

Registered Dietitian

Provider Type 15 Training



Nevada Medicaid Provider Training

2018



Objectives



Objectives

- Locate the Medicaid Services Manual
- Understand Qualifications to Become a Nevada Medicaid Provider
- Learn about Covered and Non-Covered Services
- Review the Provider Enrollment page
- Complete Online Provider Enrollment
- Navigate through the Provider Web Portal (www.medicaid.nv.gov)
 - Locate Billing Guidelines and Manuals
 - Authorization Criteria
 - Search Fee Schedule
- Navigate the Electronic Verification System (EVS) Web Portal
- Understand Benefits of Electronic Data Interchange (EDI) claims submission
- Contact Nevada Medicaid



Medicaid Services Manual (MSM)

Locating the Medicaid Services Manual (MSM)

The screenshot shows the Nevada Department of Health and Human Services website. The header includes the department name and logo, a search bar, and navigation links for 'Contact Us' and 'DHCFP Home'. A blue navigation bar contains links for 'Providers', 'EVS', 'Pharmacy', 'Prior Authorization', 'Quick Links', and 'Calendar'. On the left, there are sections for 'Announcements' and 'Featured Links'. The main content area features a 'New Provider Orientation' banner with a 'REGISTER TODAY' button. A dropdown menu is open over the banner, with 'Medicaid Services Manual' highlighted in a red box. Other items in the dropdown include 'Change Provider Information', 'PASRR', 'Rates Unit', and 'Get Adobe Reader'. On the right, there are 'Notifications' sections with text updates.

- Step 1: Highlight “Quick Links” from top blue tool bar at www.medicaid.nv.gov
- Step 2: Select “Medicaid Services Manual” from the drop-down menu
- Note: MSM Chapters will open in new webpage through the DHCFP website

Locating the Medicaid Services Manual, continued

- Medicaid Services Manual - Complete
- 100 Medicaid Program
- 200 Hospital Services
- 300 Radiology Services
- 400 Mental Health and Alcohol and Substance Abuse Services
- 500 Nursing Facilities
- 600 Physician Services
- 700 Home and Community Based Waiver and Payment
- 800 Laboratory Services
- 900 Private Duty Nursing
- 1000 Dental
- 1100 Ocular Services
- 1200 Prescribed Drugs
- 1300 DME Disposable Supplies and Supplements
- 1400 Home Health Agency
- 1500 Healthy Kids Program
- 1600 Intermediate Care for Individuals with Intellectual Disabilities
- 1700 Therapy
- 1800 Adult Day Health Care
- 1900 Transportation Services
- 2000 Audiology Services
- 2100 Home and Community Based Waiver for Individuals with Intellectual Disabilities
- 2200 Home and Community Based Waiver for the Frail Elderly
- 2300 Waiver for Persons with Physical Disabilities
- 2400 Home Based Habilitation Services
- 2500 Case Management
- 2600 Intermediary Service Organization
- 2700 Certified Community Behavioral Health Clinic
- 2800 School Based Child Health Services
- 3000 Indian Health
- 3100 Hearings
- 3200 Hospice
- 3300 Program Integrity
- 3400 Telehealth Services
- 3500 Personal Care Services Program
- 3600 Managed Care Organization

- Select Chapter 600
Physician Services
- From the next page, always
make sure that you select
the “Current” policy.



Qualifications to Become a Nevada Medicaid Provider



Qualifications to Become a Nevada Medicaid Provider

In order to be recognized as a Registered Dietitian and be reimbursed for Medical Nutrition Therapy (MNT) services, a provider must meet the following criteria:

- Licensed and Registered Dietitian under the qualifications of NRS 640E.150
- An individual
- Bachelor's Degree or higher from an Accredited University in Human Nutrition, Nutrition Education or equivalent
- Completed all necessary/required training
- Licensed by the Nevada State Board of Health



Covered and Non-Covered Services

Covered and Non-Covered Services

COVERED SERVICES

- Recipients with:
 - Diabetes
 - Obesity
 - Heart Disease
 - Hypertension
- Services rendered according to the written order from a Physician or a Physician's Assistant (PA) or an Advanced Practice Registered Nurse (APRN)
- Individualized Treatment Plan

NON-COVERED SERVICES

- Medical Nutrition Therapy (MNT) and Diabetes Self Management Training (DSMT) that occurred on the same dates of service

Covered and Non-Covered Services

Valid Current Procedural Terminology (CPT) codes being used by Registered Dietitians:

- **97802:** Medical nutrition therapy, assessment and intervention; individual face to face with the patient; each 15 minutes.
- **97803:** Medical nutrition therapy, re-assessment and intervention; individual face to face with the patient; each 15 minutes.
- **98804:** Medical nutrition therapy, group, 2 or more, each 30 minutes.
- **G0270:** Medical nutrition therapy, re-assessment and subsequent intervention(s); MNT subsequent treatment for change in diagnosis, each 15 minutes.
- **G0271:** Medical nutrition therapy, re-assessment and subsequent interventions; group MNT 2 or more, each 30 minutes.
- **Q3014:** Telehealth Services.

Provider Enrollment Page

Navigate to the Provider Enrollment Page

The screenshot shows the Nevada Department of Health and Human Services website. The header includes the department name and a search bar. A blue navigation bar contains links for Providers, EVS, Pharmacy, Prior Authorization, Quick Links, and Calendar. A dropdown menu for 'Providers' is open, with 'Provider Enrollment' highlighted in a red box. The main content area features a 'New Provider Orientation' banner with a 'REGISTER TODAY' button and a list of topics including Introduction to Nevada Medicaid, Website Navigation, Getting Started on EVS, and Overview of Claims Process. A 'Notifications' sidebar on the right contains several updates. A 'Provider Links' sidebar at the bottom right also has 'Provider Enrollment' highlighted in a red box.

- Navigate to www.medicaid.nv.gov
- Highlight “Providers” from top blue tool bar and select “Provider Enrollment” from drop-down menu or select “Provider Enrollment” from the “Provider Links” located on the right hand side of any page

Provider Enrollment Page – Provider Enrollment Information Booklet

Required Enrollment Documents

- **Provider Enrollment Information Booklet:** All providers will need the information contained in this booklet, which includes common enrollment questions and information about out-of-state providers and provider groups.
- **Enrollment Checklists:** Copies of certain documents must be included with your Provider Enrollment Packet (e.g., copy of professional certification, proof of insurance, background check). The Enrollment Checklists show required documentation for each provider type.
- **Business Associate Addendum (NMH-3820):** This document must be signed and submitted with your Provider Enrollment/Re-Enrollment Packet if it is listed on the Provider Enrollment Checklist for your Provider Type and when requested by the Division of Health Care Financing and Policy (DHCFP) or Nevada Medicaid.
- **Advance Directives Compliance Self-Evaluation & Certification (NMH-3827):** This form must be completed and submitted to DHCFP if it is listed on the Provider Enrollment checklist for your Provider Type.
- **Civil Rights Compliance Self-Evaluation & Certification (NMH-3828):** This form must be completed and submitted to DHCFP if it is listed on the Provider Enrollment checklist for your Provider Type.

All Providers must read the Provider Enrollment Information Booklet, which contains the following information:

- Required Documentation – explains each FA-31 Form and its purpose
- Recommended Documents – Electronic Data Interchange (EDI) Enrollment Forms
- Out of State Provider (Emergency and Non-Emergency Services)
- Out of State in Catchment Areas
- Policy Location Information
- Provider Group Information
- Provider Types and Specialty Codes

Provider Enrollment Page – Enrollment Checklists

Required Enrollment Documents

- [Provider Enrollment Information Booklet](#): All providers will need the information contained in this booklet, which includes common enrollment questions and information about out of state providers and provider groups.
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- [Civil Rights Compliance Self-Evaluation & Certification \(NMH-3828\)](#): This form must be completed and submitted to DHCFP if it is listed on the Provider Enrollment checklist for your Provider Type.

- All providers must review their Enrollment Checklist as this will provide information as to additional documentation that must be submitted with their Application and Contract.
- Checklists will open on new webpage.
- The Enrollment Checklist webpage will contain all provider types.
- While on the Enrollment Checklist webpage, select the “Provider Type 15 Registered Dietitian” checklist.

Provider Enrollment Page – Enrollment Checklist

Provider Enrollment Checklist for Provider Type 15

Registered Dietitian

The following is a list of required enrollment documents for this provider type. A copy of each document listed below must be included with your Provider Enrollment or Revalidation Packet.

If you have any questions, please contact the Provider Enrollment Unit at (877) 638-3472 from 8:00 a.m. to 5:00 p.m. Monday through Friday.

- Documentation showing provider's Taxpayer Identification Number (SS-4, CP575, W-9 or Social Security Card)
- Nevada State Board of Registered Dietitians License
- National Provider Identifier (NPI) validation: Printed page from the National Plan and Provider Enumeration System (NPPES) NPI Registry displaying the provider's NPI or a printed copy of the email confirmation showing the provider's NPI

You do not need to submit this checklist with your enrollment or revalidation documents.

Provider Enrollment Page – Online Provider Enrollment User Manual

Online Provider Enrollment User Manual

- Chapter 1: Getting Started
- Chapter 2: Initial Enrollment Application
- Chapter 3: Revalidation and Updates

Online Provider Enrollment (OPE) User Manual chapters provide step-by-step instructions:

- Chapter 1: High-level overview of the OPE tool including navigating the site, quick review of application questions, how to contact Nevada Medicaid and Frequently Asked Questions (FAQs)
- Chapter 2: Provides detailed instructions on how to complete an initial application
- Chapter 3: Provides detailed instructions on how to complete a revalidation or an update via the Electronic Verification System (EVS)

Provider Enrollment Page – Enrollment and Revalidation Documents

Initial Enrollment Documents

- [Provider Initial Enrollment Application Packet \(Individuals\) \(FA-31C\)](#): Complete and submit the forms in this packet if you are enrolling as a Nevada Medicaid and Nevada Check Up individual provider. This packet contains instructions, application and contract.
- [Provider Initial Enrollment Application Packet \(Groups\) \(FA-31D\)](#): Complete and submit the forms in this packet if you are enrolling as a Nevada Medicaid and Nevada Check Up group/facility provider. This packet contains instructions, application and contract.

