Behavioral Health Provider Training
Objectives
Objectives

- Locate Medicaid Policy
- Locate Public Notice/Hearings Information
- Review Behavioral Health Information from the DHCFP
- Review Web Announcements
- Locate Billing Guidelines
- Learn How to Utilize the Authorization Criteria Function
- Locate Prior Authorization Forms
- Locate Billing Manual
- Utilize the Search Fee Schedule
- Locate the DHCFP Rates Unit
- Locate Claim Form Instructions
- Properly Submit a Prior Authorization via the EVS Web Portal
Medicaid Services Manual
Locating Medicaid Services Manual (MSM) Chapters

- 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 MSM Chapters, continued

- Provider types (PTs) 14, 26, 17 Specialty 215 and all other Behavioral Health providers must select Chapter 400

- PTs 16 and 83: also select Chapter 1600

- PT 20 Specialty 146: also select Chapter 600

- PT 82: also select Chapter 1500

- From the next page that opens, always be sure to select the “Current” policy
Division of Health Care Financing and Policy Public Notices
Locating Public Notice Information

- Select “DHCFP Home” from the Featured Links or top right hand side of page
Locating Public Notice Information, continued

- From the DHCFP Home Page dhcfp.nv.gov highlight “Public Notices”
- Select “Meetings/Public Notices”
- This will provide information pertaining to upcoming meetings
Locating Program Information

- Select “DHCFP Home” from the Featured Links or top right hand side of page
Locating Program Information, continued

- From the DHCFP Home Page highlight “Programs”
- Select appropriate program
- This will provide valuable information regarding Programs that are offered in the State of Nevada
Viewing Web Announcements
Web Announcements

- Select “View All Web Announcements” to view Web Announcements
Results can be narrowed selecting a category from the drop-down menu or utilizing the “Ctrl F” to bring up a Search Box.
Medicaid Billing Manual
Locating Medicaid Billing Manual

- **Step 1:** Highlight Providers from top blue tool bar
- **Step 2:** Select “Billing Information” from the drop-down menu
Locating Medicaid Billing Manual, continued

Billing Manual
For Archives Click here

<table>
<thead>
<tr>
<th>Title</th>
<th>File Size</th>
<th>Last Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>Billing Manual</td>
<td>2 MB</td>
<td>09/01/2017</td>
</tr>
</tbody>
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Billing Guidelines (by Provider Type)
For Archives Click here

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Title</th>
<th>Last Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Outpatient Surgery, Hospital Based</td>
<td>07/24/17</td>
</tr>
<tr>
<td>11</td>
<td>Hospital, Inpatient</td>
<td>10/07/16</td>
</tr>
<tr>
<td>12</td>
<td>Hospital, Outpatient</td>
<td>10/10/15</td>
</tr>
<tr>
<td>13</td>
<td>Psychiatric Hospital, Inpatient</td>
<td>02/02/12</td>
</tr>
<tr>
<td>14</td>
<td>Behavioral Health Outpatient Treatment</td>
<td>03/28/17</td>
</tr>
<tr>
<td>16</td>
<td>Intermediate Care Facilities for Individuals with Intellectual Disabilities / Public</td>
<td>02/01/17</td>
</tr>
<tr>
<td>17</td>
<td>Special Clinics</td>
<td>08/17/17</td>
</tr>
</tbody>
</table>
Medicaid Billing Guidelines
Locating Billing Guidelines

- Step 1: Highlight Providers from top blue tool bar
- Step 2: Select “Billing Information” from the drop-down menu
- Locate the section header “Billing Guidelines (by Provider Type)”

- Select appropriate Provider Type Specific Guideline
Claim Form Instructions
Locating Claim Form Instructions

- Step 1: Highlight Providers from top blue tool bar
- Step 2: Select “Billing Information” from the drop-down menu
Locating Claim Form Instructions, continued

- For Individual Providers, please select the CMS-1500 Claim Form Instructions
- For Facilities, please select the UB Claim Form Instructions
Fee Schedule and Rates Unit
Utilize the Search Fee Schedule to determine the rate of reimbursement for a procedure code.
Fee Schedule, continued

