

# Behavioral Health Provider Training



Nevada Medicaid Provider Training

2018



**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

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". At 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". On the left side, there is a "Latest News" section with several "Web Announcement" links. Below that is a "Featured Links" section with "Authorization Criteria" and "DHCFP Home". In the center, a "New Provider Orientation" banner is displayed with 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". A "REGISTER TODAY" button is visible on the left side of the banner. A blue drop-down menu is open over the banner, with "Medicaid Services Manual" highlighted in a red box. On the right side, there is a "Notifications" section with several paragraphs of text.

- Step 1: Highlight “Quick Links” from top blue tool bar at [www.medicaid.nv.gov](http://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

W/MSMHome/ NV MSMHome

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.

Meetings, Workshops, Public Notices

CaseloadData

Medicaid Services Manual

- 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

- 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

The screenshot shows the Nevada Department of Health and Human Services website. At the top left is the department logo and name. A navigation bar contains links for Providers, EVS, Pharmacy, Prior Authorization, Quick Links, and Calendar. A search bar is located in the top right, with 'Contact Us' and 'DHCFP Home' links next to it. The 'DHCFP Home' link is highlighted with a red box. Below the navigation bar, there are sections for 'Announcements' and 'Featured Links'. The 'Featured Links' section includes 'Authorization Criteria', 'DHCFP Home' (highlighted with a red box), 'EDI Enrollment Forms and Information', 'EVS User Manual', 'Online Provider Enrollment', 'Provider Login (EVS)', 'Prior Authorization', 'Search Fee Schedule', and 'Search Providers'. The main content area features a 'Welcome' message and a large 'New Provider Orientation' banner with a 'REGISTER TODAY' button. A list of topics for the orientation is provided, including Introduction to Nevada Medicaid, Website Navigation, Getting Started on EVS, EDI System - Enrollment Training, and Overview of Claims Process. A 'Notifications' sidebar on the right contains several updates regarding the LIBERTY Dental Plan, PWP Upgrade, and PCS Upgrade.

- 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



# Program Information

# Locating Program Information

The screenshot shows the Nevada Department of Health and Human Services website. The header includes the department logo and name, along with a search bar and a 'DHCFF Home' link highlighted with a red box. A navigation menu below the header lists various services like 'Providers', 'EVS', 'Pharmacy', etc. The main content area features a 'Welcome' message and a large 'New Provider Orientation' banner with a 'REGISTER TODAY' button. A sidebar on the left contains 'Announcements' and 'Featured Links', with 'DHCFF Home' also highlighted in red. A 'Notifications' sidebar on the right provides updates on policy changes and system upgrades.

- Select “DHCFF 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

The screenshot shows the Nevada Department of Health and Human Services website. The header includes the department logo and name, along 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'. The main content area is divided into three sections: 'Announcements', 'Welcome', and 'Notifications'. The 'Announcements' section on the left lists several recent web announcements with titles and brief descriptions. A red box highlights the 'View All Web Announcements' link at the bottom of this list. The 'Welcome' section in the center features a large slide titled 'New Provider Orientation' 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', and 'Overview of Claims Process'. The 'Notifications' section on the right contains text updates regarding the new Managed Care Dental Benefits Administrator (DBA) and the Nevada Medicaid Provider Web Portal (PWP) upgrade.