Revalidation Documents

- [Provider Revalidation Application Packet \(Individuals\) \(FA-31A\)](#): The forms in this packet must be submitted by active individual providers who have received a revalidation letter. This packet contains instructions, application and contract.
- [Provider Revalidation Application Packet \(Groups/Facilities\) \(FA-31B\)](#): The forms in this packet must be submitted by active group/facility providers who have received a revalidation letter. This packet contains instructions, application and contract.
- [Using the New Provider Re-Enrollment Applications](#): Training presentation.
- [Provider Re-Enrollment Frequently Asked Questions \(FAQs\) \(Updated July 5, 2012\)](#)

Ordering, Prescribing and Referring Provider Enrollment Documents

- [Provider Enrollment Application for Ordering, Prescribing or Referring \(OPR\) Providers](#): Complete and submit this application if you are an individual wishing to enroll in Nevada Medicaid and Nevada Check Up as an Ordering, Prescribing or Referring provider
- [Ordering, Prescribing and Referring Provider Enrollment Frequently Asked Questions \(FAQs\)](#)

- Initial Enrollment Documents
FA-31C – Individual
FA-31D - Group

- Revalidation Documents
FA-31A – Individual
FA-31B – Group

- Ordering, Prescribing and Referring Provider Enrollment Documents
OPR Only



Online Provider Enrollment

Online Provider Enrollment

Enroll in Nevada Medicaid through the Provider Web Portal

www.medicaid.nv.gov

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

Providers ▾ EVS ▾ Pharmacy ▾ Prior Authorization ▾ Quick Link

- Announcements/Newsletters
- Billing Information
- Electronic Claims/EDI
- E-Prescribing
- Forms
- NDC
- Provider Enrollment**
- Provider Training

Welcome

- Step 1: Highlight “Providers” from top blue tool bar
- Step 2: Select “Provider Enrollment” from drop-down menu

Online Provider Enrollment, continued

Provider Enrollment

Provider Enrollment Online Application

Effective December 1, 2015, the web-based [Online Provider Enrollment Portal](#) is available for providers to complete new enrollment in Nevada Medicaid, revalidation and provider changes.

- Select “Online Provider Enrollment Portal” to begin Online Application

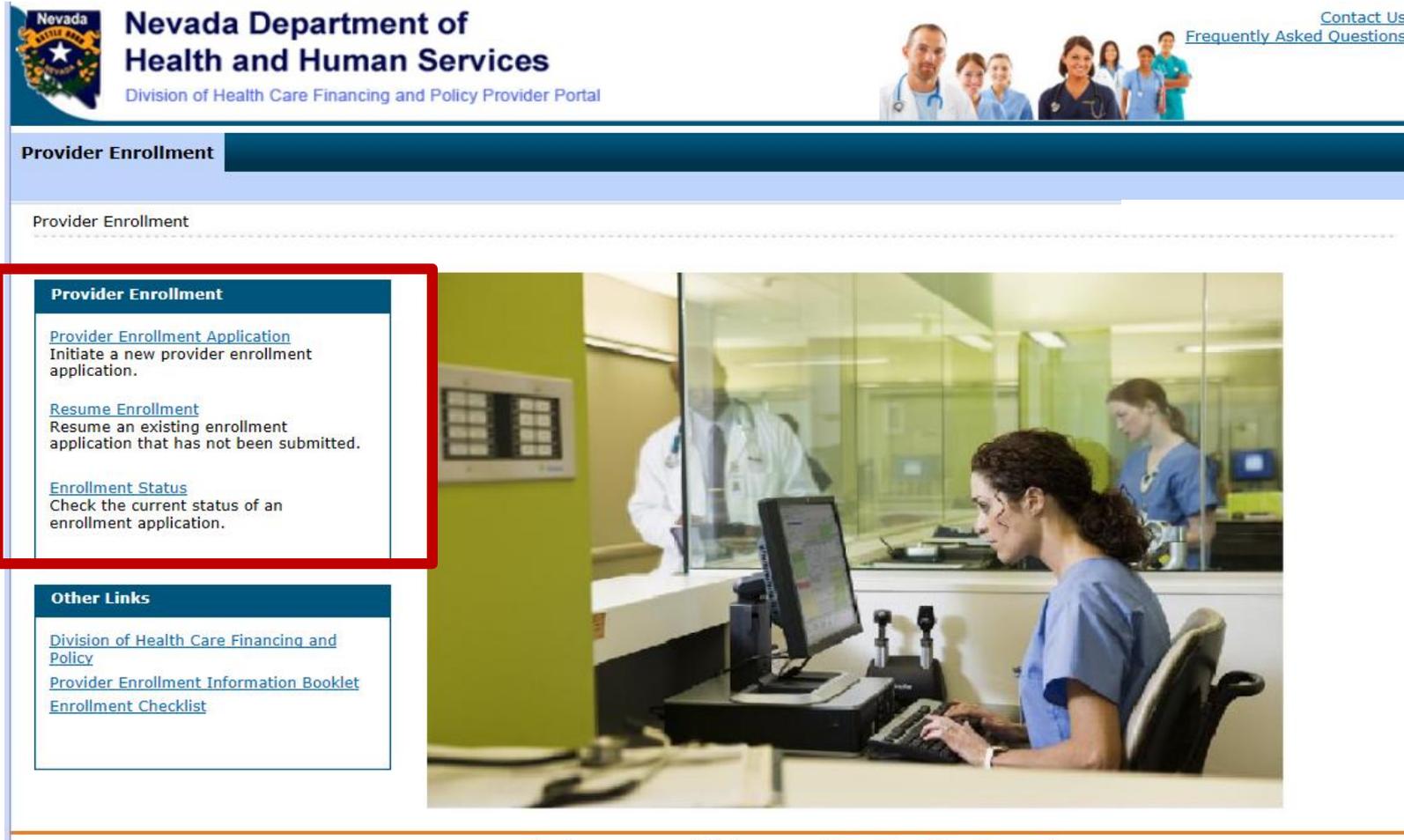
Required Enrollment Documents

- [Provider Enrollment Information Booklet](#): All providers will need the information contained in this booklet, which includes common enrollment questions and information about out-of-state providers and provider groups.
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- [Civil Rights Compliance Self-Evaluation & Certification \(NMH-3828\)](#): This form must be completed and submitted to DHCFP if it is listed on the Provider Enrollment checklist for your Provider Type.

Online Provider Enrollment User Manual

- [Chapter 1: Getting Started](#)
- [Chapter 2: Initial Enrollment Application](#)
- [Chapter 3: Revalidation and Updates](#)

Online Provider Enrollment, continued



The screenshot shows the Nevada Department of Health and Human Services website. The header includes the Nevada state seal, the department name, and the division name: "Division of Health Care Financing and Policy Provider Portal". There are links for "Contact Us" and "Frequently Asked Questions". The main navigation bar is labeled "Provider Enrollment". Below this, there is a sub-section titled "Provider Enrollment" with a dashed line separator. A red box highlights a "Provider Enrollment" menu with three options: "Provider Enrollment Application" (Initiate a new provider enrollment application), "Resume Enrollment" (Resume an existing enrollment application that has not been submitted), and "Enrollment Status" (Check the current status of an enrollment application). Below the menu is an "Other Links" section with three links: "Division of Health Care Financing and Policy", "Provider Enrollment Information Booklet", and "Enrollment Checklist". To the right of the menu is a photograph of a healthcare worker in blue scrubs sitting at a computer workstation in a clinical setting.

- Provider Enrollment Application – Begin new application
- Resume Enrollment – Continue with previously started enrollment application
- Enrollment Status – Check status of enrollment application

Online Provider Enrollment, continued

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

[Contact Us](#)
[Frequently Asked Questions](#)

Provider Enrollment

[Provider Enrollment](#) > Provider Enrollment Application

Provider Enrollment: Welcome ?

Welcome	Welcome to the Online Provider Enrollment System
Request Information	Thank you for your interest in the Nevada Medicaid and Nevada Check Up Program. To bill for services rendered to Nevada Medicaid recipients, you must enroll as a Nevada Medicaid Provider. DXC Technology is the current fiscal agent for the Nevada Medicaid and Nevada Check Up program. Hereafter, DXC Technology is referred to as Nevada Medicaid.
Specialties	All of the materials within this document must be completed and submitted to Nevada Medicaid for your request to be processed. A checklist of required documentation has been provided for your convenience. Please review the Provider Information Enrollment Booklet for additional information.
Addresses	Submission of incomplete materials will delay your request. In addition to required documentation, additional supporting documentation can be uploaded with your application if necessary. If your responses to any questions on this enrollment application did not fit into the field on the page, type the question and response and upload the documentation using Other as the attachment type on the Attachments page of this online application. All documents must be uploaded at the time of provider enrollment forms submission in order for your application to be considered complete. Please retain copies of your materials for your records. You will receive written notification upon approval or denial of your request.
Provider Identification	If you have questions concerning enrollment, contact Provider Enrollment at (877) 638-3472 (select options for "Provider Enrollment") between 8:00 a.m. and 5:00 p.m. PT Monday through Friday.
Other Information	Please click the " Continue " to proceed.
Ownership & Disclosure	
Agreement	
Attachments	
Summary	

[Continue](#) [Cancel](#)

- Select “Continue” to begin enrollment application

Online Provider Enrollment – Individual Application (General Information)

Initial Enrollment Information

*Enrollment Type

Ownership change

Electronic Health Records (EHR)

*Provider Type

*Requested Enrollment Effective Date

Group Association

To become affiliated or remain with an existing Medicaid Provider Group, enter the Group's NPI and the date to begin the affiliation. Otherwise, leave this field blank. **This is required for provider types 14 and 82.**

Would You Like to be Linked to a Group? Yes No

NPI	Affiliation Begin Date	Action
<input type="text"/>	<input type="text"/>	<input type="button" value="Add"/>

*NPI

*Affiliation Begin Date

Provider Information

A Federal Tax Identification Number, also known as an Employer Identification Number (EIN), is used to identify a business entity.

Federal Tax ID

*SSN

*Are you currently enrolled as a Provider? Yes No

*Were you previously enrolled as a Provider? Yes No

- Any field marked with an asterisk is a required field.
- Select “Enrollment Type” (Individual) from the “Enrollment Type” drop-down menu.
- Select “15-Registered Dietitians” from the “Provider Type” drop-down menu.
- Indicate the Enrollment Effective Date. See the Provider Enrollment Information Booklet for date information.
- If linking to a Group, indicate Yes and fill in the appropriate information. If No, the user can move to the next field.

