

Therapy Provider Training

Provider Type 34



Nevada Medicaid Provider Training

2018



Objectives



Objectives

- Locate Medicaid Policy
- Locate CMS-1500 Claim Form Instructions, Billing Manual and Billing Guidelines
- Utilize the Search Fee Schedule
- Locate Prior Authorization Forms
- Login to the Electronic Verification System (EVS) Secure Web Portal
- Review Delegate Access
- Successfully Submit a Prior Authorization
- View Prior Authorizations
- Learn about the Benefits of Electronic Data Interchange (EDI)
- Locate the EDI Companion Guide



Provider Web Portal

Provider Web Portal

www.medicaid.nv.gov

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 1449](#)
Attention Hospice Provider Types 64 and 65: Do Not Include Prior Authorization Number on Claim Forms

[Web Announcement 1448](#)
Attention All Providers: Claims for ICD-10 Diagnosis Code A68.54 Denying in Error

[Web Announcement 1447](#)
Updated Nevada Medicaid Informational Bulletin on Medications and Services for Substance Use Disorders

[Web Announcement 1446](#)
Behavioral Health Provider Types 14 and 82 Invited to Take DHCFP Provider Training Survey

[Web Announcement 1445](#)
Attention Practitioners, Ambulatory Surgical Centers, Outpatient Hospitals and Durable Medical Equipment Providers: Reminder Regarding National Correct Coding Initiative (NCCI) Medically Unlikely Edits (MUEs)

[View All Web Announcements](#)

Featured Links

[Authorization Criteria](#)

[DHCFP Home](#)

[EDI Enrollment Forms and Information](#)

Welcome

New Provider Orientation

REGISTER TODAY

- 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

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.

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.



Medicaid Services Manual (MSM)

Chapter 1700 Therapy

Locating Medicaid Services Manual (MSM) Chapter 1700 Therapy

The screenshot shows the Nevada Department of Health and Human Services website. The header includes the department name and logo, with navigation links for "Contact Us" and "DHCFP Home". A search bar is located in the top right. Below the header is a blue navigation bar with links for "Providers", "EVS", "Pharmacy", "Prior Authorization", "Quick Links", and "Calendar". A dropdown menu is open over the "Quick Links" area, listing "Change Provider Information", "PASRR", "Medicaid Services Manual" (highlighted in orange), "Rates Unit", and "Get Adobe Reader". The main content area features a "New Provider Orientation" banner with a "REGISTER TODAY" button and a list of topics: "Introduction to Nevada Medicaid", "Website Navigation", "Getting Started on EVS - Access to the Provider Portal", "EDI System - Enrollment Training", and "Overview of Claims Process". To the left, there is a "Latest News" section with several "Web Announcement" links. To the right, a "Notifications" section contains text about the LIBERTY Dental Plan of Nevada and the Nevada Medicaid Provider Web Portal upgrade.

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

Locating MSM Chapter 1700 Therapy, continued

ASMHome/ NV MSMHome

Meetings, Workshops,
Public Notices

CaseloadData

**Medicaid Services
Manual**

To do a keyword search on any .PDF document, click Cntrl F to generate the search box. Enter the desired search word and click Previous or Next.

- 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 Reimbursement, Analysis 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
- 3800 Care Management Organization
- 3900 Home and Community Based Waiver for Assisted Living
- Addendum

- Select “1700 Therapy”
- From the next page, always make sure to select the “Current” policy



Medicaid Billing Information

Locating Medicaid Billing Information

The screenshot shows the Nevada Department of Health and Human Services website. At the top left is the 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 "DHCFP Home", and a search bar. A blue navigation bar contains links for "Providers", "EVS", "Pharmacy", "Prior Authorization", "Quick Links", and "Calendar". A drop-down menu is open under "Providers", listing "Announcements/Newsletters", "Billing Information", "Electronic Claims/EDI", "E-Prescribing", "Forms", "NDC", "Provider Enrollment", and "Provider Training". The "Billing Information" item is highlighted. Below the navigation bar is a "Welcome" section with a large banner for "New Provider Orientation". The banner includes a "REGISTER TODAY" button and a list of topics: "Introduction to Nevada Medicaid", "Website Navigation", "Getting Started on EVS - Access to the Provider Portal", "EDI System - Enrollment Training", and "Overview of Claims Process". To the right of the banner is a "Notifications" section with two text-based notices. Below the banner is a paragraph of introductory text.

– Step 1: Highlight “Providers” from top blue tool bar

– Step 2: Select “Billing Information” from the drop-down menu

Locating Medicaid Billing Information, continued

Paper Claim Form Instructions

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

- Utilize the CMS-1500 Claim Form Instructions to properly submit claims

Billing Manual

For Archives [Click here](#)

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

- Utilize the Billing Manual for general billing information

Billing Guidelines (by Provider Type)

34	Therapy	07/24/17
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- Utilize the Billing Guidelines for specific information for PT 34, including prior authorization information, covered and non-covered services



Fee Schedule and Rates Unit

Fee Schedule

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](#)

- Utilize the Search Fee Schedule to determine the rate of reimbursement for a procedure code

Fee Schedule, continued



**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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AMA Disclaimer of Warranties and Liabilities

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

Submit

Cancel

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

Fee Schedule, continued



Nevada Department of Health and Human Services

Division of Health Care Financing and Policy Provider Portal

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

Home

[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** Medical

***Procedure Code or Description** 97010-Hot or cold packs therapy

***Provider Type** 034-Therapy

Modifier

Provider Specialty

Search

Reset

- Step 1: Select Code Type from the drop-down menu
- Step 2: Input Procedure Code of Description
- Step 3: Input appropriate Provider Type with a “0”, i.e., 034
- Step 4: Click “Search” to populate results