- Select “View All Web Announcements” to view Web Announcements

# Web Announcements, continued

Provider Portal

Quick Links - Calendar

Search

## Announcements & Newsletters

**Search by Category:** All Announcements

Date	Topic
Oct 02, 2017	Legislative Assembly Bill AB473 Extends NRS 422.4025 Sunset until June 30, 2019
Sep 27, 2017	Payerpath Claim Submission Training for October 2017
Sep 26, 2017	Medicaid Services Manual Chapter 3800 Updated
Sep 25, 2017	Attention Hospice Provider Types 64 and 65: Do Not Include Prior Authorization Number on Claim Forms
Sep 21, 2017	Attention All Providers: Claims for ICD-10 Diagnosis Code A68.54 Denying in Error
Sep 21, 2017	Updated Nevada Medicaid Informational Bulletin on Medications and Services for Substance Use Disorders
Sep 19, 2017	Behavioral Health Provider Types 14 and 82 Invited to Take DHCFFP Provider Training Survey
Sep 19, 2017	Attention Practitioners, Ambulatory Surgical Centers, Outpatient Hospitals and Durable Medical Equipment Providers: Reminder Regarding National Correct Coding Initiative (NCCI) Medically Unlikely Edits (MUEs)
Sep 19, 2017	Attention Provider Type 32 (Ambulance, Air or Ground): Urgent Notification Regarding Claims for Ambulance Services Denied as Duplicate Claims
Sep 14, 2017	Influenza and Polio Vaccine Procedure Codes Opened for Billing
Sep 11, 2017	New Managed Care Dental Benefits Administrator Selected
Sep 11, 2017	Reminder Regarding Durable Medical Equipment (DME) Procedure-to-Procedure (PTP) Edits for Procedure Code Combinations
Sep 11, 2017	Reminder: Wheelchair Repair Form (FA-1D) Must Be Filled Out Completely
Sep 08, 2017	Update Regarding Some Claims that Cut Back or Denied in Error with Edit Code 0476
Sep 05, 2017	Attention Provider Type 22 (Dentist): Claims for Dental Codes D3110, D3120, D3220 and D8660
Sep 05, 2017	Attention All Providers: Important Reminders Regarding Online Prior Authorizations
Sep 01, 2017	Attention Provider Types 56 (Inpatient Rehabilitation and Long Term Acute Care (LTAC) Specialty Hospitals) and 75 (Critical Access Hospital (CAH), Inpatient): Notification Regarding Claims for Room & Board Revenue Codes 113 and 129
Aug 30, 2017	Provider Types Allowed to Bill Secondary Diagnosis Codes
Aug 29, 2017	Upcoming Nevada Medicaid Community Paramedicine Provider Training and Enrollment Sessions
Aug 25, 2017	Payerpath Claim Submission Training for September 2017
Aug 24, 2017	Attention Provider Type 17, Specialty 181 (FQHC): Notification Regarding Dental Services Claims for Medicaid Managed Care Recipients

**Notifications**

The Division of Health Care Financing and Policy (DHCFFP) 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]

**Provider Links**

[Billing Information](#)

- 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

The screenshot shows the Nevada Department of Health and Human Services Provider Portal. The header includes the department logo and name, along with navigation links like 'Contact Us' and 'DHCFP Home'. A search bar is present. A blue navigation bar contains links for 'Providers', 'EVS', 'Pharmacy', 'Prior Authorization', 'Quick Links', and 'Calendar'. A left sidebar menu is open, with 'Billing Information' highlighted in a red box. The main content area displays a 'Welcome' message and a large 'New Provider Orientation' banner with a 'REGISTER TODAY' button. A 'Notifications' sidebar on the right contains several news items.

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

# Locating Medicaid Billing Manual, continued

[Home](#)
[Providers](#)
[EVS](#)
[Pharmacy](#)
[Prior Authorization](#)
[Quick Links](#)
[Calendar](#)

[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](#)

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**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](#)

Clinical Claim Editor FAQs Updated December 5, 2011 [[Review Now](#)]

Third Party Liability Frequently Asked Questions [[Review Now](#)]

**Paper Claim Form Instructions**

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

For Archives [Click here](#)

Title	Last Update
<a href="#">ADA (Version 2012) Claim Form Instructions</a>	01/28/16
<a href="#">CMS-1500 (02-12) Claim Form Instructions</a>	07/27/17
<a href="#">UB Claim Form Instructions</a>	05/30/17

**Billing Manual**

For Archives [Click here](#)

Title	File Size	Last Update
<a href="#">Billing Manual</a>	2 MB	09/01/2017

**Billing Guidelines (by Provider Type)**

For Archives [Click here](#)

Provider Type	Title	Last Update
10	<a href="#">Outpatient Surgery, Hospital Based   Rates</a>	07/24/17
11	<a href="#">Hospital, Inpatient</a>	10/07/16
12	<a href="#">Hospital, Outpatient</a>	10/01/15
13	<a href="#">Psychiatric Hospital, Inpatient</a>	02/01/12
14	<a href="#">Behavioral Health Outpatient Treatment</a>	03/28/17
16	<a href="#">Intermediate Care Facilities for Individuals with Intellectual Disabilities / Public</a>	02/01/17
17	<a href="#">Special Clinics</a>	08/17/17

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Enrollment Termination Frequently Asked Questions (FAQs) [[Review](#)]