Online Provider Enrollment – Group Application (General Information)

Complete the fields on each screen and select the Continue button to move forward to each page. All mandatory data is required to "Finish Later".

The contact person will potentially be contacted to answer any questions regarding the information provided in this request.

* Indicates a required field.

Initial Enrollment Information

*Enrollment Type

Ownership change

*Provider Type

*Requested Enrollment Effective Date

Provider Information

A Federal Tax Identification Number, also known as an Employer Identification Number (EIN), is used to identify a business entity.

*Federal Tax ID

*Are you currently enrolled as a Provider? Yes No

*Were you previously enrolled as a Provider? Yes No

- Any field marked with an asterisk is a required field
- Select “Enrollment Type” (Group) from the “Enrollment Type” drop-down menu
- Select “15-Registered Dietitians” from the “Provider Type” drop-down menu

Online Provider Enrollment – All Applications (Contact Information)

Contact Information

This contact information is required for correspondence regarding the associated application. Provide the appropriate contact person and information who can assist with the request.

*Last Name

*First Name

*Telephone Number Telephone Number Extension

Fax Number

*Contact Email

*Confirm Email Address

*Preferred Method of Communication

[Continue](#) [Finish Later](#) [Cancel](#)

- Whether the application is for a Group or an Individual, contact information must be filled out. This does not have to be the provider's information, but can be a point of contact should Nevada Medicaid need clarification on the application.

Online Provider Enrollment – All Applications (Credentials)

Provider Enrollment: Credentials ?

You will need to create a password to continue your application at a later date. Your password must be at least 8 and no more than 20 alphanumeric characters. Once submitted, your password must be kept for future reference. If forgotten, the password cannot be reset and your application information will be lost. You will need to begin a new application process.

Enter your password in the fields as indicated and click the Submit button. **A tracking number will be provided.** This tracking number and your accompanying password can be used to access your enrollment application.

* Indicates a required field.

Employer Identification Number (EIN) or Social Security Number (SSN) 111111111

*Password

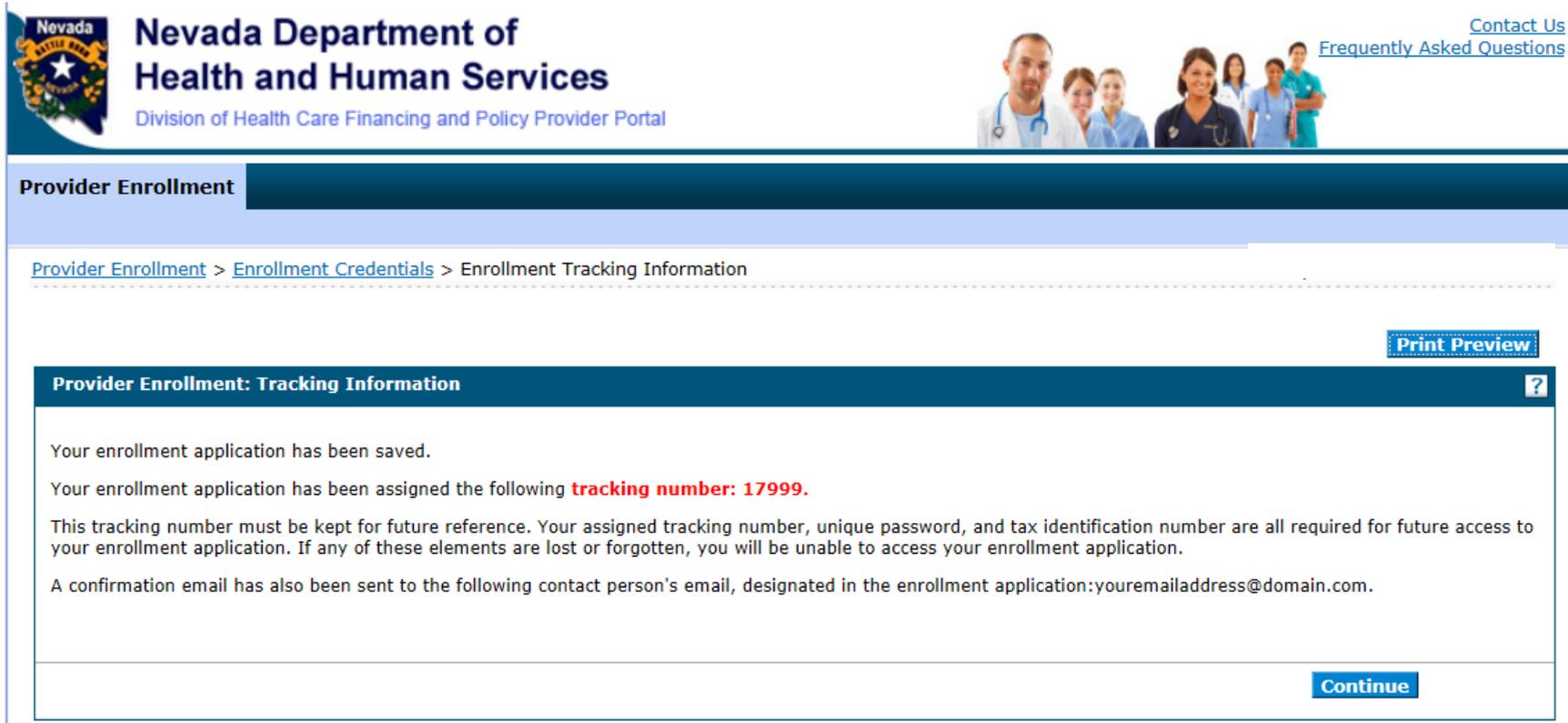
*Confirm Password

– Create a password

**Please note that Nevada Medicaid is unable to re-set a password for the Online Provider Enrollment tool

– Select “Submit” to continue and generate an Authorization Tracking Number (ATN)

Online Provider Enrollment – All Applications (Tracking Information)



The screenshot displays the Nevada Department of Health and Human Services Provider Portal. The header includes the Nevada state seal, the department name, and the division: "Division of Health Care Financing and Policy Provider Portal". There are links for "Contact Us" and "Frequently Asked Questions" next to a group photo of healthcare professionals. The main content area is titled "Provider Enrollment" and shows a breadcrumb trail: "Provider Enrollment > Enrollment Credentials > Enrollment Tracking Information". A "Print Preview" button is visible. The main message box, titled "Provider Enrollment: Tracking Information", contains the following text: "Your enrollment application has been saved. Your enrollment application has been assigned the following **tracking number: 17999**. This tracking number must be kept for future reference. Your assigned tracking number, unique password, and tax identification number are all required for future access to your enrollment application. If any of these elements are lost or forgotten, you will be unable to access your enrollment application. A confirmation email has also been sent to the following contact person's email, designated in the enrollment application:youremailaddress@domain.com." A "Continue" button is located at the bottom right of the message box.

- An ATN will be generated and used to check status of an enrollment application

Online Provider Enrollment – All Applications (Specialty Information)

Specialty		Action
Click to collapse.		
Provider Type	Registered Dietitians	*Specialty No Specialty
Specialty Code	000	Primary <input checked="" type="checkbox"/>
Specialty Board	<input type="text"/>	
<input type="button" value="Add"/>		<input type="button" value="Reset"/>

Specialty		Action
<input checked="" type="checkbox"/> No Specialty		
Click to add specialty.		

- Select “No Specialty” from the “Specialty” drop-down menu
- Select “Add”
- Results will then populate to the application
- Select “Continue”

Online Provider Enrollment – All Applications (Address Information)

	Type	Street	City	State	Action
<input type="checkbox"/>	Service	123 Main Street	Anytown	Nevada	Copy Remove
<input type="checkbox"/>	Click to collapse.				
<p>*Address Type <input type="text"/></p> <p>*Street <input type="text"/></p> <p><input type="text"/></p> <p>*City <input type="text"/></p> <p>*Zip+4 <input type="text"/></p> <p>Email Address <input type="text"/></p> <p>*State <input type="text"/></p> <p>*County <input type="text"/></p> <p>Confirm Email Address <input type="text"/></p> <p>Telephone Number Office <input type="text"/> Telephone Number Extension <input type="text"/></p> <p>Telephone Number Fax <input type="text"/></p> <p>Telephone Number TDD <input type="text"/></p> <p>Contact Name <input type="text"/></p> <p>Telephone Number Contact <input type="text"/> Telephone Number Extension <input type="text"/></p> <p><input type="button" value="Add"/> <input type="button" value="Reset"/></p>					
<input type="button" value="Continue"/> <input type="button" value="Finish Later"/> <input type="button" value="Cancel"/>					

- Indicate Service, Pay-To, Mail-To or Remittance Advice from the “Address Type” drop-down menu
- Service Address cannot be a P.O. Box
- Select “Add” to populate results to the application

Online Provider Enrollment – Both Applications (Legal Name)

Provider Legal Name

The legal name and Provider Federal Tax Identification Number (TIN) must match the information on the W-9, and is used by the Nevada Medicaid to generate the annual 1099 form for tax purposes.

*Provider Legal Name

Doing Business As Name

- The Group will need to provide the Group's Legal name. This information should come from the IRS.

Provider Legal Name

The legal name and Provider Federal Tax Identification Number (TIN) must match the information on the W-9, and is used by the Nevada Medicaid to generate the annual 1099 form for tax purposes.

*Last Name

*First Name

Middle

Doing Business As Name

- Individual providers will need to indicate their name, not a business name.

Online Provider Enrollment – Both Applications (Ownership Information)

Special Ownership Type

***Is this entity owned or operated by the State of Nevada or any of its political subdivisions, e.g. state agency, county, entity or school district?** Yes No

Special Ownership Type

- County-owned
- Government-owned
- No owner
- Non-Profit
- State-owned

NPI

The NPI is the National Provider Identifier (NPI) received through the NPPES Registry for all healthcare providers.

- Groups will indicate if there is a Special Ownership Type

Individual Providers

***Gender**

***Birth Date**

Special Ownership Type

Special Ownership Type

- County-owned
- Government-owned
- No owner
- Non-Profit
- State-owned

NPI

The NPI is the National Provider Identifier (NPI) received through the NPPES Registry for all healthcare providers.