Fee Schedule, 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

– Note: Make sure that the “Effective Date” ends in 9999 for current rates of reimbursement

Search Results Total Records: 6

Procedure	Provider Type	Provider Specialty	Modifier	Fee Amount	Age Restrictions	Effective Date
97010-Hot or cold packs therapy	034-Therapy	000-No Specialty		\$4.87	REGULAR	1/1/2017 - 12/31/9999
97010-Hot or cold packs therapy	034-Therapy	000-No Specialty	22-Unusual Procedural Servic	\$6.09	REGULAR	1/1/2017 - 12/31/9999
97010-Hot or cold packs therapy	034-Therapy	000-No Specialty		\$4.77	Pediatric (age 0-21)	10/1/2004 - 9/7/2008
97010-Hot or cold packs therapy	034-Therapy	000-No Specialty	22-Unusual Procedural Servic	\$5.95	Pediatric (age 0-21)	10/1/2004 - 9/7/2008
97010-Hot or cold packs therapy	034-Therapy	000-No Specialty		\$3.38	REGULAR	1/1/1980 - 12/31/2016
97010-Hot or cold packs therapy	034-Therapy	000-No Specialty	22-Unusual Procedural Servic	\$4.22	REGULAR	1/1/1980 - 12/31/2016

Rates Unit

Quick Links ▾ Calendar

Change Provider Information
PASRR
Medicaid Services Manual
Rates Unit
Get Adobe Reader

- Step 1: Highlight “Quick Links” from tool bar at www.medicaid.nv.gov
- Step 2: Select “Rates Unit”
- Step 3: From new window, select “Accept”

The screenshot shows the header of the Nevada Department of Health and Human Services website. It includes the state seal, the text "Nevada Department of Health and Human Services", and "Division of Health Care Financing and Policy". There is a search bar with "Google" and a magnifying glass icon. Below the header is a navigation menu with links: HOME, ABOUT, PROGRAMS, PROVIDERS, MEMBERS, PUBLIC NOTICES, RESOURCES, BOARDS/COMMITTEES, CONTACT. The main content area features a play button icon followed by the text "POINT AND CLICK LICENSE AGREEMENT FOR AMA/CPT AND ADA/CDT". Below this, there is a section titled "LICENSE FOR USE OF 'CURRENT PROCEDURAL TERMINOLOGY', FOURTH EDITION ('CPT®')" with the subtitle "End User Point and Click Agreement". To the right of this section are two buttons: "ACCEPT" and "DECLINE".

Rates Unit, continued

REIMBURSEMENT, ANALYSIS AND DEVELOPMENT

Rates Unit - Nevada Medicaid

The Rate Setting Unit is responsible for: rate development; rate study/review; rate appeals; annual and quarterly updates; and nursing facility rates.

Nevada Medicaid administers the program with provisions of the [Nevada Medicaid State Plan](#), Titles XI and XIX for the Social Security Act, all applicable Federal regulations and other official issuance of the Department. Methods and standards used to determine rates for inpatient and outpatient services are located in the State Plan under Attachments 4.19 A through E.

New Codes for 2017

- [Status Update](#)
- [Annual New Code Update Process](#)
- [2017 New Codes](#)
- [2017 New Codes PT 10 & 46](#)

Fee Schedule Search

Nevada Medicaid has a new feature on the [Medicaid.nv.gov](#) website under the Provider "Home" page (EVS). The new feature will allow Providers to not only view fee schedules, but also the ability to verify member eligibility, search for claims, payment information and Remittance Advices. For modifier or anesthesia base units, see the appropriate links below. Please refer to the appropriate Medicaid policy to fully determine coverage as well as any coverage limitations. Medicaid policy takes precedence over any code and rate listed here for a particular provider type.

- [Fee Schedule Search](#)
- [Web Portal User Manual](#)
- [Anesthesiology Unit Values](#)
- [Nevada Medicaid Modifier Listing](#)

Fee Schedules

The fee schedules found here are updated on an annual basis, sometimes more frequently. Information regarding the [annual new code update](#) may be found on this website.

The information contained in these schedules 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.

- [Managed Care Capitation Rates](#)
- [Fee-for-Service PDF Fee Schedules](#)

Contact

rates@dncfp.nv.gov

Reports

Rate Increases

- Locate the “Fee-for-Service PDF Fee Schedules” from the Fee Schedules section

Rates Unit, continued

FEE SCHEDULES

The information contained in these schedules 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.

- [Provider Type 34 Therapy](#)

- Select the appropriate title to open the PDF pertaining to the reimbursement schedule you would like to review



Prior Authorization (PA) Forms

Locating Prior Authorization Forms

The screenshot shows the Nevada Department of Health and Human Services website. The top navigation bar includes 'Providers', 'EVS', 'Pharmacy', 'Prior Authorization', 'Quick Links', and 'Calendar'. The 'Providers' menu is open, showing options like 'Announcements/Newsletters', 'Billing Information', 'Electronic Claims/EDI', 'E-Prescribing', 'Forms', 'NDC', 'Provider Enrollment', and 'Provider Training'. The 'Forms' option is highlighted with a red box. The main content area features a 'Welcome' message and a 'New Provider Orientation' banner with a 'REGISTER TODAY' button. The banner lists topics: Introduction to Nevada Medicaid, Website Navigation, Getting Started on EVS - Access to the Provider Portal, EDI System - Enrollment Training, and Overview of Claims Process. A 'Notifications' sidebar on the right contains several news items.

