chiropractic Justification
	CK-Consent Form(s)
	D2-Physician Order
	DA-Dental Models

Current Procedural Terminology (CPT) and data are copyrighted by the American Dental Association (ADA).

Uploading Attachments

To include attachments electronically with a PA request:

- Select the Transmission Method — Electronic Only.
- Upload File — click **Browse** and locate the file to be attached and click to attach.
- Attachment type — select the type of attachment being sent from the drop-down list.
- Select **Add** to attach the file.
- Additional attachments — click **Browse**. Locate the file to be attached, then click to attach.
(*Note: The combined size of all attachments cannot exceed 4 MB per submission.*)
- Once attachments are added, the file name will be visible in the attachment grid.
- To remove any attachments that were attached incorrectly, click **Remove**.

File Upload Size Limit Reached

- To add additional attachments, reopen the PA request by clicking **Edit** on the View Authorization Response page.
- Once the PA is reopened, additional attachments can be added.
- Resubmit the PA request.

Uploading Attachments (continued)

File Upload Naming Convention Guidelines



- Forms being uploaded must be in an approved format.
- Files should be saved using the form name as the prefix (e.g., FA-XX).
- Non-compliant file uploads may be rejected or cause a delay in processing the request.

File Upload Naming Convention Examples

Form Name	
Correct	Incorrect
FA-24	
FA-24_MaryPoppins.pdf	Mary_FA24_Poppins.pdf
FA-24A	
FA-24A_01152017MP.jpeg	24Amarypoppins.jpeg
FA-24B	
FA-24B_PMacct1015.doc	MPAact1015.doc



Submitting Attachments

- **All** attachments should be submitted via the Provider Web Portal.
- If the maximum upload file size has been reached and additional attachments need to be submitted, click **Edit** to reopen the PA request on the View Authorization Response page.
- When the PA is reopened, add any additional attachments and resubmit the PA.
- If the PA has been submitted via the Provider Web Portal and attachments are being submitted by fax, the original PA tracking number must be referenced on all documents. The process must be followed to ensure that the documents will be matched to the correct request.

Submitting Attachments (continued)

- Include your National Provider Identifier (NPI) and provider type (e.g., 10, 11, 12, 20) on the faxed documents. These requirements can be written or typed on the fax cover sheet or the documents being faxed (e.g., “FA-” for the prior authorization form).
- If attachments are submitted by fax, the PA will not be reviewed until all attachments are received. If attachments are not received within 30 days, the PA will be automatically cancelled.



If an attachment is not submitted, your request will be cancelled after 30 days.

Submitting a Prior Authorization

Attachments

To include an attachment electronically with the prior authorization request, browse and select the attachment, select an Attachment Type and then click on the Add button.

[Prior Authorization Forms](#)

If you will not be sending an attachment electronically, but you have information about files that were sent using another method, such as by fax or by mail, select the appropriate Transmission Method and Attachment Type.

Click the **Remove** link to remove the entire row.

Transmission Method	File	Action
Click to collapse.		
*Transmission Method	EL-Electronic Only	
*Upload File	<input type="text"/> Browse...	
*Attachment Type	<input type="text"/>	
<input type="button" value="Add"/> <input type="button" value="Cancel"/>		
<input type="button" value="Submit"/> <input type="button" value="Cancel"/>		

Once all of the required information, service details lines, and attachment information has been added, click **Submit** to go to the Confirm Authorization page.

Finalizing a Prior Authorization

Confirm Authorization ?

[Expand All](#) | [Collapse All](#)

Requesting Provider Information +

Recipient Information and Process Type +

Referring Provider Information +

Service Provider Information +

[Expand All](#) | [Collapse All](#)

Diagnosis Information -

Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.

Diagnosis Type	Diagnosis Code
ICD-10-CM	A3790-Whooping cough, unspecified species with

Service Details -

Line #	From Date	To Date	Code	Modifiers	Units
1	04/01/2017	04/30/2017	CPT/HCPCS 99214-Office/outpatient visit est		1

Attachments -

Transmission Method	File	Attachment Type
EL-Electronic Only	FA-29A.pdf (36K)	06-Initial Assessment

Back
Confirm
Cancel

- Review the information for accuracy.
- If errors are present, click **Back** to return to the Create Authorization page.
- After all of the information has been reviewed, click **Confirm** to submit the PA for processing.