- Individuals will indicate their gender and birth date

Online Provider Enrollment – All Applications (National Provider Identifier (NPI) Information)

NPI
<p>The NPI is the National Provider Identifier that is applied for and received through the NPPES Registry for all healthcare providers.</p> <p>*NPI <input type="text"/></p>

- All providers must indicate a valid NPI, which is generated when a provider has registered with the National Plan and Provider Enumeration System (NPPES) NPI Registry

Online Provider Enrollment – All Applications (License Information)

License	
*Name of Issuing Licensing Board, State or Entity	<input type="text"/>
*License Number	<input type="text"/>
*License State	<input type="text"/>
*Effective Date	<input type="text"/>
*End Date	<input type="text"/>

- All providers must indicate the above information

Online Provider Enrollment – Both Applications (Business Information)

Business Information	
*Nevada Secretary of State Issued Business ID	<input type="text"/>
*Nevada Secretary of State Registered Name	<input type="text"/>
*Choose the option that most closely describes the entity you are enrolling	<ul style="list-style-type: none"> Corporation Indian Health Program (IHP) Indian Health Services Limited Liability Company Limited Liability Partner Non-Profit Partnership Provider Group Sole Proprietorship
CLIA Certification	
CLIA Number	

Business Information	
*Nevada Secretary of State Issued Business ID	<input type="text"/>
*Nevada Secretary of State Registered Name	<input type="text"/>
*Choose the option that most closely describes the entity you are enrolling	<ul style="list-style-type: none"> Corporation Hospital-Based Physician Individual Provider Limited Liability Company Non-Profit Sole Proprietorship
CLIA Certification	

- All providers must input Business Information
- Options available from the entity drop-down menu will vary depending on whether this is a Group application or an Individual application

Online Provider Enrollment – All Applications (CLIA and DEA Information)

CLIA Certification
CLIA Number <input type="text"/>
Drug Enforcement Administration (DEA) Number
DEA # <input type="text"/>

- All providers must indicate the above information, if applicable
- CLIA Certification – Clinical Laboratory Improvement Amendments are required for any provider performing lab tests
- DEA # - Drug Enforcement Administration Number is required for any Provider writing prescriptions for controlled substances

Online Provider Enrollment – All Applications (Taxonomy Codes)

Choose your Taxonomy Codes

#	Taxonomy Codes	Action
	Click to add new Taxonomy Code.	
*Taxonomy Codes	<input type="text"/>	
<input type="button" value="Add"/> <input type="button" value="Cancel"/>		

Choose your Taxonomy Codes

#	Taxonomy Codes	Action
	207P00000X - EMERGENCY MEDICINE	Remove
	Click to add new Taxonomy Code.	

- All providers must indicate a Taxonomy Code by selecting the “+” symbol, select code from drop-down menu and select Add to populate the results
- Click “Continue”

Online Provider Enrollment – All Applications (Electronic Funds Transfer (EFT) Information)

Forms	
<p>The EFT Authorization form must be completed, including a signature and date, and uploaded to this application using the Attachments page before being submitted. All documents must be uploaded at the time of provider enrollment form submission in order for your application to be processed and considered complete.</p>	
<p>EFT Authorization Download </p>	
Financial Institution Information	
*Financial Institution Routing Number	<input type="text"/>
*Provider's Account Number with Financial Institution	<input type="text"/>
Reason For Submission	New Enrollment
*Include with Enrollment Submission	<input type="text" value=""/>
Requested EFT Start/Change/Cancel date	01/12/2018
<input type="button" value="Continue"/> <input type="button" value="Finish Later"/> <input type="button" value="Cancel"/>	

- All providers must provide EFT information by completing the EFT Authorization Form and filling out the required information
- An Individual provider can indicate that if they are linking to a Group, that the Group will be receiving payments

Online Provider Enrollment – Both Applications (Additional Information)

Additional Information

*Are you enrolled in Medicare? Yes No

*Days and Hours of Operation

*Do you currently or will you provide service to recipients in the Fee For Service program, the Managed Care program or both?

*Are you currently accepting new patients? Yes No

*Can you accommodate recipients with special needs? Yes No

Hospital Information

*Do you have hospital privileges? Yes No

*Please describe where?

[Continue](#) [Finish Later](#) [Cancel](#)

- All providers must fill out the Additional Information portion of the application
- **Question regarding Medicare must be answered the same as it is answered in the upcoming section of the application**
- Only individual providers will complete the Hospital Information portion
- Click “Continue”

Online Provider Enrollment – Group Application (Facility Information)

Facility Rating

*Facility Rating

Facility Control

*Facility Control

Number of Beds

*Swing Bed *Acute *ICF *ISO

Number of Beds

*Swing Bed *Acute *ICF *SNF *ICF/MR *ISO

Mammography Certification Number (FDA-Certified mammography providers only)

Mammography Certification Number

[Continue](#) [Finish Later](#) [Cancel](#)

- The Facility Rating, Facility Control, Number of Beds and Mammogram Certification Number are only for Group Applications
- Click “Continue,” “Finish Later” or “Cancel”

Online Provider Enrollment – All Applications (Ownership Information)

- All providers must indicate ownership information as well as a Managing Employee and/or Agent. If the Managing Employee and/or Agent is not listed, there will be a validation error letting the provider know that there must be a Managing Employee and/or Agent.
- Note that a Managing Employee/Agent can be the same as the owner, for an individual application only.
- Provider must select “Add” after each entity is entered to populate to the application.

Type of Entity Information

#	Type of Entity	Legal Name	Federal Tax ID	% of Ownership	Action
Click to add Type of Entity.					

***Type of Entity**

Corporation Name:
 Last Name:
 First Name:
 Middle: Birth Date:
 SSN: Federal Tax ID:
 Street:
 City:
 State: Zip+4:
 % of Ownership:
 Employee Indicator:

Does this entity own 5 percent or more of any other business (health-care related or non health-care related)?
 Yes No

Type of Entity Information

#	Type of Entity	Legal Name	Federal Tax ID	% of Ownership	Action
+ 1	Owner	First Last	123456789	100	Remove
+ 2	Managing Employee	First Last	123456789	N/A	Remove
+ Click to add Type of Entity.					

Online Provider Enrollment – All Applications (Additional Ownership Information)

Does this entity own 5 percent or more of any other business (health-care related or non health-care related)?

* Yes No

Other Business Interests			
#	Business Name	Federal Tax ID	Action
Click to add Other Business Interests.			
*Business Name <input type="text"/>			
*Federal Tax ID <input type="text"/>			
*Street <input type="text"/>			
<input type="text"/>			
*City <input type="text"/>			
*State <input type="text"/>			
*Zip+4 <input type="text"/>			
<input type="button" value="Add"/> <input type="button" value="Cancel"/>			

- For each owner or managing employee/agent, it must be indicated if they own more than 5% of any other business
- If the total does not add up to 100%, an explanation must be provided

***Explanation if total ownership less than 100%**

Online Provider Enrollment – All Applications (Other Business Information)

Does any individual and/or corporation have an interest of 5 percent or more in any mortgage, deed of trust, note or other obligation secured by the disclosing entity?

* Yes No

#	Name	SSN	Federal Tax ID	Action
Click to add Individual and/or Corporation.				
*Type of Entity <input type="text"/>				
Name <input type="text"/>				
Last Name <input type="text"/>				
First Name <input type="text"/>				
Middle <input type="text"/>				
Birth Date <input type="text"/>				
SSN <input type="text"/> Federal Tax ID <input type="text"/>				
Street <input type="text"/>				
<input type="text"/>				
City <input type="text"/>				
State <input type="text"/> Zip+4 <input type="text"/>				
% of Ownership <input type="text"/>				
<input type="button" value="Add"/> <input type="button" value="Cancel"/>				

- This question pertains to all applications
- If Yes is selected, additional information will be required
- Select “Add” to populate results to the application
- If No is selected, the provider can move to the next question

Online Provider Enrollment – All Applications (Relationship Information)

Are any Owners, Agents or Managing Employees related (includes spouses, children, siblings)?

* Yes No

Related Owners, Agents or Managing Employees Information				
#	Owner/Agent/Managing Employee Name	Relation	Owner/Agent/Managing Employee Name	Action
Click to add Relationship information.				
	*Owner/Agent/Managing Employee Name	Is The		
		*Relation	Of	
	*Owner/Agent/Managing Employee Name			

[Add](#) [Cancel](#)

- This question pertains to all applications
- If Yes is selected, additional information will be required
- Select “Add” to populate results to the application
- If No is selected, the provider can move to the next question

Online Provider Enrollment – All Applications (Authorization to Make Changes in the Future)

Who is authorized to make changes to enrollment and billing information?

Change Authorization Information

#	Legal Name	Action
Click to add Change Authorizations.		
*Last Name	<input type="text"/>	
*First Name	<input type="text"/>	

- This question pertains to all applications
- If Yes is selected, additional information will be required.
 - Example: If the FA-33 Change Form is sent to Nevada Medicaid and the person signing off on the FA-33 was not authorized to make changes, the change form will be returned to the Provider
- Select “Add” to populate results to the application
- If No is selected, the provider can move to the next question

Online Provider Enrollment – All Applications (Previous Enrollment Information)

Are you or any owner, agent, managing employee, or person with controlling interest currently enrolled, or have ever been enrolled, as a Medicare or Medicaid provider with another state (including Nevada)?

* Yes No

Currently Enrolled or Previously Enrolled Information				
#	Program	State	Effective Date	Action
<input type="checkbox"/>	Click to add Program.			
	*Program			
	*State			
	*Effective Date			
	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	<input type="button" value="Add"/>	<input type="button" value="Cancel"/>		

- This question pertains to all applications
- If Yes is selected, additional information will be required
- Select “Add” to populate results to the application
- If No is selected, the provider can move to the next question

Online Provider Enrollment – All Applications (Financial Information)

Do you or any owner, agent, managing employee or person with controlling interest currently have a negative balance or owe money to any state or federal program (including Medicare and Medicaid)?