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

Note that with the exception of evaluation and re-evaluation codes, all physical, occupational, speech and language, respiratory therapy and maintenance therapy services must be prior authorized

Locating Prior Authorization Forms, continued

Prior Authorization Forms

All prior authorization forms are for completion and submission by current Medicaid providers only.

Form Number	Title
FA-1	Durable Medical Equipment Prior Authorization Request
FA-1A	Usage Evaluation for Continuing Use of BIPAP and CPAP Devices
FA-1B	Mobility Assessment and Prior Authorization (PA), Revised 12/29/10
FA-1B Instructions	Mobility Assessment and Prior Authorization (PA) Instructions
FA-1C	Oxygen Equipment and Supplies Prior Authorization Request
FA-1D	Wheelchair Repair Form
FA-3	Inpatient Rehabilitation Referral/Assignment
FA-4	Long Term Acute Care Prior Authorization
FA-6	Outpatient Medical/Surgical Services Prior Authorization Request
FA-7	Outpatient Rehabilitation and Therapy Services Prior Authorization Request
FA-8	Inpatient Medical/Surgical Prior Authorization Request
FA-8A	Induction of Labor Prior to 39 Weeks and Scheduled Elective C-Sections
FA-10A	Psychological Testing
FA-10B	Neuropsychological Testing
FA-10C	Developmental Testing
FA-10D	Neurobehavioral Status Exam
FA-11	Outpatient Mental Health Request
FA-11A	Behavioral Health Authorization
FA-11D	Substance Abuse/Behavioral Health Authorization Request
FA-11E	Applied Behavior Analysis (ABA) Authorization Request
FA-11F	Autism Spectrum Disorder (ASD) Diagnosis Certification for Requesting Initial Applied Behavior Analysis (ABA) Services
FA-12	Inpatient Mental Health Prior Authorization

- While on the “Forms” page, locate the FA-7 form
- Follow the instructions on the form
- All active forms are fillable for easy uploading for PA submission online
- Any form that is not legible will not be accepted

Outpatient Rehabilitation and Therapy (FA-7) – Page 1

- Date of Request
- Request Type
- Enter all applicable information for:
 - Recipient
 - Ordering Provider
 - Servicing Provider
 - Clinical Information
 - Requested Services

Note that the section to the right of Requested Services is to be completed by Nevada Medicaid

Prior Authorization Request
Nevada Medicaid and Nevada Check Up

Outpatient Rehabilitation and Therapy

Fax this request to: (866) 480-9903 Questions? Call: (800) 525-2395

DATE OF REQUEST: ____/____/____

REQUEST TYPE: Prior Authorization Continued Services Retrospective Review

REQUIRED FOR RETROSPECTIVE REVIEWS ONLY
This recipient was determined eligible for Medicaid benefits on: ____/____/____

RECIPIENT INFORMATION

Recipient Name (Last, First, MI): _____

Recipient ID: _____ DOB: _____ Phone: _____

Address (include city, state, zip): _____

Guardian Name (if applicable): _____ Guardian Phone: _____

Medicare Insurance Information: Part A Part B Medicare ID#: _____

Other Insurance Name: _____ Other Insurance ID#: _____

ORDERING PROVIDER INFORMATION

Ordering Provider Name: _____

NPI: _____ Phone: _____ Fax: _____

Address (include city, state, zip): _____

Contact Name: _____

SERVICING PROVIDER INFORMATION

Servicing Provider Name: _____

NPI: _____ Phone: _____ Fax: _____

Address (include city, state, zip): _____

CLINICAL INFORMATION Use additional sheet(s) if needed to submit all pertinent medical documentation and justification to be considered in the determination of this request.

Is this request for Healthy Kids (EPSDT) referral/services? Yes No

Diagnosis (include ICD-10 codes and descriptions): _____

REQUESTED SERVICES (enter one code per line)			NEVADA MEDICAID USE ONLY			
CPT Code and Description	Units Requested per Week	Number of Weeks	Units Approved	Weeks Approved	Status	Action Code
1.						
2.						
3.						
4.						

Outpatient Rehabilitation and Therapy (FA-7) – Page 2

- Make sure that the Recipient Name and ID are filled out at the top in case pages are separated
- Enter all applicable information for:
 - Functional Deficits & Rehab Diagnosis
 - Treatment Goals
 - Previous Service or Treatment
 - Other Clinical Information

Note that the bottom portion of this page is to be completed by Nevada Medicaid

Prior Authorization Request
Nevada Medicaid and Nevada Check Up

Outpatient Rehabilitation and Therapy

Recipient Name:	Recipient ID:
Functional Deficits and Rehabilitation Diagnoses:	
Treatment Goals:	
Previous Service or Treatment and Outcome or Results (include dates of prior services):	
Other Clinical Information Supporting the Medical Necessity of Requested Services:	
NEVADA MEDICAID USE ONLY	
Dates Approved: From ____/____/____ To ____/____/____	
Dates Denied: From ____/____/____ To ____/____/____	
Reviewer Signature: _____ Date: _____	

This referral/authorization is not a guarantee of payment. Payment is contingent upon eligibility, benefits available at the time the service is rendered, contractual terms, limitations, exclusions, coordination of benefits and other terms and conditions set forth by the benefit program. The information contained in this form, including attachments, is privileged, confidential and only for the use of the individual or entities named on this form. If the reader of this form is not the intended recipient or the employee or agent responsible to deliver it to the intended recipient, the reader is hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If this communication has been received in error, the reader shall notify sender immediately and shall destroy all information received.