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**Provider Links**

[Billing Information](#)



# Medicaid Billing Guidelines

# Locating Billing Guidelines

The screenshot shows the Nevada Department of Health and Human Services website. The header includes the department logo and name, along 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 dropdown menus for 'Providers', 'EVS', 'Pharmacy', 'Prior Authorization', 'Quick Links', and 'Calendar'. A left sidebar menu is open, with 'Billing Information' highlighted in a red box. The main content area features a 'Welcome' message and a large 'New Provider Orientation' banner with a 'REGISTER TODAY' button. The banner lists topics such as '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 “Billing Information” from the drop-down menu

# Locating Billing Guidelines, continued

[Home](#)
[Providers](#)
[EVS](#)
[Pharmacy](#)
[Prior Authorization](#)
[Quick Links](#)
[Calendar](#)

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](#)
- [EVS User Manual](#)
- [Online Provider Enrollment](#)
- [Provider Login \(EVS\)](#)
- [Prior Authorization](#)
- [Search Fee Schedule](#)
- [Search Providers](#)

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<a href="#">ADA (Version 2012) Claim Form Instructions</a>	01/28/16
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13	<a href="#">Psychiatric Hospital, Inpatient</a>	02/01/12
14	<a href="#">Behavioral Health Outpatient Treatment</a>	03/28/17
16	<a href="#">Intermediate Care Facilities for Individuals with Intellectual Disabilities / Public</a>	02/01/17
17	<a href="#">Special Clinics</a>	08/17/17
17 (Spec. 179)	<a href="#">Special Clinics: School Based Health Centers (SBHC)</a>	12/31/14
17 (Spec. 215)	<a href="#">Special Clinics: Substance Abuse Agency Model (SAAM)</a>	04/21/15
19	<a href="#">Nursing Facility</a>	02/01/12
20	<a href="#">Physician, M.D., Osteopath, D.O.</a>	08/17/17
21	<a href="#">Podiatrist</a>	12/05/11
22	<a href="#">Dentist   Attachment A: Coverage, Limitations and Prior Authorization Requirements</a>	07/24/17
23	<a href="#">Hearing Aid Dispenser &amp; Related Supplies</a>	01/03/13

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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](#)

- Locate the section header “Billing Guidelines (by Provider Type)”
- Select appropriate Provider Type Specific Guideline



# Claim Form Instructions

# Locating Claim Form Instructions

**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

**Billing Information**

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

## 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

### Notifications

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

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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 Form and Information](#)

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

# Locating Claim Form Instructions, continued

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](#)

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- [Prior Authorization](#)
- [Search Fee Schedule](#)
- [Search Providers](#)

## Paper Claim Form Instructions

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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](#)

- 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**

# 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 Wednesday 07/26/2017 10:09 AM PST

LICENSE FOR USE OF "CURRENT PROCEDURAL TERMINOLOGY", FOURTH EDITION ("CPT®")

End User Point and Click Agreement

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AMA Disclaimer of Warranties and Liabilities

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

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

# 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.
- Revenue code pricing for inpatient and nursing home provider types 011, 013, 019, 051, 056, 063, 065, 075, and 078 that is specific to a provider is not available through the Fee Schedule. Provider specific rates override the fee schedule. In addition, fees are not currently available for PT 064.
- Modifier and specialty do not affect ASC and ESRD bundled rates, so the modifier and specialty will not be used or displayed in the search results for these rates.

**Financial Payer and Benefit** Nevada Medicaid Title XIX Fee For Service

\*Code Type

\*Procedure Code or Description

\*Provider Type

Modifier

Provider Specialty

- Step 1: Select Code Type from 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

- Quick Links ▾ Calendar
- Change Provider Information
- PASRR
- Medicaid Services Manual
- Rates Unit**
- Get Adobe Reader

- Step 1: Highlight Quick Links from tool bar
- Step 2: Select “Rates Unit”
- Step 3: From new window, select “Accept”

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

# 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@dhcp.nv.gov](mailto:rates@dhcp.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.

