



January 24, 2014
Announcement 688

Eligibility Inquiry and Response Screens Updated in the Provider Web Portal

Effective January 27, 2014, the eligibility inquiry and eligibility response screens will be updated within the Provider Web Portal. The updates will allow providers to perform eligibility inquiries using CAQH CORE Service Type codes and receive eligibility responses that include the CAQH CORE Service Type codes.

To perform an eligibility inquiry on the Provider Web Portal using Service Type codes:

1. Enter required Recipient information and effective dates, then select a Service Type code from the drop-down list. The drop-down list defaults to Service Type code 30-Health Benefit Plan Coverage. **Note:** The Provider Web Portal allows only one Service Type code per eligibility inquiry request.

Nevada Department of Health and Human Services
Division of Health Care Services

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Eligibility

Friday 01/10/2014 01:30 PM PST

Eligibility Verification Request

* Indicates a required field.
Enter the recipient information. If Recipient ID is not currently used during search.

Recipient ID

SSN

* Effective From

Service Type Code Search

Service Type Code

Submit Reset

1-Medical Care
2-Surgical
4-Diagnostic X-Ray
5-Diagnostic Lab
6-Radiation Therapy
7-Anesthesia
8-Surgical Assistance
12-Durable Medical Equipment Purchase
13-Ambulatory Service Center Facility
18-Durable Medical Equipment Rental
20-Second Surgical Opinion
30-Health Benefit Plan Coverage
33-Chiropractic
35-Dental Care
40-Oral Surgery
42-Home Health Care
45-Hospice
47-Hospital
48-Hospital - Inpatient
50-Hospital - Outpatient
51-Hospital - Emergency Accident
52-Hospital - Emergency Medical
53-Hospital - Ambulatory Surgical
62-MRI/CAT Scan
65-Newborn Care
68-Well Baby Care
73-Diagnostic Medical
76-Dialysis
78-Chemotherapy
80-Immunizations
30-Health Benefit Plan Coverage

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Please verify response below as not all information is

First Name

2. Click "Submit" and the Eligibility Verification Information will display.

Eligibility Verification Information for				
from 01/10/2014 to 01/10/2014				
Recipient ID	Birth Date			
Coverage	Effective Date	End Date	Primary Care Provider	
CHECK-UP FFS	01/10/2014	01/31/2014	0000000000	
XXI MAN SNEV	01/10/2014	01/31/2014		
Other Insurance Detail Information				

- Select a plan under "Coverage" to view the coverage details. The Coverage Details page will display the Service Type codes and Y (Yes) or N (No) to indicate if the service is a covered benefit. Co-pay, Coinsurance and Deductible amounts for the Nevada Medicaid plan will be shown. These are different from the Patient Pay amount. See examples below.

Example: The following screen shows a generic eligibility inquiry, which is an inquiry using the default Service Type code 30-Health Benefit Plan Coverage:

Coverage		Description				Date of Decision
CHECK-UP FFS	Check-Up Fee For Service					
XXI MAN SNEV	Check-Up					
Service Types Below	Covered	Co-Pay	Co-Insurance	Deductible		
Medical Care	Y	0.00	0.00	0.00		
Chiropractic	Y	0.00	0.00	0.00		
Dental Care	Y	0.00	0.00	0.00		
Hospital	Y	0.00	0.00	0.00		
Hospital - Inpatient	Y	0.00	0.00	0.00		
Hospital - Outpatient	Y	0.00	0.00	0.00		
Emergency Services	Y	0.00	0.00	0.00		
Pharmacy	Y	0.00	0.00	0.00		
Professional (Physician) Visit - Office	Y	0.00	0.00	0.00		
Vision (Optometry)	Y	0.00	0.00	0.00		
Mental Health	Y	0.00	0.00	0.00		
Urgent Care	Y	0.00	0.00	0.00		

Note: Recipients eligible for XIX Emergency (Medicaid Emergency Services) will show a Y for all Service Types, except for pharmacy. In order for the Service Types to be covered, they must be related to an eligible emergency diagnosis listed on the Emergency Diagnosis Codes for Non-Citizen Coverage Only https://www.medicaid.nv.gov/Downloads/provider/EmergencyRoom_Codelist.pdf.

Example: The following screen shows an explicit eligibility inquiry using service type code 1-Medical Care:

Coverage	Description				Date of Decision
CHECK-UP FFS	Check-Up Fee For Service				
XXI MAN SNEV	Check-Up				
Service Types Below	Covered	Co-Pay	Co-Insurance	Deductible	
Medical Care	Y	0.00	0.00	0.00	

Note: When a recipient has benefit plan Med Premium (Full Medicare Premiums) and/or benefit plan Med Co & Ded (Medicare Coinsurance and Deductible) no Service Type codes will be returned on the generic or explicit eligibility inquiry.