Electronic Verification System (EVS) Secure Web Portal

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 name and a search bar. A navigation menu lists: Providers, EVS, Pharmacy, Prior Authorization, Quick Links, and Calendar. The main content area features a 'Welcome' message and a large 'New Provider Orientation' banner with a 'REGISTER TODAY' button. A list of 'Web Announcements' is on the left, and a 'Notifications' section is on the right. The footer contains 'Featured Links' such as Authorization Criteria, DHCFP Home, and EDI Enrollment Forms and Information.

EVS

EVS is available 24 hours a day, seven days a week except during the scheduled weekly maintenance period, Monday through Friday 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.)

EVS Secure Web Portal

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

Contact Us DHCFF Home

Search

Home Providers EVS Pharmacy Prior Authorization Quick Links Calendar

Announcements Latest News

- [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 1486](#)
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 All Web Announcements](#)

Featured Links

- Authorization Criteria
- DHCFF Home
- EDI Enrollment Forms and Information
- EVS User Manual
- Online Provider Enrollment
- 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

REGISTER TODAY

Nevada Medicaid

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

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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

- Billing Information
- E-Prescribing
- Forms
- Provider Enrollment
- Provider Newsletters
- Provider Training

Scheduled Site Maintenance

- EVS Web Portal can be accessed by highlighting EVS from the top tool bar and selecting “Provider Login” or “Provider Login” can be selected from the Featured Links section

EVS Secure Web Portal, continued

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

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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](#)

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 an account has not been 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 Jeffrey

Name [F]

Provider ID [1]

Location ID [C]

▶ [My Profile](#)

▶ [Switch Provider](#)

Provider Services

▶ [Member Focused Viewing](#)

▶ [Search Payment History](#)

▶ [PASRR](#)

▶ [EHR Incentive Program](#)

▶ [EPSDT](#)

▶ [Presumptive Eligibility](#)

Welcome Health Care Professional!



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 [\[Review\]](#)

[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

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

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

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.



Role-Based Security & Delegate Access

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
- An existing delegate is a person who was previously provided with a delegate code and is registered for a portal account
- Each delegate should only have one delegate code, which is created by the first provider to add them as a delegate

1. Log in to “Provider Web Portal”
2. Click “Manage Accounts”

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

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
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Reno, NV 89520-3042

We are committed to make it easier for physicians and other pro...
their business. In addition to providing the ability to verify mem...
search for claims, payment information, and access Remittance e...
secure site provides access to eligibility, answers to frequently e...
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 (*).

The screenshot displays the Nevada Department of Health and Human Services portal. At the top, the logo and name of the department are visible, along with the text "Division of Health Care Financing and Policy Provider Portal". A navigation bar includes links for "My Home", "Eligibility", "Claims", "Care Management", "File Exchange", and "Resources". The current page is titled "My Home > Manage Accounts".

The main content area is titled "Delegate Assignment" and features two tabs: "Add New Delegate" and "Add Registered Delegate". Below the tabs, a message states: "* Indicates a required field. Enter the fields below and click **Submit** to generate the delegate code for the new delegate to register." The form includes four input fields, each with a red asterisk indicating it is required: "First Name", "Last Name", "Birth Date" (with a calendar icon), and "Last 4 of DLN". At the bottom of the form are "Submit" and "Cancel" buttons.

At the bottom of the page, a message states: "No Delegates are assigned to the User."

Delegate Assignment

Add New Delegate

The screenshot shows the 'Add New Delegate' form within the Nevada Department of Health and Human Services portal. The form is titled 'Delegate Assignment' and has two tabs: 'Add New Delegate' (selected) and 'Add Registered Delegate'. Below the tabs, there is a note: '* Indicates a required field.' and instructions: 'Enter the fields below and click **Submit** to generate the delegate code for the new delegate to register.' The form contains four input fields: '* First Name', '* Last Name', '* Birth Date' (with a calendar icon), and '* Last 4 of DLN'. At the bottom of the form are 'Submit' and 'Cancel' buttons. Below the form, a status message reads 'No Delegates are assigned to the User.'

Enter the delegate's:

- First Name, Last Name, Date of Birth and Last four digits of the delegate's Driver's License Number
- Click "Submit"

Add Registered Delegate

The screenshot shows the 'Add Registered Delegate' form within the Nevada Department of Health and Human Services portal. The form is titled 'Manage Accounts' and has two tabs: 'Add New Delegate' and 'Add Registered Delegate' (selected). Below the tabs, there is a definition: '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.' Below this is a note: '* Indicates a required field.' and instructions: 'Enter the Last Name and the Delegate Code of that delegate to your delegate list then click **Submit** to proceed.' The form contains two input fields: '* Last Name' and '* Delegate Code'. At the bottom of the form are 'Submit' and 'Cancel' buttons.

Enter the delegate's:

- Last Name and previously provided Delegate Code

Delegate Assignment, continued

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

Edit Delegate

Select Active or Inactive to change the status and/or modify the functions below, then click the **Submit** button to update the information.