Authorization Successfully Submitted

Care Management > Authorization Receipt

Authorization Receipt ?

Your Authorization Tracking Number 20000 was successfully submitted.

Click **Print Preview** to view authorization details and receipt.
Click **Copy** to copy member data or authorization data.
Click **New** to create a new authorization for a different member.

General Authorization Receipt Instructions

[Print Preview](#) [Copy](#) [New](#)

- An authorization tracking number (ATN) receipt is generated upon successfully submitting the PA request.
- Click **Print Preview** to view the PA details and receipt.
- Click **Copy** to copy member data or authorization data.
- Click **New** to create a new PA request for a different recipient.

Example of an Unsuccessful Authorization

- Duplicate service lines that already exist on another PA for the same recipient

Error

Data Validation Failure

This prior authorization request is a duplicate of existing PA request (35171700001).

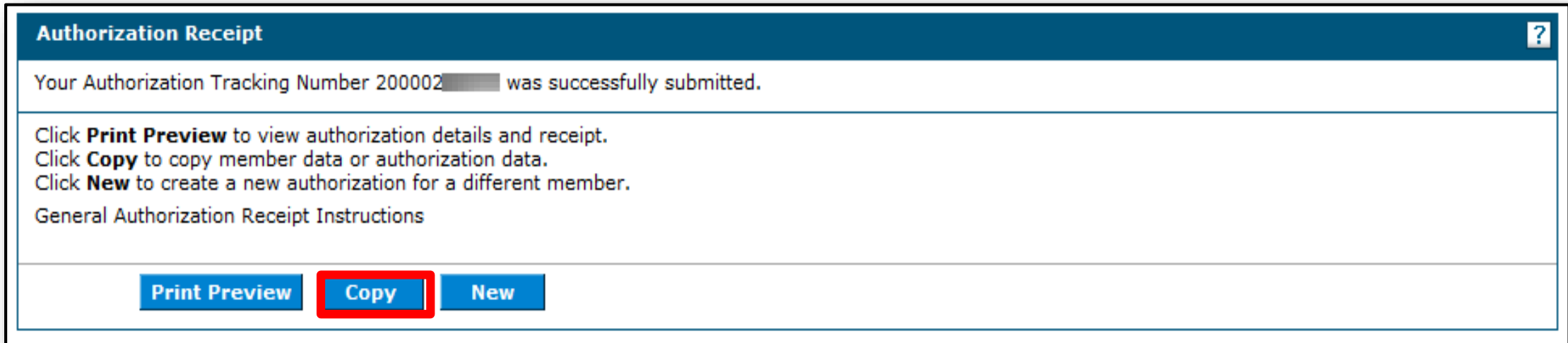
Confirm Authorization ?						
Expand All Collapse All						
Requesting Provider Information +						
Recipient Information and Process Type +						
Referring Provider Information +						
Service Provider Information +						
Expand All Collapse All						
Diagnosis Information -						
Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.						
Diagnosis Type		Diagnosis Code				
ICD-10-CM		A3790-Whooping cough, unspecified species with				
Service Details -						
	Line #	From Date	To Date	Code	Modifiers	Units
+	1	04/01/2017	04/30/2017	CPT/HCPCS 99214-Office/outpatient visit est		1
Attachments -						
Transmission Method		File		Attachment Type		
EL-Electronic Only		FA-29A.pdf (36K)		06-Initial Assessment		
Back Confirm Cancel						



Copying an Authorization

Copying an Authorization

A PA request can be copied, either for the same recipient or the same service, from the Authorization Receipt screen once the original PA request has been successfully submitted.



The screenshot shows a web interface titled "Authorization Receipt" with a help icon in the top right corner. The main content area contains a confirmation message: "Your Authorization Tracking Number 200002 [redacted] was successfully submitted." Below this, there are three instructions: "Click **Print Preview** to view authorization details and receipt.", "Click **Copy** to copy member data or authorization data.", and "Click **New** to create a new authorization for a different member." A link for "General Authorization Receipt Instructions" is also present. At the bottom, there are three buttons: "Print Preview", "Copy" (highlighted with a red border), and "New".