* Yes No

Negative Balance/Owed Money Information				
#	Provider/Entity/Employee Name	Amount Owed	To Whom Is The Money Owed	Action
Click to add Negative Balances.				
*Provider/Entity/Employee Name <input type="text"/>				
*Amount Owed <input type="text" value="0.00"/>				
*To Whom Is The Money Owed <input type="text"/>				
<input type="button" value="Add"/> <input type="button" value="Cancel"/>				

- This question pertains to all applications
- If Yes is selected, additional information will be required
- Select “Add” to populate results to the application
- If No is selected, the provider can move to the next question

Online Provider Enrollment – All Applications (Conviction Information)

Have you (individual or OPR provider), or any owner, agent, managing employee, or person with controlling interest ever been convicted of a misdemeanor, gross misdemeanor or felony, including but not limited to, criminal offenses related to any program under Medicare, Title XVIII, Title XIX or any Medicaid program since the inception of these programs?

* Yes No

Conviction Information			
#	Name Used When Convicted	Date Of Conviction	Action
Click to add Convictions.			
	*Name Used When Convicted		
	*Date Of Conviction		
	*Charges		
	*Disposition		
	*Conditions Of Parole/Probation		
<input type="button" value="Add"/> <input type="button" value="Cancel"/>			

- This question pertains to all applications
- If Yes is selected, additional information will be required
- Select “Add” to populate results to the application
- If No is selected, the provider can move to the next question

Online Provider Enrollment – All Applications (Office of Inspector General (OIG) Sanction Information)

Have you (individual or OPR provider), or any owner, agent, managing employee, or person with controlling interest ever been placed on the Federal Office of Inspector General, Health and Human Service (OIG/HHS) exclusion list or otherwise been suspended, terminated, denied or debarred from participation in any program established under Medicare, Medicaid, Title XVIII, Title XIX or any other Medicaid program since the inception of these programs? This includes termination from the Nevada Medicaid program or any other state Medicaid program.

* Yes No

#	Name Used When Sanctioned	Provider ID	Group ID	Sanction Effective Date	Reinstatement Date	Action
Click to add OIG/HHS Sanctions.						
If no NPI/API, use IPN for either provider ID or Group ID number. Either provider ID or Group ID is required						
	*Name Used When Sanctioned	<input type="text"/>				
	Provider ID	<input type="text"/>				
	Group ID	<input type="text"/>				
	*Sanction Effective Date	<input type="text"/>		<input type="text"/>		
	*Reinstatement Date	<input type="text"/>		<input type="text"/>		
<input type="button" value="Add"/> <input type="button" value="Cancel"/>						

- This question pertains to all applications
- If Yes is selected, additional information will be required
- Select “Add” to populate results to the application
- If No is selected, the provider can move to the next question

Online Provider Enrollment – All Applications (Investigation Information)

Are you (individual or OPR provider), or any owner, agent, managing employee, or person with controlling interest currently under investigation by any law enforcement, regulatory or state agency?

* Yes No

*Please Provide Details

- This question pertains to all applications
- If Yes is selected, additional information will be required
- If No is selected, the provider can move to the next question

Online Provider Enrollment – All Applications (Court Case Information)

Do you (individual or OPR provider), or any owner, agent, managing employee, or person with controlling interest have any open or pending court cases?

* Yes No

*Please Provide Details
Including Court
Documentation

- This question pertains to all applications
- If Yes is selected, additional information will be required
- If No is selected, the provider can move to the next question

Online Provider Enrollment – All Applications (Malpractice Information)

Have you (individual or OPR provider), or any owner, agent, managing employee, or person with controlling interest ever been denied malpractice insurance?

* Yes No

*Explain

- This question pertains to all applications
- If Yes is selected, additional information will be required
- Select “Add” to populate results to the application
- If No is selected, the provider can move to the next question

Online Provider Enrollment – All Applications (License Information)

Have you (individual or OPR provider), or any owner, agent, managing employee, or person with controlling interest had any professional, business or accreditation license/certificate denied, suspended, restricted or revoked?

* Yes No

Denied, Suspended, Restricted or Revoked Professional License or Certificate Information			
#	Explanation	Denial/Suspension/Restriction/Revocation Dates	Action
Click to add Surrendered Licenses.			
	*Explanation	<input type="text"/>	
	*From	<input type="text"/>	<input type="button" value="Calendar"/>
	*To	<input type="text"/>	<input type="button" value="Calendar"/>
<input type="button" value="Add"/> <input type="button" value="Cancel"/>			

- This question pertains to all applications
- If Yes is selected, additional information will be required
- Select “Add” to populate results to the application
- If No is selected, the provider can move to the next question

Online Provider Enrollment – All Applications (Additional License Information)

Have you (individual or OPR provider), or any owner, agent, managing employee, or person with controlling interest ever voluntarily surrendered any professional license or certificate?

* Yes No

Voluntary Surrender of Professional License or Certificate Information			
#	Explanation	Voluntary Surrender Dates	Action
<input type="checkbox"/>	Click to add denied, suspended, restricted or revoked information.		
	*Explanation		
	<input type="text"/>		
	*From	<input type="text"/>	<input type="button" value="Calendar"/>
	*To	<input type="text"/>	<input type="button" value="Calendar"/>
	<input type="button" value="Add"/>	<input type="button" value="Cancel"/>	

- This question pertains to all applications
- If Yes is selected, additional information will be required
- Select “Add” to populate results to the application
- If No is selected, the provider can move to the next question

Online Provider Enrollment – Individual Application (State Employee)

Are you (individual or OPR provider), or any owner, agent, managing employee, or person with controlling interest a Nevada state employee (past or current)?

* Yes No

Past or Current Nevada State Employee Information

#	Individual's Name	Agency of Employment	Title	Dates of Employment	Action
<input type="checkbox"/>	Click to add State Employment.				
	*Individual's Name				
	*Agency of Employment				
	*Title				
	*Employment Start				
	Employment End				
	If a current employee, please provide supervisor's name.				
	First Name				
	Last Name				
	<input type="button" value="Add"/>	<input type="button" value="Cancel"/>			

- This question pertains to individual applications only
- If Yes is selected, additional information will be required
- Select “Add” to populate results to the application
- If No is selected, the provider can move to the next question

Online Provider Enrollment – All Applications (Terms of Agreement and Forms)

Instructions	
<p>The terms of the request are outlined below. You must accept these terms in order to submit the request. Failure to accept these terms mean that the request will not be submitted or saved.</p> <p>Changes can be made to the existing request by going back to the appropriate screen using the links available on the left-hand side. Once changes are made, the request can be reviewed from the Summary Page after signing and continuing.</p> <p>Once the request is submitted and confirmed, a tracking number will be assigned. Note: The Nevada Medicaid and Nevada Check Up Provider Contract and Provider Declaration Statement are required with every request. A link to these documents is provided below.</p>	
Terms of Agreement	
Provider Name	Provider Group
Street	123 Main Street Reno Nevada, 89521-1234
Employer Identification Number (EIN) or Social Security Number (SSN)	123456789
NPI	1234512345
Contact Name	First Last
Contact Email	email@domain.com
Provider Binder	
<p>I certify, under penalty of perjury, that the information and statements on this request and on any accompanying documents are accurate and true. I understand that the filing of materially incomplete or false information with this request is sufficient cause for denial of enrollment or termination from the Nevada Medicaid and Nevada Check Up Programs.</p> <p>I understand that should I be enrolled as a provider of services under Nevada Medicaid and Nevada Check Up Programs, it is my responsibility to notify the Nevada Medicaid and Nevada Check Up Programs fiscal agent of any change to the information on this application including but not limited to address, group affiliation, change of ownership, or tax identification number.</p>	
Forms	
<p>The following forms must be completed, including signature and date(s) and uploaded to this application using the Attachments page before being submitted. All documents must be uploaded at the time of provider enrollment form submission in order for your application to be processed and considered complete.</p> <p>Provider Declaration Statement Download </p> <p>Nevada Medicaid and Nevada Check Up Provider Contract Download </p> <p></p>	
<p>Continue Finish Later Cancel</p>	

- This page pertains to all applications
- All providers are required to download, read and sign off on the Provider Declaration Statement and Nevada Medicaid and Nevada Check Up Provider Contract
- Documents will be uploaded later in the application
- Click “Continue”

Online Provider Enrollment – All Applications (Forms Uploading)

Attachments

To add an attachment to be uploaded with the enrollment form, select the File Transfer transmission type, click Browse..., select the file and then click **Add**.
Only allowed attachment types are **.pdf** files.
Use the "Other" attachment type to upload attachments not in the list.

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

#	Transmission Method	File	Attachment Type	Action
<input type="checkbox"/>	Click to collapse.			
	*Transmission Method	FT-File Transfer		
	*Attachment Type			
	*Upload File		Browse...	
<input type="button" value="Add"/> <input type="button" value="Cancel"/>				

- This page pertains to all applications
- Transmission Method will always be FT-File Transfer
- Attachment Type is selected from a drop-down menu, which includes Declaration, Contract, Bank Information and information contained in the Provider Enrollment Checklists
- There may be additional documents that must be uploaded depending on provider type
- Click “Continue”

Online Provider Enrollment – All Applications (Forms Uploading)

I certify, under penalty of perjury, that the information and statements on this request and on any accompanying documents are accurate and true. I understand that the filing of materially incomplete or false information with this request is sufficient cause for denial of enrollment or termination from the Nevada Medicaid and Nevada Check Up Programs.

I understand that should I be enrolled as a provider of services under Nevada Medicaid and Nevada Check Up Programs, it is my responsibility to notify the Nevada Medicaid and Nevada Check Up Programs fiscal agent of any change to the information on this application including but not limited to address, group affiliation, change of ownership, or tax identification number.

Supporting Documentation

Submit all of the required documentation and forms to continue the enrollment process.

- A checklist of required documentation can be found [here](#).

In addition to required documentation, additional supporting documentation can be uploaded with your application if necessary. If your responses to any questions on this enrollment application did not fit into the field on the page, type the question and response and upload the documentation using Other as the attachment type. All documents must be uploaded at the time of provider enrollment forms submission in order for your application to be considered complete. To upload the appropriate documents, follow the instructions under **Attachments** below.

Note: There is a maximum of 15 MBs of information when uploading attachments by **File Transfer**.

Attachments			
#	Transmission Method	File	Attachment Type
1	FT-File Transfer	Web Announcement 1422.pdf (37K)	Voided Check or Bank letter for EFT, if applicable
2	FT-File Transfer	LMS_Tip_Sheet.pdf (246K)	National Provider Identifier (NPI) documentation

Instructions for Summary Page

If changes are required when viewing the Summary page, please select the appropriate link in the Table of Contents panel, navigate back to that page, and make changes. Note that if the Enrollment Type or Provider Type fields are modified on the Request Information page, that you will be required to navigate through the enrollment application wizard again and update all fields that are contingent upon these two fields.