First Name charlie
Last Name brown
Birth Date 12/02/1972
Last 4 of DLN 1234
Delegate Code 10086
***Decision** Active Inactive

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

Submit **Cancel**

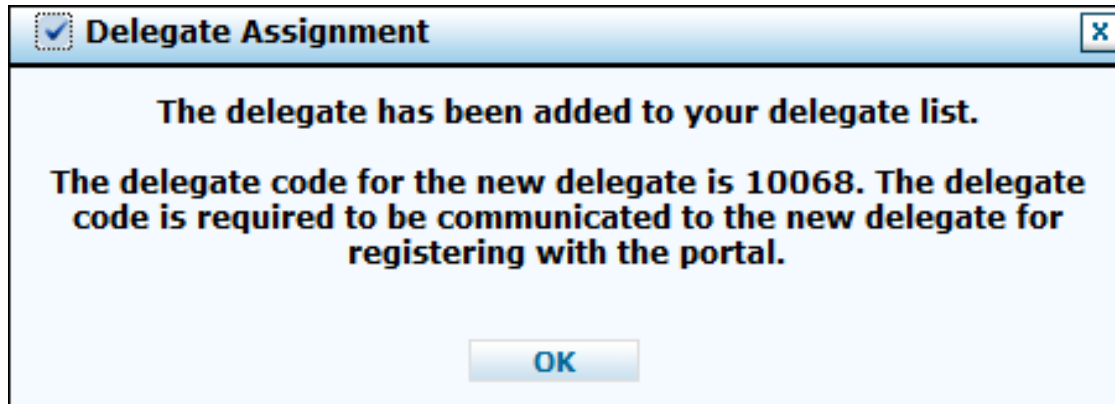
- Choose the Functions you want the delegate to be able to perform
- Click "Confirm"

Edit Delegate

- Make the appropriate changes to the functionality for the delegate
- To remove the delegate's ability to have access to your, Portal chose **Inactive**
- When changes are complete, click "Submit"

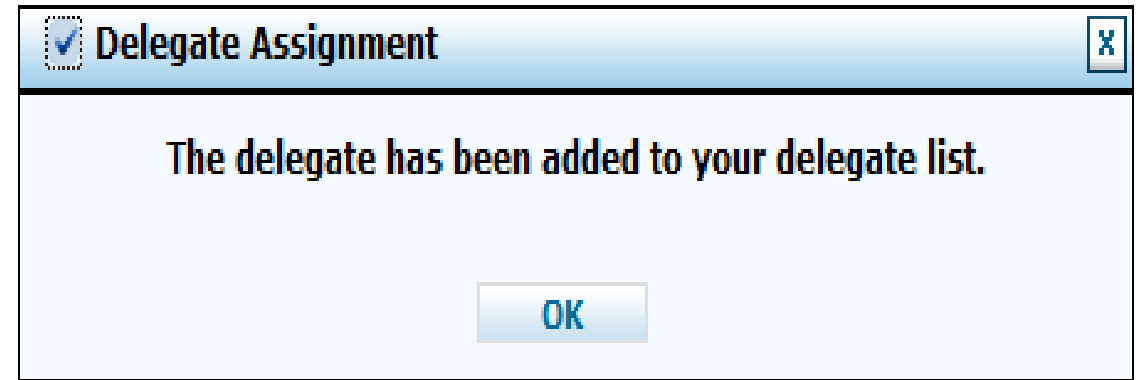
Delegate Assignment, continued

New Delegate



- 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

Registered Delegate



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



Before You Create a Prior Authorization

Before Creating a Prior Authorization



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 exists that 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.



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

Create Authorization



The screenshot shows the Nevada Department of Health and Human Services portal. At the top left is the state seal. To its right is the text "Nevada Department of Health and Human Services" and "Division of Health Care Financing and Policy Provider Portal". In the top right corner are links for "Contact Us" and "Logout". A dark blue navigation bar contains tabs for "My Home", "Eligibility", "Claims", "Care Management", "File Exchange", "Resources", and "Switch Provider". Below this is a light blue breadcrumb trail: "Create Authorization | View Authorization Status | Maintain Favorite Providers | Authorization Criteria". Underneath, the "Care Management" section is highlighted with a dashed line. A large blue bar is present below the breadcrumb. On the left side, there is a sub-menu titled "Authorizations" with a list of links: "Create Authorization", "View Status of Authorizations", "Maintain Favorite Provider List", and "Authorization Criteria".

- Hover over the Care Management tab or select Care Management from the top tool bar
- Click “Create Authorization” from the sub-menu

One Page Process for Prior Authorization Requests

Create Authorization

* Indicates a required field.

Medical **Dental**

*Process Type

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

- Step 1: Select the radio button next to “Medical”
- Step 2: Select appropriate Output M/S Process Type

Create Medical Prior Authorization

Provider, Recipient, Referring & Servicing Provider Information

Requesting Provider Information		
Provider ID	1104870187	ID Type NPI
Name	MOUNTAINVIEW HOSPITAL	

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

Referring Provider Information		
Referring Provider same as Requesting Provider	<input type="checkbox"/>	
Select from Favorites	<input type="text"/>	
Provider ID	<input type="text"/>	ID Type <input type="text"/>
Name	<input type="text"/>	
Add to Favorites	<input type="checkbox"/>	

Service Provider Information		
Service Provider same as Requesting Provider	<input type="checkbox"/>	
Select from Favorites	<input type="text"/>	
*Provider ID	<input type="text"/>	*ID Type <input type="text"/>
Name	<input type="text"/>	
Add to Favorites	<input type="checkbox"/>	
Location	<input type="text"/>	

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

Service Provider Information

- 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 the Provider ID and select the ID Type from the drop-down list
- Select Service Location (optional)



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

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

- The first diagnosis code entered is considered to be the principal or primary diagnosis code
- Portal allows up to nine diagnosis codes; only one valid diagnosis code is required for the PA
- Click "Add" to add each diagnosis code



Do not key any decimals into the diagnosis code fields.


Diagnosis Information, continued

Invalid diagnosis code:

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
<input type="checkbox"/> Click to collapse.		
*Diagnosis Type ICD-10-CM	*Diagnosis Code T1019 Diagnosis Code not found.	

Valid diagnosis code:

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	R69-Illness, unspecified	Remove

Click to collapse.

*Diagnosis Type ICD-10-CM *Diagnosis Code

Service Details

Service Details

Click '+' to view or update the details of a row. Click '-' to collapse the row. Click **Copy** to copy or **Remove** to remove the entire row.