- [Hospital Rates and Revenue Codes](#)
- [Provider Type 10 Outpatient Surgery-ASC Procedures and Payment Groups](#)
- [Provider Type 12 Outpatient Hospital](#)
- [Provider Type 14 Behavioral Health Outpatient Treatment](#)
- [Provider Type 18 Intermediate Care Facility for the Mentally Retarded \(Public\)](#)
- [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 215, 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 29 Home Health Agency](#)
- [Provider Type 30 and 83 Personal Care Services](#)
- [Provider Type 32 Ambulance, Air or Ground](#)

- 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](http://dhcfp.nv.gov) and the Billing Guide for your provider type at [www.medicaid.nv.gov](http://www.medicaid.nv.gov)

# Authorization Criteria, continued

- Authorization Criteria is located at [www.medicaid.nv.gov](http://www.medicaid.nv.gov) under “Featured Links”

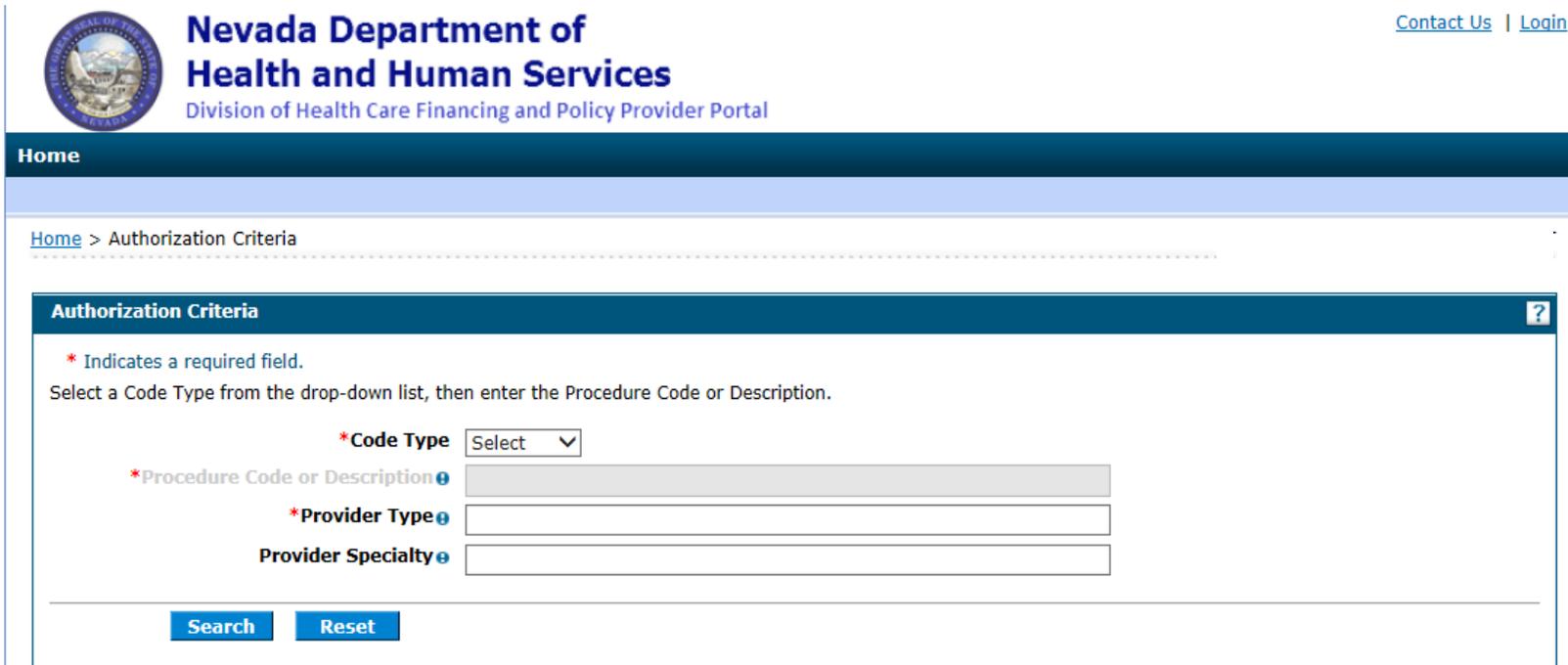
### Featured Links

- [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](#)

The screenshot shows the Nevada Department of Health and Human Services Provider Portal. At the top, there is a navigation bar with "Home" and "Friday 12/08/2017 09:43 AM PST". The main content area is divided into several sections:

- Login:** Includes a "User ID" input field, a "Log In" button, and links for "Forgot User ID?", "Register Now", and "Where do I enter my password?".
- Web Announcements:** Lists several announcements, including "Web Announcement 1477" (Online Provider Enrollment Portal Attachments Page Corrected to Accept Attachments Up to 15 MB), "Web Announcement 1476" (Medicaid Services Manual Chapter 400 Updated), "Web Announcement 1475" (Update Regarding Reprocessing of Claims with ICD-10 Glaucoma Codes), "Web Announcement 1474" (Date Scheduled for Nevada Medicaid Applied Behavior Analysis Provider Training), and "Web Announcement 1473" (Medicaid Services Manual Chapter 3100 Updated). A link "View More Web Announcements" is also present.
- Featured Links:** Lists "Authorization Criteria", "DHCFP Home", "EDI Enrollment Forms and Information", "EVS User Manual", "Search Fee Schedule", and "Search Providers".
- What can you do in the Provider Portal:** A text block explaining the portal's purpose: "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." Below this text is a photograph of five healthcare professionals (three women and two men) in white coats.
- Website Requirements:** Includes links for "Prior Authorization Quick Reference Guide [Review]" and "Provider Web Portal Quick Reference Guide [Review]".

# Authorization Criteria, continued



The screenshot shows the Nevada Department of Health and Human Services Provider Portal. The header includes the state seal and the text "Nevada Department of Health and Human Services" and "Division of Health Care Financing and Policy Provider Portal". There are links for "Contact Us" and "Login". A "Home" button is visible in the top navigation bar. Below the navigation bar, there is a breadcrumb trail: "Home > Authorization Criteria". The main content area is titled "Authorization Criteria" and contains the following instructions and fields:

\* Indicates a required field.  
Select a Code Type from the drop-down list, then enter the Procedure Code or Description.

\*Code Type

\*Procedure Code or Description

\*Provider Type

Provider Specialty

At the bottom of the form are two buttons: "Search" and "Reset".

- 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

**Authorization Criteria** ?

\* Indicates a required field.  
Select a Code Type from the drop-down list, then enter the Procedure Code or Description.

**\* Code Type**

**\* Procedure Code or Description**

**\* Provider Type**

**Provider Specialty**

---

**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 ▲
K0005-Ultralightweight wheelchair	033-Durable Medical Equipment (DME), Disposable, Prosthetics	000-No Specialty	PRACTITIONER	Always	0-999	01/01/1994 - 12/31/9999

- 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

The screenshot shows the Nevada Department of Health and Human Services website. The header includes the logo and the text "Nevada Department of Health and Human Services" and "Division of Health Care Financing and Policy Provider Portal". There are links for "Contact Us" and "DHCFP Home". A search bar is present. A blue navigation bar contains links for "Providers", "EVS", "Pharmacy", "Prior Authorization", "Quick Links", and "Calendar". A drop-down menu is open under "Providers", with "Forms" highlighted by a red box. The main content area features a "Welcome" message and a large slide titled "New Provider Orientation" with a "REGISTER TODAY" button. The slide 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 text-based notices.

- 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.

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

- 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

# 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

User Manual

**Provider Login (EVS)**

**Web Announcements**

**Web Announcement 1519**  
Vaccine Coverage

**Web Announcement 1519**  
Attention Hospice Providers: Hospice Billing Authorization Letters No Longer Mailed

**Web Announcement 1518**  
Update: Claims with Ocular Procedure Code 92014 Billed with 92015 and Code 92060 Billed with 92083 Are No Longer Denying in Error

**Web Announcement 1517**  
Attention Provider Type 20 (Physician, M.D., Osteopath, D.O.) Specialty 134 (Pain Management): Update Regarding Claims for Surgical and Laboratory Procedure Codes