Once you have reviewed the contents of this application, print a copy of this summary for your records, then select 'Confirm' to submit the enrollment for processing.

[Print Preview](#)

[Save As PDF](#)

[Confirm](#)

[Finish Later](#)

[Cancel](#)

Online Provider Enrollment – All Applications (Summary Information)

Provider Enrollment: Summary

Instructions for Summary Page

If changes are required when viewing the Summary page, please select the appropriate link in the Table of Contents panel, navigate back to that page, and make changes. Note that if the Enrollment Type or Provider Type fields are modified on the Request Information page, that you will be required to navigate through the enrollment application wizard again and update all fields that are contingent upon these two fields.

Once you have reviewed the contents of this application, print a copy of this summary for your records, then select 'Confirm' to submit the enrollment for processing.

Print Preview

Save As PDF

Confirm

Finish Later

Cancel

- All providers will land on a Summary Page to review all previously input information
- Select “Confirm” to submit application the to Nevada Medicaid

Online Provider Enrollment – All Applications (Receipt)

Provider Enrollment Summary

Reason for Submission: New Enrollment Request

Tracking #

Request Information

Requested Enrollment Effective Date 07/13/2017

Enrollment Type

Provider Type

Ownership Change No

Federal Tax ID

NPI

Are you currently enrolled as a Provider? No

Were you previously enrolled as a Provider? No

Contact Name June Test

Telephone Number Telephone Number Extension

Fax Number

Contact Email

Preferred Method of Communication Email

Specialties

Primary	Specialty	Specialty Board
*	Day Treatment Model	
	No Specialty	

Addresses

Address Type Service

Street test

City Reno County Washoe

State/Province Nevada Zip+4 895210000

Email Address

Contact Name June Test

Telephone Number Contact Telephone Number Extension

- All providers will receive a receipt with application information, including Tracking Number at the top, Enrollment Type, Provider Type, Federal Tax ID and National Provider Identifier (NPI)



Provider Web Portal – Billing Page

Provider Web Portal: www.medicaid.nv.gov

The screenshot shows the Nevada Department of Health and Human Services Provider Portal. The header includes the department logo, navigation links (Contact Us, DHCFP Home), and a search bar. A blue navigation bar contains links for Providers, EVS, Pharmacy, Prior Authorization, Quick Links, and Calendar. The main content area features a 'Welcome' message, a large banner for 'Now Available ONLINE TRAINING' with 'REGISTER TODAY' and 'Featured Course Prior Authorization' buttons, and a 'Notifications' section with several updates. A 'Featured Links' sidebar is on the left, and a 'Provider Links' section is at the bottom right.

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

Contact Us DHCFP Home

Search

Providers EVS Pharmacy Prior Authorization Quick Links Calendar

Announcements Latest News

- [Web Announcement 1435](#)
Provider Types Allowed to Bill Secondary Diagnosis Codes
- [Web Announcement 1434](#)
Upcoming Nevada Medicaid Community Paramedicine Provider Training and Enrollment Sessions
- [Web Announcement 1433](#)
Payerpath Claim Submission Training for September 2017
- [Web Announcement 1432](#)
Attention Provider Type 17, Specialty 181 (FQHC): Notification Regarding Dental Services Claims for Medicaid Managed Care Recipients
- [Web Announcement 1431](#)
Attention Provider Type 41 (Optician, Optical Business): Limitations for Prosthetic Eye Services

[View All Web Announcements](#)

Featured Links

- [Authorization Criteria](#)
- [DHCFP Home](#)
- [EDI Enrollment Forms and Information](#)
- [EVS User Manual](#)
- [Online Provider Enrollment](#)
- [Provider Login \(EVS\)](#)
- [Prior Authorization](#)
- [Search Fee Schedule](#)
- [Search Providers](#)

Welcome

Now Available
ONLINE TRAINING
COMPUTER BASED COURSES

REGISTER TODAY

Featured Course
Prior Authorization

Notifications

The Nevada Medicaid Provider Web Portal (PWP) Upgrade has been implemented. With this upgrade, Dental/Orthodontia, Adult Day Health Care (ADHC) and Personal Care Services (PCS) providers can generate a prior authorization request via the Provider Web Portal. [See [Web Announcement 1415](#)]

The Nevada Provider Web Portal update resulted in a complete change in the website and its associated webpages. Users of the secure Provider Web Portal are advised to remove all previously bookmarked pages and clear any previous activity in your browser to assist with accessing the system. You can clear previous activity in most browsers by navigating to your menu item for internet or browser options and deleting cookies, temporary internet files, and web form information.

PCS, Prior Authorization and Web Portal Upgrade Frequently Asked Questions (FAQs) [Review]

Reminder of Requirements Regarding Ordering, Prescribing or Referring Provider on Claims. See [Web Announcement 1372](#)

Enrollment Termination Frequently Asked Questions (FAQs) [Review]

Provider Links

System Requirements

To access the Electronic Verification System (EVS), user must have internet access and a computer with a web browser (Microsoft Internet Explorer 9.0 or higher)

Billing Manual

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

Contact Us DHCFP Home

Providers EVS Pharmacy Prior Authorization Quick Links Calendar

Billing Information

Electronic Claims/EDI Update Regarding
E-Prescribing
Forms
NDC
Provider Enrollment
Provider Training

Now Available ONLINE TRAINING
COMPUTER BASED COURSES
REGISTER TODAY
Featured Course
Prior Authorization
Nevada Medicaid

Notifications

UPDATE: The issues with the Electronic Transaction 270-271 (Health Care Eligibility Inquiry and Response) not returning Managed Care eligibility correctly have been resolved and the correct Managed Care eligibility information is being returned.

Physician and Laboratory Payment Methodology Changes Implemented. [See Web Announcement 1484]

Individual Personal Care Assistant (PCA) Enrollment and National Provider Identifier Requirement. PCA Enrollment Project Survey. [See Web Announcement 1499]

The Division of Health Care Financing and Policy (DHCFP) has selected LIBERTY Dental Plan of Nevada (LIBERTY) as the new Managed Care Dental Benefits Administrator (DBA) effective January 1, 2018, to serve recipients enrolled in a Managed Care Organization (MCO). [See Web Announcement 1442]

Provider Links

Billing Information

E-Prescribing
Forms
Provider Enrollment
Provider Newsletters
Provider Training

Welcome to the Nevada Medicaid and Nevada Check Up Provider Web Portal. Through this easy-to-use internet portal, healthcare providers have access to useful information and tools regarding provider enrollment and revalidation, recipient eligibility, verification, prior authorization, billing instructions, pharmacy news and training opportunities. The notifications and web announcements keep providers updated on enhancements to the online tools, as well as updates and reminders on policy changes and billing procedures.

Thank you for your participation in Nevada Medicaid and Nevada Check Up.

- Step 1: Highlight “Providers” from top blue tool bar
- Step 2: Select “Billing Information” from drop-down menu

Billing Manual, continued

Paper Claim Form Instructions

The following instructions are for paper claims. For *electronic* claim requirements, technical professionals can refer to Companion Guides for transactions [837D](#), [837I](#) and [837P](#).

For Archives [Click here](#)

Title	Last Update
ADA (Version 2012) Claim Form Instructions	01/28/16
CMS-1500 (02-12) Claim Form Instructions	07/27/17
UB Claim Form Instructions	05/30/17

Billing Manual

For Archives [Click here](#)

Title	File Size	Last Update
Billing Manual	2 MB	09/01/2017

Billing Guidelines (by Provider Type)

For Archives [Click here](#)

Provider Type	Title	Last Update
10	Outpatient Surgery, Hospital Based Rates	07/24/17
11	Hospital, Inpatient	10/07/16
12	Hospital, Outpatient	10/01/15
13	Psychiatric Hospital, Inpatient	02/01/12
14	Behavioral Health Outpatient Treatment	03/28/17
15	Registered Dietitian	12/15/17

– Claim Form Instructions

– Billing Manual

– Provider Type 15 Billing Guide



Provider Web Portal – Authorization Criteria

Authorization Criteria

Authorization Criteria allows the provider to determine if a prior authorization is required on a specific procedure code.

Featured Links

- [Authorization Criteria](#)
- [DHCFP Home](#)
- [EDI Enrollment Forms and Information](#)
- [EVS User Manual](#)
- [Online Provider Enrollment](#)
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- [Search Providers](#)



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

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

Home

Home

Login

*User ID

[Log In](#)

[Forgot User ID?](#)
[Register Now](#)

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

Web Announcements

[Web Announcement 1477](#)
Online Provider Enrollment Portal Attachments Page Corrected to Accept Attachments Up to 15 MB

[Web Announcement 1476](#)
Medicaid Services Manual Chapter 400 Updated

[Web Announcement 1475](#)
Update Regarding Reprocessing of Claims with ICD-10 Glaucoma Codes

[Web Announcement 1474](#)
Date Scheduled for Nevada Medicaid Applied Behavior Analysis Provider Training

[Web Announcement 1473](#)
Medicaid Services Manual Chapter 3100 Updated

[View More Web Announcements](#)

Featured Links

- [Authorization Criteria](#)
- [DHCFP Home](#)
- [EDI Enrollment Forms and Information](#)
- [EVS User Manual](#)
- [Search Fee Schedule](#)
- [Search Providers](#)

What can you do in the Provider Portal

Through this secure and easy to use internet portal, healthcare providers can inquire on the status of their claims and payments, inquire on a patient's eligibility, process prior authorization requests and access Remittance Advices. In addition, healthcare providers can use this site for further access to contact information for services provided under the Nevada Medicaid program.