Line #	From Date	To Date	Code	Modifiers	Units	Action
Click to collapse.						
	*From Date <input type="text"/>	To Date <input type="text"/>	*Code Type <input type="text" value="CPT/HCPCS"/>	*Code <input type="text"/>		
	Modifiers <input type="text"/>					
	*Units <input type="text"/>					
	*Medical Justification <input type="text"/>					

- Indicate a "From" or Start Date
- Select a Code Type from the drop-down menu
- Input Code
- Input amounts of units being requested
- In the Medical Justification field, indicate "See attached form"
- Select "Add Service"

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

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
+	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 and any PA request that does not have an attachment submitted within 30 days will be automatically cancelled

Attachment Requirements, continued

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

The screenshot shows a web form titled "Attachments". The main heading is "Attachments" in a blue bar. Below it, there is a text instruction: "To include an attachment electronically with the prior authorization request, browse and select the attachment, select an Attachment Type from the drop-down list." There is a link for "Prior Authorization Forms". Below that, there is a section for "Transmission Method" with an "Add" button. A dropdown menu is open, listing various attachment types. The text "* Attachment Type" is highlighted with a red box. At the bottom of the form, there is a footer with copyright information.

Attachments

To include an attachment electronically with the prior authorization request, browse and select the attachment, select an Attachment Type from the drop-down list.

[Prior Authorization Forms](#)

If you will not be sending an attachment electronically, select an appropriate Transmission Method from the drop-down list.

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
American Dental Association (ADA)

and data are copyrighted by the
ability for data contained or not c

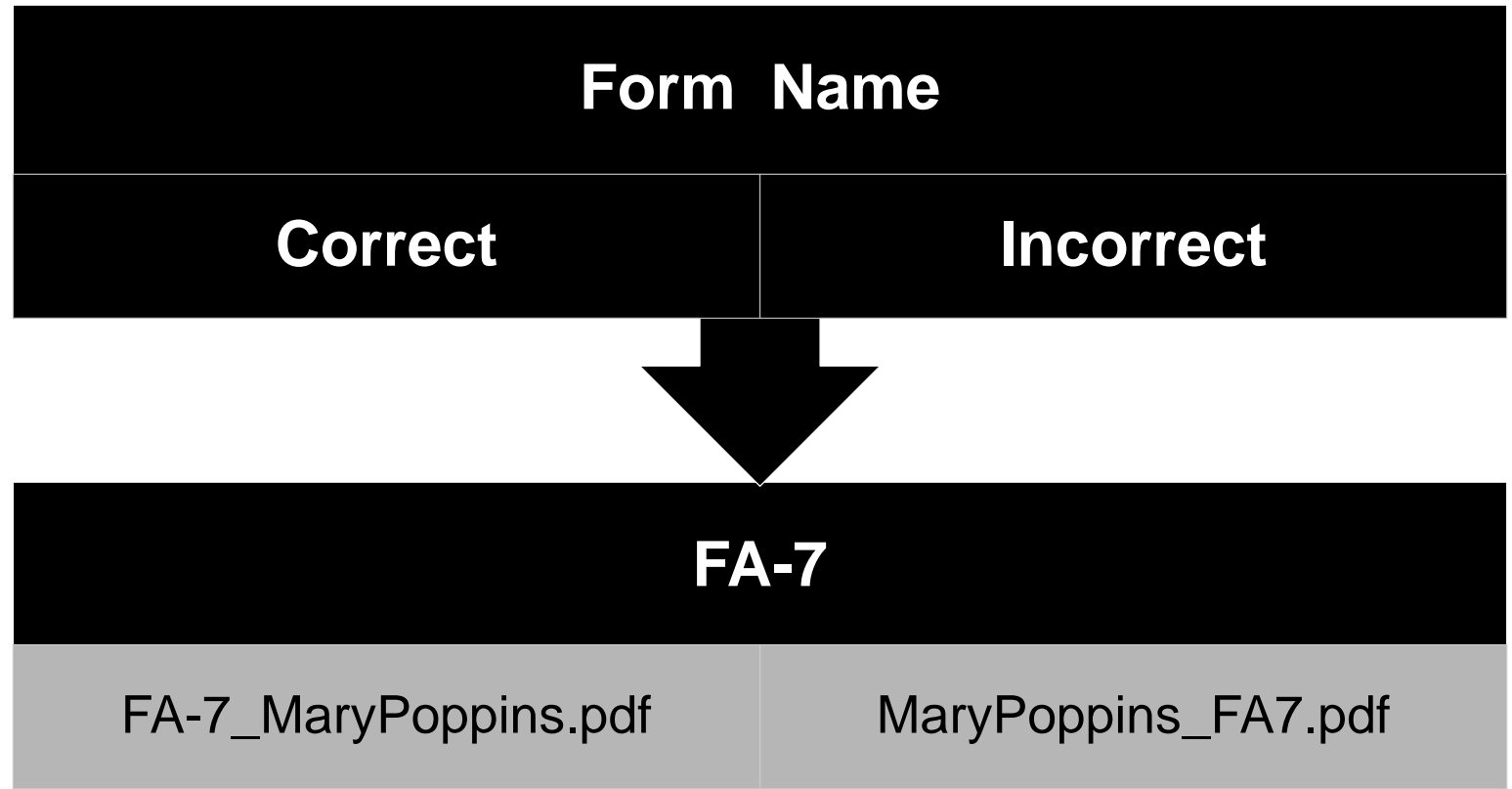
Uploading Attachments, continued

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
- Non-compliant files may cause a delay in processing the request

File Upload Naming Convention Examples



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 lmail, 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"/>	

- 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	T1015 Clinic Services		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
 - When confirming the PA, only click on “Confirm” once and wait for confirmation page to load. Clicking multiple times will create multiple PAs in the system.