- Step 1: Click “I Accept”

- Step 2: Click “Submit”
Fee Schedule, continued

- Step 1: Select Code Type from the drop-down menu
- Step 2: Input Procedure Code or Description (see Billing Guide for codes)
- Step 3: Input appropriate Provider Type
- Step 4: Click “Search” to populate results
- Note: Make sure that the Effective Date ends in 9999
Rates Unit

- Step 1: Highlight Quick Links from tool bar
- Step 2: Select “Rates Unit”
- Step 3: From new window, select “Accept”
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 programs with provisions of the Nevada Medicaid State Plan, Titles XI and XII 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 (EVIS). 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 Adjudication. 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

- Locate the “Fee-for-Service PDF Fee Schedules” from the Fee Schedules Section
 Rates Unit, continued

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**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 14 Behavioral Health Outpatient Treatment
- Provider Type 17
  - Specialty 166, Special Clinic, Family Planning
  - Specialty 169, Special Clinic, Obstetrical Care Clinic, Birthing Centers
  - Specialty 174, Special Clinic, Public Health
  - Specialty 179, School Based Health Centers
  - Specialty 183, Comprehensive Outpatient Rehab Facilities
  - Specialty 195, Special Clinic, Community Health
  - Specialty 196, Special Clinic, Early Intervention
  - Specialty 198, Special Clinic, HIV
  - Specialty 216, Substance Abuse Agency Model (SAAM)
- Provider Type 20 Physician, MD., Osteopath
- Provider Type 21 Podiatrists
- Provider Type 22 Dentists
- Provider Type 23 Hearing Aid Dispenser & Supplies
- Provider Type 24 Advanced Practice Registered Nurse
- Provider Type 25 Optometrist
- Provider Type 26 Psychologist
- Provider Type 27 Radiology
- Provider Type 28 Home Health Agency
- Provider Type 30 and 93 Personal Care Services
- Provider Type 32 Ambulance, Air or Ground

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- Select appropriate title to open the PDF pertaining to the Reimbursement Schedule you would like to review.
Authorization Criteria Function
Authorization Criteria

- The Authorization Criteria tool on the Provider Web Portal allows a user to input a procedure code to determine if a Prior Authorization (PA) is required.

- If the search criteria does not return any results, providers are encouraged to verify all PA requirements by referring to the Medicaid Services Manual (MSM) Chapter for your service type at dhcfp.nv.gov and the Billing Guide for your provider type at www.medicaid.nv.gov.
Authorization Criteria, continued

- Authorization Criteria is located at www.medicaid.nv.gov under “Featured Links”
Authorization Criteria, continued

- Step 1 – Select “Code Type”
- Step 2 – Input either a Procedure Code or Description. This field uses a predictive search.
- Step 3: Input Provider Type. Note that “0” must be input before the typical two-digit provider type.
- Step 4: Select “Search”
- Step 5: Results will then populate on the next screen
Authorization Criteria, continued

- Make sure that the effective date ends in "9999" to verify that the user is viewing the most accurate information.
Prior Authorization Forms
Locating Prior Authorization Forms

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

Forms

Nevada Medicaid Forms Can Now Be Submitted Using the Provider Web Portal

On July 6, 2015, Nevada Medicaid completed updating all of the Nevada Medicaid forms that are available on this website. These forms have been updated to a format that allows them to be completed, downloaded, and saved electronically. In addition, an enhancement has been made to allow some forms to be submitted online using the "Upload Files" page on the Provider Web Portal.

Please see Web Announcement 938 for the list of forms that can be uploaded using the "Upload Files" page on the Provider Web Portal, the types of forms that may not be uploaded, and screenshots and instructions for uploading forms. Upload Instructions are also available in the new Electronic Verification System (EVS) User Manual Chapter 8.