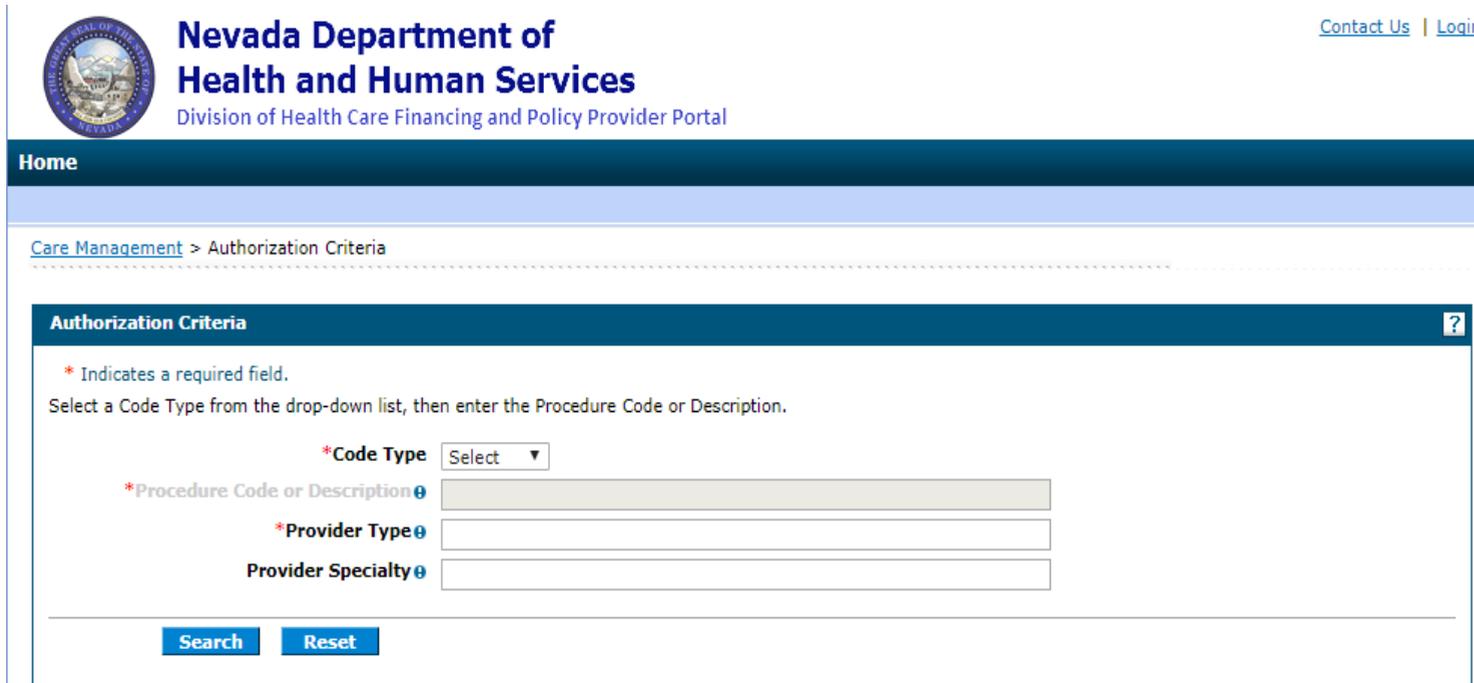


Website Requirements

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

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

Authorization Criteria, continued



The screenshot shows the Nevada Department of Health and Human Services website. The header includes the state seal and the text "Nevada Department of Health and Human Services" and "Division of Health Care Financing and Policy Provider Portal". There are links for "Contact Us" and "Login". A navigation bar shows "Home". Below that, a breadcrumb trail reads "Care Management > Authorization Criteria". The main content area is titled "Authorization Criteria" and contains the following text: "* Indicates a required field." and "Select a Code Type from the drop-down list, then enter the Procedure Code or Description." The form fields are: "*Code Type" (a dropdown menu with "Select" selected), "*Procedure Code or Description" (a text input field), "*Provider Type" (a text input field), and "Provider Specialty" (a text input field). At the bottom of the form are "Search" and "Reset" buttons.

- Step 1: Select the Code Type from drop-down menu (Dental, Medical or Revenue)
- Step 2: Input the Procedure Code or Description (See the PT 15 Billing Guide for codes)
- Step 3: Input appropriate Provider Type
- Step 4: Click “Search”

Authorization Criteria, continued

Authorization Criteria ?

* Indicates a required field.

Select a Code Type from the drop-down list, then enter the Procedure Code or Description.

*Code Type

*Procedure Code or Description

*Provider Type

Provider Specialty

- Select “Medical” from the drop-down menu and input the appropriate Procedure Code and Provider Type
- Select “Search”

Authorization Criteria, continued

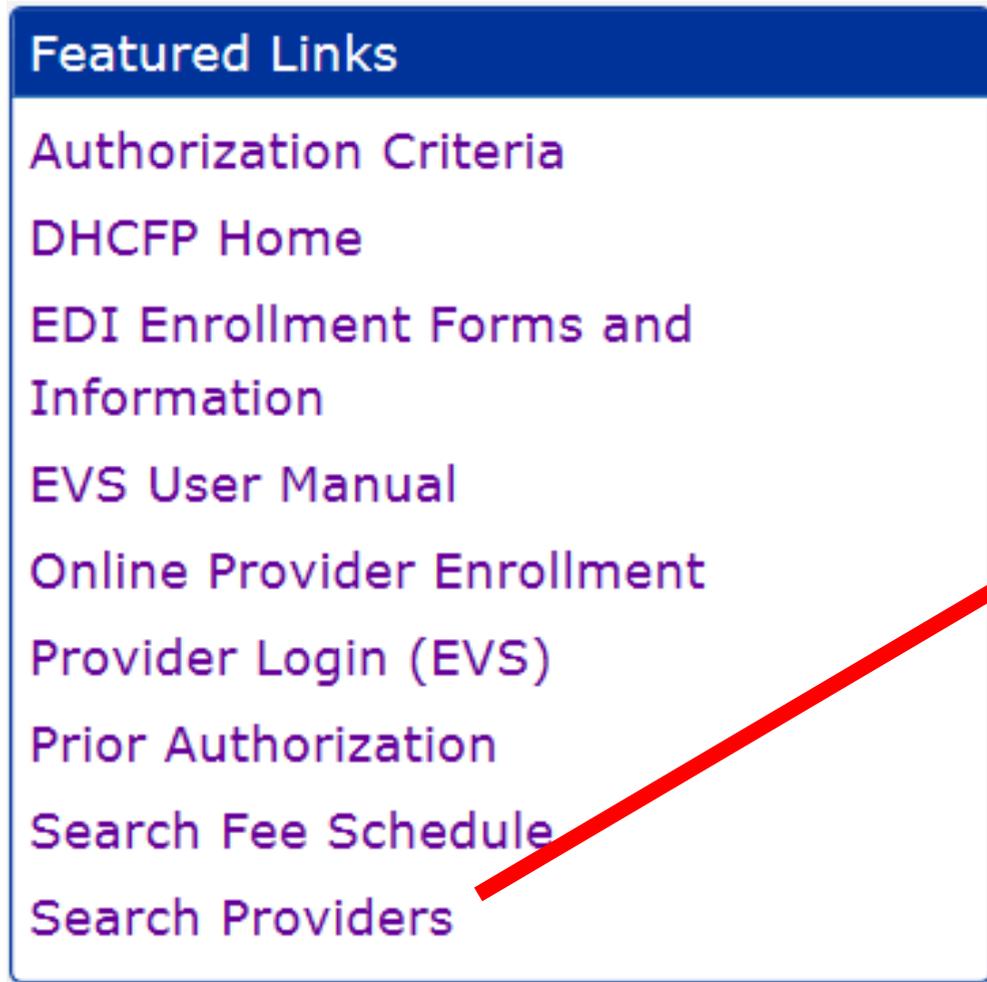
Search Results						
To show/hide Service Limits click on Required if exceeding service limitations hyperlink.						
						Total Records: 1
Procedure	Provider Type	<u>Provider Specialty</u>	<u>Claim Type</u>	<u>PA Required</u>	<u>Age Restrictions</u>	<u>Effective Date ▲</u>

- **Procedure:** Indicates the procedure that is being searched.
- **Provider Type:** Indicates the provider type that the procedure code is being searched under.
- **Provider Specialty:** Indicates a 3-digit specialty code, if applicable.
- **Claim Type:** Indicates the claim form that will be used when submitting a claim.
- **PA Required:** Indicates if a prior authorization is required. There may be rules as to when a prior authorization is required. If a user searches a procedure code and receives the following message: **“There are no records found based on the search criteria entered,”** this indicates that a prior authorization is not required.
- **Age Restrictions:** Indicates if there are any age qualifications.
- **Effective Date:** Indicates the date span of the rate of reimbursement. An effective date ending in “9999” is letting the user know that the information is active.



Provider Web Portal – Search Fee Schedule

Search Fee Schedule – Location



The image shows a screenshot of a website's 'Featured Links' menu. The menu is a vertical list of links in purple text on a white background, enclosed in a blue header bar. A red arrow points from the 'Search Fee Schedule' link to a red-bordered callout box on the right.

Featured Links

- Authorization Criteria
- DHCFP Home
- EDI Enrollment Forms and Information
- EVS User Manual
- Online Provider Enrollment
- Provider Login (EVS)
- Prior Authorization
- Search Fee Schedule
- Search Providers

Search Fee Schedule allows the provider to determine the rate of reimbursement for procedure codes

Fee Schedule – Terms of Agreement



**Nevada Department of
Health and Human Services**

Division of Health Care Financing and Policy Provider Portal

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

Home

[Resources](#) > Search Fee Schedule

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End User Point and Click Agreement

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AMA Disclaimer of Warranties and Liabilities

* **I accept** I have read and agree to the Terms of Agreement

Submit

Cancel

- Step 1: Check “I Accept”
- Step 2: Click “Submit”

Search Fee Schedule – Search Menu

[Resources](#) > Search Fee Schedule

Search Fee Schedule ?

* Indicates a required field.

Select a code type, then enter the procedure code or description and provider type.

- This page is used only for Nevada Fee For Service (FFS) rates.
- The fee displayed to the user as a result of the search may not be the amount the provider receives; Information on the claim may affect actual fee amount. The information contained in the schedule is made available to provide information and is not a guarantee by the State or the Department or its employees as to the present accuracy of the information contained herein. For example, coverage as well as an actual rate may have been revised or updated and may no longer be the same as posted on the website.
- Revenue code pricing for inpatient and nursing home provider types 011, 013, 019, 051, 056, 063, 065, 075, and 078 that is specific to a provider is not available through the Fee Schedule. Provider specific rates override the fee schedule. In addition, fees are not currently available for PT 064.
- Modifier and specialty do not affect ASC and ESRD bundled rates, so the modifier and specialty will not be used or displayed in the search results for these rates.