Copying an Authorization (continued)

Member

- Copy a PA request for an existing recipient when requesting a new service.
- Only the recipient data is copied.

Copy Data ?

Select the information you would like to have copied to the new authorization. Press **Copy** to initiate the new authorization request and continue entering authorization information.

Member Data
Copy the member data to a new authorization request.

Authorization Data
Copy authorization data to a different member.

Copy **Cancel**

Copying an Authorization (continued)

Authorization Data

Copy a PA request by service in order to submit a PA request for similar services but for a different recipient.

Copy Data ?

Select the information you would like to have copied to the new authorization. Press **Copy** to initiate the new authorization request and continue entering authorization information.

Member Data
Copy the member data to a new authorization request.

Authorization Data
Copy authorization data to a different member.



All of the authorization data is copied with the exception of the recipient data and the Attachments section.



Viewing Authorizations

Viewing Authorizations



- Select the Care Management tab.
- Click **View Status of Authorizations**.

Viewing Authorizations (continued)

The screenshot shows a web interface titled "View Authorization Status" with a help icon. Below the title are two tabs: "Prospective Authorizations" (which is selected and highlighted with a red box) and "Search Options". A paragraph of text explains that prospective authorizations are listed below, including the first 20 with a beginning Services Date of today or greater, and provides instructions on how to view details or search for a different authorization. Below this text is a table titled "Prospective Authorizations". The table has seven columns: "Authorization Tracking Number", "Service Date", "Recipient Name", "Recipient ID", "Process Type", "Requesting Provider", and "Servicing Provider". The first row of data shows an Authorization Tracking Number of 3117 (highlighted with a red box), a Service Date of 04/20/2017 - 04/25/2017, Recipient Name of SMITH, JANE, Recipient ID of 000000, Process Type of Outpt M/S, Requesting Provider of HEALTHCARE, and Servicing Provider of HEALTHCARE.

<u>Authorization Tracking Number</u>	<u>Service Date</u> ▲	<u>Recipient Name</u>	<u>Recipient ID</u>	<u>Process Type</u>	<u>Requesting Provider</u>	<u>Servicing Provider</u>
3117	04/20/2017 - 04/25/2017	SMITH, JANE	000000	Outpt M/S	HEALTHCARE	HEALTHCARE

- Prospective Authorizations and Search Options tabs will be displayed.
- The Prospective Authorizations tab displays PAs by either the requesting or servicing provider.
- The Search Options tab allows a search by either recipient or provider information.
- To view the details of an authorization, click the ATN. It will be blue in color and underlined.

Viewing Authorizations (continued)

View Authorization Response for Jane Doe Smith [Back to View Authorization Status](#)

Authorization Tracking # 1000000121 **Process Type** Outpt M/S [Expand All](#) | [Collapse All](#)

Requesting Provider Information

Recipient Information

Referring Provider Information

Diagnosis Information

Service Provider / Service Details Information

Provider ID 119 **ID Type** NPI **Name** Plano Independent Hospital

From Date	To Date	Units	Remaining Units	Amount	Code	Medical Citation	Decision / Date	Reason
04/01/2017	04/30/2017	3	-	-	CPT/HCPCS 77261-Therapeutic radiology treatment planning; simple	View	Certified In Total 04/30/2017	-

[Edit](#) [View Provider Request](#) [Print Preview](#)

- The ATN is the same as the PA number. If a claim is submitted before the PA is approved, the claim will deny.
- The PA status always defaults to “Pended” until a determination is complete.

Viewing Authorizations (continued)

View Authorization Response for Jane Doe Smith [Back to View Authorization Status](#) ?

Authorization Tracking # 1000000121 Process Type Outpt M/S [Expand All](#) | [Collapse All](#)

Requesting Provider Information +

Recipient Information +

Referring Provider Information +

Diagnosis Information +

Service Provider / Service Details Information -

Provider ID 119 ID Type NPI Name Plano Independent Hospital

From Date	To Date	Units	Remaining Units	Amount	Code	Medical Citation	Decision / Date	Reason
04/01/2017	04/30/2017	3	-	-	CPT/HCPCS 77261-Therapeutic radiology treatment planning; simple	View	Certified In Total 04/30/2017	-

[Edit](#) [View Provider Request](#) [Print Preview](#)

- Under the Decision/Date field:
 - Certified in Total — The PA request was approved for exactly as requested.
 - Not Certified — The PA was not approved.
- Under the Reason field:
 - Disposition pending review — The PA request is still in process, which appears when the PA request is in “Pended” status.
- Always check the details of your PA request by expanding all fields and reviewing the information.