Prior Authorization Forms

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

<table>
<thead>
<tr>
<th>Form Number</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>FA-1</td>
<td>Durable Medical Equipment Prior Authorization Request</td>
</tr>
<tr>
<td>FA-1A</td>
<td>Usage Evaluation for Continuing Use of BiPAP and CPAP Devices</td>
</tr>
<tr>
<td>FA-1B</td>
<td>Mobility Assessment and Prior Authorization (PA), Revised 12/29/10</td>
</tr>
<tr>
<td>FA-1B Instructions</td>
<td>Mobility Assessment and Prior Authorization (PA) Instructions</td>
</tr>
<tr>
<td>FA-1C</td>
<td>Oxygen Equipment and Supplies Prior Authorization Request</td>
</tr>
<tr>
<td>FA-1D</td>
<td>Wheelchair Repair Form</td>
</tr>
<tr>
<td>FA-3</td>
<td>Inpatient Rehabilitation Referral/Assignment</td>
</tr>
<tr>
<td>FA-4</td>
<td>Long Term Acute Care Prior Authorization</td>
</tr>
<tr>
<td>FA-6</td>
<td>Outpatient Medical/Surgical Services Prior Authorization Request</td>
</tr>
<tr>
<td>FA-7</td>
<td>Outpatient Rehabilitation and Therapy Services Prior Authorization Request</td>
</tr>
<tr>
<td>FA-8</td>
<td>Inpatient Medical/Surgical Prior Authorization Request</td>
</tr>
<tr>
<td>FA-8A</td>
<td>Induction of Labor Prior to 39 Weeks and Scheduled Elective C-Sections</td>
</tr>
<tr>
<td>FA-10A</td>
<td>Psychological Testing</td>
</tr>
<tr>
<td>FA-10B</td>
<td>Neuropsychological Testing</td>
</tr>
<tr>
<td>FA-10C</td>
<td>Developmental Testing</td>
</tr>
</tbody>
</table>

- While on the Forms page, locate and choose appropriate forms
- Make sure that you follow the instructions on each form
- All active forms are fillable forms for easy uploading and online PA submission
Provider Web Portal
The Electronic Verification System (EVS) is available 24 hours a day, seven days a week except during the scheduled weekly maintenance period, Monday through Friday 12:00-12:30 a.m. Pacific Time (PT) and Sunday 8:00 p.m.–12:30 a.m. PT.

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).
Submitting a Prior Authorization
Logging in to the Provider Web Portal

- Enter your “User ID”
- Click “Log In”
Logging in to the Provider Web Portal, continued

Answer the challenge question to verify your identity.

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

Enter your “Password.”
Welcome Screen

Verify all provider information on left margin of screen.

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

Provider Services information

Links to contacts via telephone and secure email
Navigation Bar

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

Create Authorization
- Create authorizations for eligible recipients

View Authorization Status
- Prospective authorizations that identify you as the requesting or servicing provider are listed

Maintain Favorite Providers
- Create a list of frequently used providers
- Select the facility or servicing provider from the providers on the list when you are creating an authorization
- Maintain a favorites list of up to 20 providers
Before You Create a Web Portal Prior Authorization Request
Before You Create a Prior Authorization Request

- Verify eligibility to ensure that the recipient is eligible on the date of service for the requested services.
- Use the Provider Web Portal’s PA search function to see if a request for the dates of service, units, and service(s) already exist and is associated with your individual, state or local agency, or corporate or business entity.
- Review the coverage, limitations, and PA requirements for the Nevada Medicaid Program before submitting PA requests.
- Use the Provider Web Portal to check PAs in pending status for additional information.
- An authorization request is not complete until Nevada Medicaid receives all pertinent 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

- Log in to the Provider Web Portal
- Click “My Home”
- Highlight the Care Management tab, click “Create Authorization” from the sub-menu
One Page Process for Prior Authorization Requests

**Authorization Types:** Select “Medical”
One Page Process for Prior Authorization Requests, continued

**Process Types:**
Select the appropriate process type from the drop-down list
Create Medical Prior Authorization Provider, Recipient and Referring Provider Information

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

Note: The Last Name, First Name and Birth Date will be automatically populated based on the Recipient ID that is entered.
Create Medical Prior Authorization, continued
Service Provider Information

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

The first diagnosis code entered is considered to be the principal or primary diagnosis code.

Portal allows up to nine diagnosis codes.

