



January 26, 2015
Announcement 867

Authorization Criteria Search Functions Enhanced on the Provider Web Portal

Effective January 26, 2015, an enhancement was made to the online prior authorization (PA) system in the Provider Web Portal to allow providers and their delegates the ability to search criteria for PA requirements for a procedure or revenue code based on provider type and specialty. The online authorization criteria search can be accessed through the unsecured and secured areas of the Provider Web Portal.

Gaining access to Authorization Criteria

To access the Authorization Criteria page using the unsecured area of the Provider Web Portal:

1. Open a web browser such as Internet Explorer or Firefox.
2. Enter www.medicaid.nv.gov in the address bar.
3. The Provider Web Portal Home page opens as shown below. Then click **EVS**. The submenu displays User Manual or HPES Login.



4. Click **HPES Login**. The EVS Home page opens.
5. Click Authorization Criteria.



To access the Authorization Criteria page using the secured area of the Provider Web Portal:

1. Open a web browser such as Internet Explorer or Firefox.
2. Enter www.medicaid.nv.gov in the address bar.
3. The Provider Web Portal homepage opens as shown below. Then click **EVS**. The submenu displays User Manual or HPES Login.



4. Click **HPES Login**. The EVS Home page opens.



5. Log in to the Provider Web Portal.
6. On the "My Home" page, under Care Management click the "Authorization Criteria" link to open the Authorization Criteria page:



When the Authorization Criteria link is clicked on either the unsecured or secured areas of the Provider Web Portal, the Authorization Criteria provider portal page is displayed.

Authorization Criteria

The following fields are displayed on the Authorization Criteria page:

1. Code Type (Dental, Medical (CPT/HCPCS) and Revenue Code)

2. Procedure Code or Description
3. Provider Type
4. Provider Specialty (optional)

The fields marked with a red * are required fields.

Note: The provider type will default to the logged in provider's type when the Authorization Criteria page is accessed from the secure portal. The defaulted provider type can be overridden.

1. **Code Type** select one of the following options:

2. **Procedure Code or Description.**

Enter Procedure Code:

OR

Enter Description of the code:

3. **Provider Type.**

Enter Number: (If not using the default)

*Code Type

*Procedure Code or Description

*Provider Type

Provider Specialty

OR

Enter Description:

*Code Type

*Procedure Code or Description

*Provider Type

Provider Specialty

4. **Provider Specialty.** (Optional)

Enter Specialty Code:

Provider Specialty

060-INTERNAL MEDICINE
 061-NEUROLOGICAL SURGERY
 062-OBSTRETICS AND GYNECOLOGY
 063-OPHTHALMOLOGY

OR

Enter Description:

Provider Specialty

064-ORTHOPEDIC SURGERY
 074-THORACIC SURGERY
 079-ORTHODONTIST
 080-ORAL SURGERY

After all of the search criteria has been entered, click the "Search" button to display the search results:

Authorization Criteria						
* Indicates a required field.						
Select a Code Type from the drop-down list, then enter the Procedure Code or Description.						
*Code Type	<input type="text" value="Medical"/>					
*Procedure Code or Description	<input type="text" value="33222-RELOCATION POCKET PACEMAKER"/>					
*Provider Type	<input type="text" value="020-PHYSICIAN,M.D.,OSTEOPATH"/>					
Provider Specialty	<input type="text"/>					
<input type="button" value="Search"/> <input type="button" value="Reset"/>						
Search Results						
To show/hide Service Limits click on Required if exceeding service limitations hyperlink.						
Total Records: 1						
Procedure	Provider Type	Provider Specialty	Claim Type	PA Required	Age Restrictions	Effective Date
33222-RELOCATION POCKET PACEMAKER	020-PHYSICIAN,M.D.,OSTEOPATH	000-NO SPECIALTY	PRACTITIONER	Always	0-999	01/01/1989 12/31/9999

If multiple rows are returned, the search results can be sorted by:

- Provider Specialty
- Claim Type
- PA Required
- Age Restrictions
- Effective date

The example below is sorted by Provider Specialty:

*Code Type

*Procedure Code or Description

*Provider Type

Provider Specialty

Search Results

To show/hide Service Limits click on Required if exceeding service limitations hyperlink. Total Records: 7

Procedure	Provider Type	Provider Specialty ▲	Claim Type	PA Required	Age Restrictions	Effective Date
A4377-DRAINABLE PLSTIC PCH W/O FP	017-SPECIAL CLINICS	166-FAMILY PLANNING	PRACTITIONER	Required if exceeding service limitations	0-999	06/01/2006 - 12/31/9999
A4377-DRAINABLE PLSTIC PCH W/O FP	017-SPECIAL CLINICS	174-PUBLIC HEALTH	PRACTITIONER	Required if exceeding service limitations	0-999	06/01/2006 - 12/31/9999
A4377-DRAINABLE PLSTIC PCH W/O FP	017-SPECIAL CLINICS	183-COMPREHENSIVE OUTPATIENT REHAB FACILITIES (CO	PRACTITIONER	Required if exceeding service limitations	0-999	06/01/2006 - 12/31/9999
A4377-DRAINABLE PLSTIC PCH W/O FP	017-SPECIAL CLINICS	195-COMMUNITY HEALTH CLINICS - STATE HEALTH DIVIS	PRACTITIONER	Required if exceeding service limitations	0-999	06/01/2006 - 12/31/9999
A4377-DRAINABLE PLSTIC PCH W/O FP	017-SPECIAL CLINICS	196-SPECIAL CHILDREN'S CLINICS	PRACTITIONER	Required if exceeding service limitations	0-999	06/01/2006 - 12/31/9999