Viewing Authorizations (continued)

Provider ID 119		ID Type NPI			Name Plano Independent Hospital			
From Date	To Date	Units	Remaining Units	Amount	Code	Medical Citation	Decision / Date	Reason
04/01/2017	04/30/2017	3	-	-	CPT/HCPCS 77261-Therapeutic radiology treatment planning; simple	View	Certified In Total 04/30/2017	-

[Edit](#) [View Provider Request](#) [Print Preview](#)


- Remaining Units/Days — The amount counts down as claims are processed.
- The Medical Citation field indicates if additional information is needed for all authorizations (including denied). Click **View** to see the details.
- PA requests submitted through the Provider Web Portal are viewable. Faxed authorizations may limit the amount of information that is viewable (summary, status of request).

Note: If you are searching for a PA number by the Recipient ID when the PA request is more than 60 days old and you do not know the start date of the authorization, you will need to call 800-525-2395 to get the PA number.



Submitting Additional Information

How to Submit Additional Information



If you have submitted a PA request via the Provider Web Portal but need to submit additional information such as:

- Requests for additional services.
- Attachments that were not submitted with the original PA submission.
- An FA-29 Prior Authorization Data Correction Form.
- An FA-29A Request for Termination of Service



Use the approved naming convention when uploading attachments. For instance, “Form Name” as the prefix, FA-XX.

How to Submit Additional Information (continued)

Resubmission Process

- Search for the PA using the View Authorization Status search page.
- Click the ATN in the Search Results grid.
- Click **Edit** on the View Authorization Response page.
- The PA is re-opened, and new diagnosis codes, service details, and/or attachments can be added.

Print Preview

View Authorization Response for [Back to View Authorization Status](#) ?

Authorization Tracking # 3517134 Process Type DME [Expand All](#) | [Collapse All](#)

Requesting Provider Information +

Recipient Information +

Referring Provider Information +

Diagnosis Information +

Service Provider / Service Details Information -


Provider ID 112 ID Type NPI Name PHARMACY

From Date	To Date	Units	Remaining Units	Amount	Code	Medical Citation	Decision / Date	Reason
05/16/2017	05/16/2017	1	-	-	CPT/HCPCS G9100-Onc dx gastric no recurrence	Hide	Pended 05/14/2017	Product/service/procedure delivery pattern (e.g., units, days, visits, weeks, hours, months)

Medical Citation
700- Authorization requirements|not met.

Notes To Provider
-

Edit View Provider Request Print Preview

 Changes cannot be made to previously submitted information. If you need to update previously submitted information, attach the **FA-29 Prior Authorization Data Correction Form** to the PA request that needs to be updated.

How to Submit Additional Information (continued)

- Once the new information has been added to the PA request, click **Resubmit** to review the PA information.
- Click **Confirm** to resubmit the PA.
- The ATN will remain the same.



PA requests with a status of Not Certified or Cancel cannot be resubmitted. The **Edit** button will not appear on the View Authorization Response page.



Searching Authorization Status

Searching Authorization Status

The screenshot shows the 'View Authorization Status' page. At the top, there is a dark blue header with the text 'View Authorization Status'. Below this, there are two tabs: 'Prospective Authorizations' and 'Search Options', with the latter highlighted by a red box. Below the tabs, there is a text prompt: 'Enter at least one of the following fields to search for an authorization.' This is followed by a section titled 'Authorization Information'. Under this section, there is a label 'Authorization Tracking Number' next to an empty text input field, which is also highlighted by a red box. Below this input field, there is a prompt: 'Select a Day Range or specify a Service Date'. This is followed by two options: 'Day Range' with a dropdown menu showing 'Last 30 days' and a downward arrow, and 'OR' followed by 'Service Date' with an empty text input field and a calendar icon.