Click "Add" to add each diagnosis code.

Do not key any decimals into the diagnosis code fields.
Diagnosis Information, continued

Invalid diagnosis codes are not acceptable

**Do not** key any decimals into the diagnosis code fields.
A valid diagnosis code must be entered

Do not key any decimals into the diagnosis code fields.
Service Details — Unsaved Data Warning

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

![Unsaved Data Warning]

The prior page contained unsaved Service Detail changes. If changes needed to be saved, navigate back to the page, reapply the changes to the table, and save.
Attachments - Upload File
Attachment Requirements

All PA requests require an attachment.

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

Prior Authorization Forms

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

Click the **Remove** link to remove the entire row.
Attachment Requirements, continued

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

To include attachments electronically with a PA request:

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

File Upload Size Limit Reached:

- To add additional attachments, reopen the PA request by clicking “Edit” on the View Authorization Response page.
- Once the PA is reopened, additional attachments can be added.
- Resubmit the PA request.
Uploading Attachments, continued
File Upload Naming Convention Guidelines

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

Correct Naming Convention Examples:
- FA-11A_MaryPoppins.pdf
- FA-11A_02212018MP.jpeg
- FA-11A_PMacct1015.doc
Submitting Attachments

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

‒ Include your National Provider Identifier (NPI) and provider type (e.g., 10, 11, 12, 20) on the faxed documents. These requirements can be written or typed on the fax cover sheet or the documents being faxed (e.g., “FA-” for the prior authorization form).

‒ If attachments are submitted by fax, the PA will not be reviewed until all attachments are received. If attachments are not received within 30 days, the PA will be automatically cancelled.

If an attachment is not submitted, the request will be cancelled after 30 days.
Submitting a Prior Authorization

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

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

- 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
Viewing Authorizations
Viewing Authorizations

- Select the Care Management tab
- Click “View Status of Authorizations”
Viewing Authorizations, continued

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

- Under the Decision/Date field:
  - Certified in Total — The PA request was approved for exactly as requested
  - Not Certified — The PA was not approved

- Under the Reason field:
  - Disposition pending review — The PA request is still in process, which appears when the PA request is in “Pended” status

- Always check the details of your PA request by expanding all fields and reviewing the information
Viewing Authorizations, continued

- 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.
- PA requests submitted through the Provider Web Portal are viewable. Faxed authorizations may limit the amount of information that is viewable (summary, status of request).

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

If a PA has been submitted via the Provider Web Portal, but additional information is required, such as:

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

Use the approved naming convention when uploading attachments; for instance, “Form Name” as the prefix FA-XX.
How to Submit Additional Information, continued

Resubmission Process

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

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

— Once the new information has been added to the PA request, click “Resubmit” to review the PA information
— Click “Confirm” to resubmit the PA
— The ATN will remain the same

![Warning]

PA requests with a status of Not Certified or Cancel cannot be resubmitted. The **Edit** button will not appear on the View Authorization Response page.
Searching Authorization Status
Providers have the ability to search for specific PA requests. Click “Search Options” on the View Authorization Status page. To search for a PA, enter at least one of the following:

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

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

Recipient Information

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

Recipient Information
- Enter the recipient’s information
- Enter only the recipient’s ID number or the recipient’s Last Name, First Name and Date of Birth
### Searching Authorization Status, continued

<table>
<thead>
<tr>
<th>Provider Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Provider ID</strong></td>
</tr>
<tr>
<td>![Icon]</td>
</tr>
<tr>
<td>![Option] Requesting Provider on the Authorization</td>
</tr>
</tbody>
</table>

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

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

DHCFP Contact Information:
E-Mail: BehavioralHealth@DHCFP.nv.gov
Contact Nevada Medicaid
Contact Us — Nevada Medicaid Customer Service

Customer Service Call Center: 877-638-3472 (M-F 8am-5pm Pacific Time)

Prior Authorization Department: 800-525-2395

Provider Field Representative:
   Stephanie Ferrell
   E-mail: stephanie.d.ferrell@dxc.com
   Phone: 775-412-9401
Thank You