Financial Payer and Benefit Nevada Medicaid Title XIX Fee For Service

*Code Type

*Procedure Code or Description

*Provider Type

Modifier

Provider Specialty

- Step 1: Select Code Type from drop-down menu (Dental, Medical or Revenue)
- Step 2: Input Procedure Code or Description (See Billing Guide for Codes)
- Step 3: Input appropriate Provider Type
- Step 4: Click “Search”

Search Fee Schedule – Search Menu, continued

Search Fee Schedule ?

* Indicates a required field.

Select a code type, then enter the procedure code or description and provider type.

- This page is used only for Nevada Fee For Service (FFS) rates.
- The fee displayed to the user as a result of the search may not be the amount the provider receives; Information on the claim may affect actual fee amount. The information contained in the schedule is made available to provide information and is not a guarantee by the State or the Department or its employees as to the present accuracy of the information contained herein. For example, coverage as well as an actual rate may have been revised or updated and may no longer be the same as posted on the website.
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- Modifier and specialty do not affect ASC and ESRD bundled rates, so the modifier and specialty will not be used or displayed in the search results for these rates.

Financial Payer and Benefit Nevada Medicaid Title XIX Fee For Service

*Code Type

*Procedure Code or Description

*Provider Type

Modifier

Provider Specialty

- After user has selected the Code Type, input the appropriate Procedure Code and Provider Type and select “Search”

Fee Schedule, continued

Search Results						
						Total Records: 6
Procedure	Provider Type	<u>Provider Specialty</u>	<u>Modifier</u>	<u>Fee Amount</u>	<u>Age Restrictions</u>	<u>Effective Date</u> ▼

- **Procedure:** Indicates the procedure that is being searched.
- **Provider Type:** Indicates the provider type that the procedure code is being searched under.
- **Provider Specialty:** Indicates a 3 digit specialty code, if applicable.
- **Modifier:** Indicates a modifier code, if applicable.
- **Fee Amount:** Indicates the rate of reimbursement.
- **Age Restrictions:** Indicates if there are any age qualifications.
- **Effective Date:** Indicates the date span of the rate of reimbursement. An effective date ending in “9999” is letting the user know that the information is active.



Navigating the Electronic Verification System (EVS)

EVS Secure Web Portal

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

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

Home

Home

Login ?

*User ID

Log In

[Forgot User ID?](#)
[Register Now](#)
[Where do I enter my password?](#)

Web Announcements

[Web Announcement 1488](#)
Coverage Requirements for Contraceptive Drugs, Devices and Services to Implement on January 1, 2018

[Web Announcement 1487](#)
Diabetic Supply Changes for Nevada Medicaid

[Web Announcement 1485](#)
Prior Authorization Information Regarding Changes to Medicaid Managed Care Dental Services

[Web Announcement 1485](#)
Clinical Claim Editor Updated with Knowledge Base V60 Files

[Web Announcement 1484](#)
Physician and Laboratory Payment Methodology Changes Implemented

[View More Web Announcements](#)

Featured Links

[Authorization Criteria](#)
[DHCFP Home](#)
[EDI Enrollment Forms and Information](#)
[EVS User Manual](#)
[Search Fee Schedule](#)
[Search Providers](#)

What can you do in the Provider Portal
Through this secure and easy to use internet portal, healthcare providers can inquire on the status of their claims and payments, inquire on a patient's eligibility, process prior authorization requests and access Remittance Advices. In addition, healthcare providers can use this site for further access to contact information for services provided under the Nevada Medicaid program.

Website Requirements

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

- Step 1: Input User ID
- Step 2: Select “Log In”

If no account is created, select “Register Now” to begin creating a web portal account. See Chapter 1: Getting Started of the EVS User Manual for reference.

EVS Secure 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”

EVS Secure 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 ChicagoCubs

***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**
- Select “Forgot Password” to start the reset process

EVS Secure Web Portal, continued

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** | **Switch Provider**

My Home

Provider

Welcome
Name

Provider ID
Location ID

▶ [My Profile](#)
▶ [Switch Provider](#)

Provider Services

▶ [Member Focused Viewing](#)
▶ [Search Payment History](#)
▶ [PASRR](#)
▶ [EHR Incentive Program](#)
▶ [EPSDT](#)
▶ [Presumptive Eligibility](#)

Welcome Health Care Professional!

All Claim Inquiries should be submitted to the following Address:

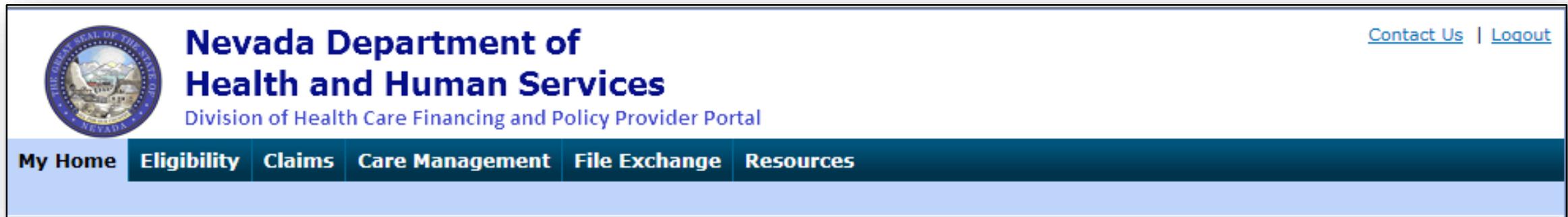
Nevada Medicaid Administration
P.O.Box 30042
Reno, NV 89520-3042

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

- Verify all Provider Information
- Utilize Provider Services
- Use “Contact Us” or “Secure Correspondence” to contact Nevada Medicaid

Navigation Bar

The navigation bar contains six 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.



Electronic Data Interchange (EDI) Information

Locating the EDI Enrollment Forms, Announcements and Companion Guides

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

Providers | EVS | Pharmacy | Prior Authorization | Quick Links | Calendar

Announcements/Newsletters

Billing Information

Electronic Claims/EDI

E-prescribing

Forms

NDC

Provider Enrollment

Provider Training

Web Announcement 1447

Web Announcement 1446

Featured Links

- Authorization Criteria
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- Provider Login (EVS)
- Prior Authorization
- Search Fee Schedule
- Search Providers

Welcome

New Provider Orientation

Introduction to Nevada Medicaid

Website Navigation

Getting Started on EVS - Access to the Provider Portal — EDI System - Enrollment Training

Overview of Claims Process

Nevada Medicaid

REGISTER TODAY

Welcome to the Nevada Medicaid and Nevada Check Up Provider Web Portal. Through this easy-to-use internet portal, healthcare providers have access to useful information and tools regarding provider enrollment and revalidation, recipient eligibility, verification, prior authorization, billing instructions, pharmacy news and training opportunities. The notifications and web announcements keep providers updated on enhancements to the online tools, as well as updates and reminders on policy changes and billing procedures.

Thank you for your participation in Nevada Medicaid and Nevada Check Up.

Notifications

The Division of Health Care Financing and Policy (DHCFP) has selected LIBERTY Dental Plan of Nevada (LIBERTY) as the new Managed Care Dental Benefits Administrator (DBA) effective January 1, 2018, to serve recipients enrolled in a Managed Care Organization (MCO) [See [Web Announcement 1442](#)]

The Nevada Medicaid Provider Web Portal (PWP) Upgrade has been implemented. With this upgrade, Dental/Orthodontia, Adult Day Health Care (ADHC) and Personal Care Services (PCS) providers can generate a prior authorization request via the Provider Web Portal [See [Web Announcement 1415](#)]

The Nevada Provider Web Portal update resulted in a complete change in the website and its associated webpages. Users of the secure Provider Web Portal are advised to remove all previously bookmarked pages and clear any previous activity in your browser to assist with accessing the system. You can clear previous activity in most browsers by navigating to your menu item for internet or browser options and deleting cookies, temporary internet files, and web form information.

PCS, Prior Authorization and Web Portal Upgrade Frequently Asked Questions (FAQs) [Review]

Reminder of Requirements Regarding Ordering, Prescribing or Referring Provider on Claims. See [Web Announcement 1372](#)

Enrollment Termination Frequently Asked Questions (FAQs) [Review]

- Step 1: Highlight “Providers” from top blue tool bar
- Step 2: Select “Electronic Claims/EDI” from the drop-down menu

EDI Enrollment Forms

EDI Enrollment Forms

EDI enrollment forms are for completion and submission by active or enrolling Nevada Medicaid and Nevada Check Up providers only.

Form Number	Title
FA-35	Electronic Transaction Agreement for Service Centers
FA-36	Service Center Operational Information
FA-37	Service Center Authorization
FA-39	Payerpath Enrollment

- Fill out necessary forms completely.
 - Allscripts-Payerpath Program is a free program for all Nevada Medicaid providers.
- Send completed enrollment forms to Nevada Medicaid:
 - Upload into the Provider Web Portal
 - Mail to the address listed on the form
 - E-mail to: NVMMISEDISupport@dxc.com
- Training opportunities are hosted every month for Payerpath users. Please review EDI Announcements on the EDI webpage for training sessions.



Resources

Additional Resources

- Forms: <https://www.medicaid.nv.gov/providers/forms/forms.aspx>
- EVS General Information: <https://www.medicaid.nv.gov/providers/evsusermanual.aspx>
- 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>

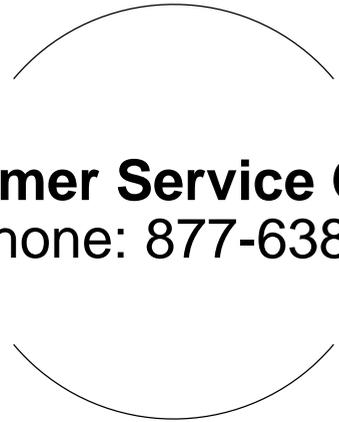
DHCFP Contact Information

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



Contact Us

Contact Us — Nevada Medicaid (Customer Service)



Customer Service Center
Telephone: 877-638-3472



**Provider Web
Portal Technical Assistance**
877-638-3472
Web Portal Option 6

Contact Us — Nevada Medicaid Provider Training — Field Service Representatives

Contact the Provider
Training Unit
Team Territories

Upcoming Training Events
Provider Training
Registration Website

Provider Services Email Us
NevadaProviderTraining
@dxc.com



Onsite
training



Virtual
instructor-led



Self-paced
Web-based course



Thank You