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).

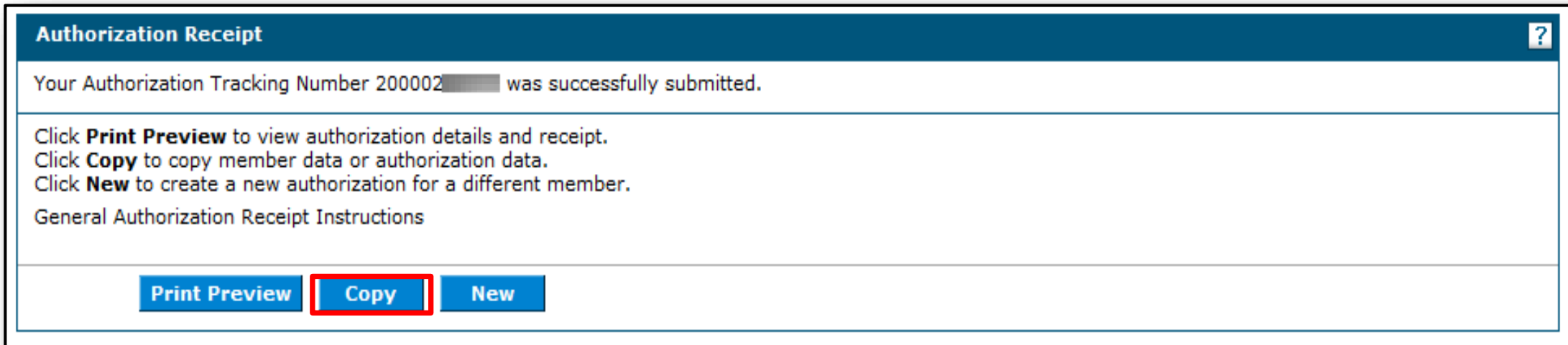
Confirm Authorization ?						
Expand All Collapse All						
Requesting Provider Information +						
Recipient Information and Process Type +						
Referring Provider Information +						
Service Provider Information +						
Expand All Collapse All						
Diagnosis Information -						
Please note that the 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	T1015 Clinic Services		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 message 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." At the bottom of the interface, there are three buttons: "Print Preview", "Copy", and "New". The "Copy" button is highlighted with a red rectangular border.

Copying an Authorization, continued

Member or Authorization Data

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**

- Copy a PA request for an existing recipient when requesting a new service
- Only the recipient data is copied
- Copy a PA request by service in order to submit a PA request for similar services but for a different recipient



Viewing Authorizations

View Status of Authorization

The screenshot displays the Nevada Department of Health and Human Services portal. At the top left is the state seal. The header includes the department name and the 'Division of Health Care Financing and Policy Provider Portal'. On the top right are links for 'Contact Us' and 'Logout'. A dark blue navigation bar contains tabs for 'My Home', 'Eligibility', 'Claims', 'Care Management', 'File Exchange', 'Resources', and 'Switch Provider'. Below this is a light blue sub-menu with 'Create Authorization', 'View Authorization Status', 'Maintain Favorite Providers', and 'Authorization Criteria'. The 'Care Management' tab is highlighted, and a dashed line indicates a sub-menu. Below the sub-menu is a large teal bar. On the left, an 'Authorizations' menu is open, listing 'Create Authorization', 'View Status of Authorizations', 'Maintain Favorite Provider List', and 'Authorization Criteria'.

- Hover over the Care Management tab from the top tool bar and select “View Authorization Status” from the sub-menu or select Care Management from the top tool bar and click “View Status of Authorizations” from the Authorizations menu

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. 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 SMITH, JANE, Recipient ID 000000, Process Type Outpt M/S, Requesting Provider HEALTHCARE, and Servicing Provider 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
- Prospective Authorizations displays PAs by either the requesting or servicing provider
- Search Options allows a search by either recipient or provider information
- To view the details of an authorization, click the blue, underlined “ATN” link

Viewing Authorizations, continued

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

Authorization Tracking #
Process Type

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

Requesting Provider Information +

Recipient Information +

Referring Provider Information +

Diagnosis Information +

Service Provider / Service Details Information -

1124130125
Type NPI
F FALLON

From Date	To Date	Units	Remaining Units	Amount	Code	Medical Citation	Decision / Date	Reason
05/01/2017	06/30/2017	1	0	–	CPT/HCPCS A4524-INACTIVE ADULT SIZE DIAPER XL EACH	–	Pended –	–
11/01/2017	12/31/2017	1	0	–	CPT/HCPCS 99214-Office/outpatient visit est	–	Pended –	–

[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

From Date	To Date	Units	Remaining Units	Amount	Code	Medical Citation	Decision / Date	Reason
02/17/2013	02/17/2013	3	0	–	Revenue 0121-R&B-2 BED-MED-SURG-GYN	View	Not Certified 02/21/2013	–
02/20/2031	02/20/2031	2	0	–	Revenue 0121-R&B-2 BED-MED-SURG-GYN	View	Not Certified 02/22/2013	–
02/17/2013	02/20/2013	3	3	–	Revenue 0121-R&B-2 BED-MED-SURG-GYN	–	Certified In Total 02/24/2013	–

[Edit](#)

[View Provider Request](#)

[Print Preview](#)

- Under the Decision/Date field:
 - Certified in Total – The PA request was approved.
 - *Not* Certified – The PA was not approved.
 - Certified in Partial – The PA was approved but only for a specific amount that is different than what was requested.
- Under the Reason field:
 - Disposition pending review — The PA request is still in process, which appears when the PA request is in “Pended” status.