Providers have the ability to search for specific PA requests. Click **Search Options** on the View Authorization Status page. To search for a PA, enter at least one of the following:

- Enter the ATN.
- Select the Day Range from the drop-down list.
- Enter the Service Date.

Note: The Service Date field cannot be blank unless an ATN was entered. If the PA start date is more than 60 days ago, a starting service date of the authorization must be entered in the Service Date field.

Searching Authorization Status (continued)

Recipient Information

Member information is not mandatory. You can either enter the Member ID; or the Last Name, First Name, and Birth Date.


Recipient ID	<input type="text"/>	Birth Date ⓘ	<input type="text"/> ⓘ
Last Name	<input type="text"/>	First Name	<input type="text"/>

Recipient Information

- Enter the recipient's information.
- Enter only the recipient's ID number **or** the recipient's Last name, First name, and Date of Birth.

Searching Authorization Status (continued)

Provider Information

Provider ID  ID Type

This Provider is the Servicing Provider on the Authorization
 Referring Provider on the Authorization

Provider Information

- Enter the provider's NPI in the Provider ID field.
- Select the ID Type from the drop-down list.
- Select whether the provider is the servicing or referring provider on the PA request.
- Click **Search**.
- Search results will display at the bottom of the screen.



Forms



Attach the appropriate FA Form(s) for the Authorization Type Being Requested

- Refer to <https://www.medicaid.nv.gov/providers/forms/forms.aspx> for the forms options.
- Verify that all fields are completed on the appropriate form(s) for the requested service.
- Type information into the form. Illegible forms will not be processed.
- The explanation of the reason that a request is being made and any special circumstances should be explicit and concise.
- All information including start dates and procedure codes must be consistent with information entered on the Provider Web Portal — Prior Authorization Request. If information is not consistent, it will cause delays.



Prior Authorization Reconsideration Request Form – 29B

Steps to Upload Forms

- Select the File Exchange.
- From the File Type drop-down list, select the form to be uploaded. (*Note: Prior Authorization forms will require additional input of the appropriate Authorization Tracking Number and recipient ID.*)
- Enter the ATN for the PA request.
- Enter the Recipient ID associated with the Authorization Tracking Number.

Prior Authorization Reconsideration Request Form – 29B (continued)

- Upload File – Click **Browse** to initiate a browser window from which you can select the file you want to upload.
- Choose a file that you want to upload from the appropriate location and click **Open**. The file name and location appears on the upload file section. (*Note: Clicking the **Cancel** button or selecting the **X** icon on the browser window closes the browser window without selecting any files to upload.*)
- Click **Upload**.
- If applicable, an error message will appear either saying that there is a recipient or tracking number mismatch or there was a problem processing your last request.



Resources

Additional Resources

- For Forms: <https://www.medicaid.nv.gov/providers/forms/forms.aspx>
- For EVS General Information: <https://www.medicaid.nv.gov/providers/evsusermanual.aspx>
- For Secure EVS Web Portal:
<https://www.medicaid.nv.gov/hcp/provider/Home/tabid/135/Default.aspx>
- Billing Manual and Guides: <https://www.medicaid.nv.gov/providers/BillingInfo.aspx>

DHCFP Contact Information

- Division of Health Care Financing and Policy: <http://dhcfp.nv.gov/>
- Medicaid Services Manuals, MSM Chapters:
<http://dhcfp.nv.gov/Resources/AdminSupport/Manuals/MSM/MSMHome/>




Contact Us





Contact Us — Nevada Medicaid Customer Service



Customer Service Telephone:
877-638-3472




Prior Authorization Telephone:
800-525-2395



Provider Web
Portal Technical Assistance:
877-638-3472

Web Portal Option 6



Contact Us — Nevada Medicaid

Prior Authorization Fax Numbers

Dental fax:
855-709-6848

PCS/ADHC fax:
855-709-6846

All other PA fax:
866-480-9903

Contact Us — Nevada Medicaid Provider Training — Field Service Representatives

Contact the Provider
Training Unit
Team Territories
www.medicaid.nv.gov

Upcoming Training Events
2017 Provider Training
Registration Website

Email Us
NevadaProviderTraining@dxc.com



**Onsite
training**



**Virtual
instructor-led**



**Self-paced
Web-based course**



Thank You