Viewing Authorizations, continued

From Date	To Date	Units	Remaining Units	Amount	Code	Medical Citation	Decision / Date	Reason
02/17/2013	02/17/2013	3	0	–	Revenue 0121-R&B-2 BED-MED-SURG-GYN	Hide	Not Certified 02/21/2013	–
<p>Medical Citation 7002 - Information provided does not support medical necessity as defined by Nevada Medicaid.</p> <p>Notes To Provider Inpatient admission criteria not met. Intensity of service was not supported in the documentation submitted. Inpatient admission criteria not met. Intensity of service was not supported in the documentation submitted.</p>								
02/20/2031	02/20/2031	2	0	–	Revenue 0121-R&B-2 BED-MED-SURG-GYN	View	Not Certified 02/22/2013	–
02/17/2013	02/20/2013	3	3	–	Revenue 0121-R&B-2 BED-MED-SURG-GYN	–	Certified In Total 02/24/2013	–

[Edit](#)

[View Provider Request](#)

[Print Preview](#)

- Remaining Units/Days – The amount counts down as claims are processed. A dash indicates that a claim is not processed for the authorization.
- The Medical Citation field indicates if additional information is needed for all authorizations (including denied). Click “View” to see the details and clinical notes provided by Nevada Medicaid or click “Hide” to collapse the information panel.
- 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).



Searching Authorization Status

Searching Authorization Status, continued

View Authorization Status

Prospective Authorizations | Search Options

Enter at least one of the following fields to search for an authorization.

Authorization Information

Authorization Tracking Number

Select a Day Range or specify a Service Date

Day Range OR Service Date

Status Information

Select status to return authorization service lines with the chosen status.

Status

Recipient Information

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

Recipient ID Birth Date

Last Name First Name

Provider Information

Provider ID ID Type

This Provider is the Servicing Provider on the Authorization Requesting Provider on the Authorization

To search for a PA, enter at least one of the following:

- Enter the Authorization Tracking Number
- Select the Day Range from the drop-down list
- Enter the Service Date

Or

Recipient's ID number **or** the recipient's Last name, First name and Date of Birth

Or

- Provider's NPI and ID Type
- Indicate Servicing or Referring Provider


Click "Search"

- Search results will display at the bottom of the screen



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.



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

FA-29	Prior Authorization Data Correction Form
FA-29A	Request for Termination of Service
FA-29B	Prior Authorization Reconsideration Request

- Locate necessary forms on the Forms Page after the completion of a PA
- 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.



EDI Information

Locating the EDI Enrollment Forms

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

Web Announcement 1447
Updated Nevada Medicaid Informational Bulletin on Medications and Services for Substance Use Disorders

Web Announcement 1446
Behavioral Health Provider Types 14 and 82 Invited to Take DHCFP Provider Training Survey

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

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

REGISTER TODAY

Nevada Medicaid

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:
 - The Allscripts-Payerpath Program is a free program for all Nevada Medicaid providers
- Send completed enrollment forms to Nevada Medicaid:
 - By uploading 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 Trainings. Please review EDI Announcements on the EDI webpage for training sessions.

Locating the EDI Companion Guides

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 drop-down menu is open under 'Providers', listing items such as Announcements/Newsletters, Billing Information, Electronic Claims/EDI, E-Prescribing, Forms, NDC, Provider Enrollment, and Provider Training. The main content area features a 'Welcome' message and a large 'New Provider Orientation' banner with a 'REGISTER TODAY' button. The banner lists topics: Introduction to Nevada Medicaid, Website Navigation, Getting Started on EVS - Access to the Provider Portal, EDI System - Enrollment Training, and Overview of Claims Process. A 'Notifications' sidebar on the right contains several updates regarding the new Managed Care Dental Benefits Administrator, the Nevada Medicaid Provider Web Portal upgrade, and PCS Prior Authorization and Web Portal upgrade FAQs.

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

EDI Companion Guides

EDI Companion Guides

Title	Date
Transaction 270/271 - Health Care Eligibility Inquiry and Response	February 2015
Transaction 271U - Unsolicited Transaction - HIPAA Version 5010	February 2013
Transaction 277U - Unsolicited 277 Claims Status Response - HIPAA Version 5010	October 2012
Transaction 820 - Health Care Premium Payment - HIPAA Version 5010	October 2012
Transaction 834 - Benefit Enrollment and Maintenance - HIPAA Version 5010	October 2012
Transaction 835 - Health Care Payment/Advice	February 2015
Transaction 837D - Dental Health Care Claim - HIPAA Version 5010	October 2015
Transaction 837I - Institutional Health Care Claim - HIPAA Version 5010	October 2015
Transaction 837P - Professional Health Care Claim - HIPAA Version 5010	October 2015

The Companion Guides contain our HIPAA-compliant technical specifications for each transaction.

- EDI Companion Guides are located at the bottom of the webpage



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>
- Medicaid Services Manual: <http://dhcfp.nv.gov/Resources/AdminSupport/Manuals/MSM/MSMHome/>

DHCFP Contact Information:

Contact Form: <http://dhcfp.nv.gov/Contact/ContactUsForm/>



Contact Nevada Medicaid



Contact Us — Nevada Medicaid Customer Service

Customer Service Call Center: 877-638-3472 (Monday through Friday 8 am to 5 pm Pacific Time)

Prior Authorization Department: 800-525-2395

Provider Field Representative:

E-mail: NevadaProviderTraining@dxc.com



Thank You