**Web Announcement 1516**  
Update Regarding Claims for Casting Q Codes

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

**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

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**

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

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

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

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

## EVS

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

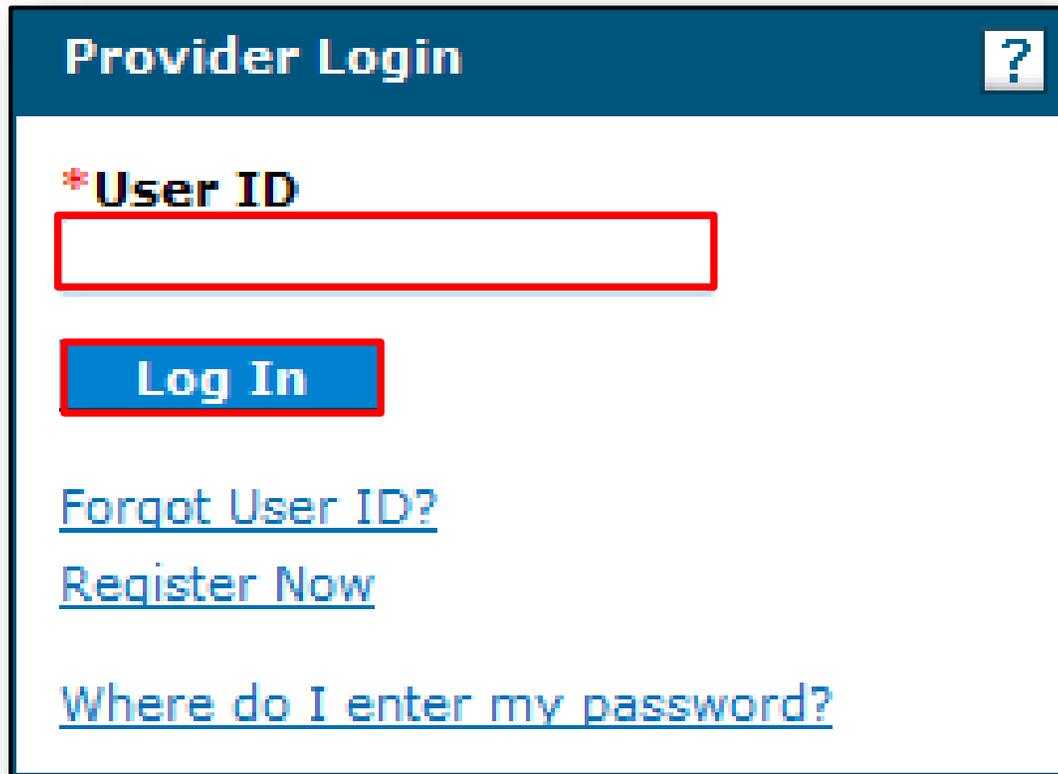
## System Requirements

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)



# Submitting a Prior Authorization

# Logging in to the Provider Web Portal



The screenshot shows a web portal titled "Provider Login" with a help icon (question mark) in the top right corner. Below the title, there is a red asterisk followed by the text "\*User ID". Underneath this is a red-outlined text input field. Below the input field is a blue button with the text "Log In" in white. At the bottom of the form, there are three blue underlined links: "Forgot User ID?", "Register Now", and "Where do I enter my password?".

- Enter your "User ID"
- Click "Log In"

# Logging in to the Provider 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**

# Logging in to the Provider 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:** apple

**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.”

# 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

**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  
P.O.Box 30042  
Reno, NV 89520-3042

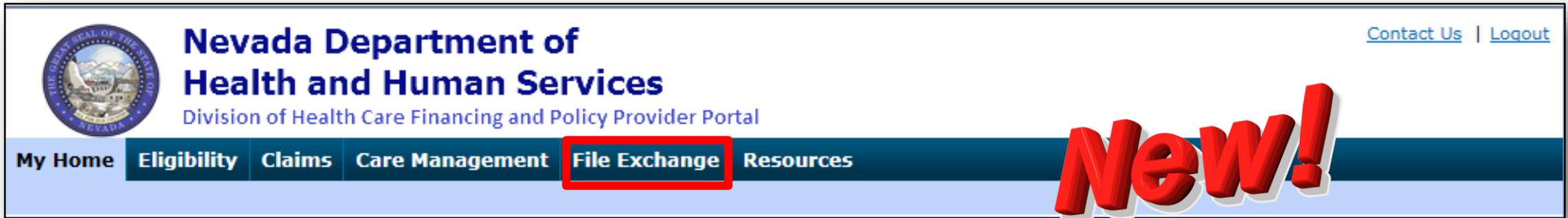
We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and search for claims, payment information, and access Remittance Advices, our secure site provides access to eligibility, answers to frequently asked questions, and the ability to process authorizations.

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

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.



**My Home**  
Confirm provider information and contact information and check messages

**Eligibility**  
Search recipient eligibility information

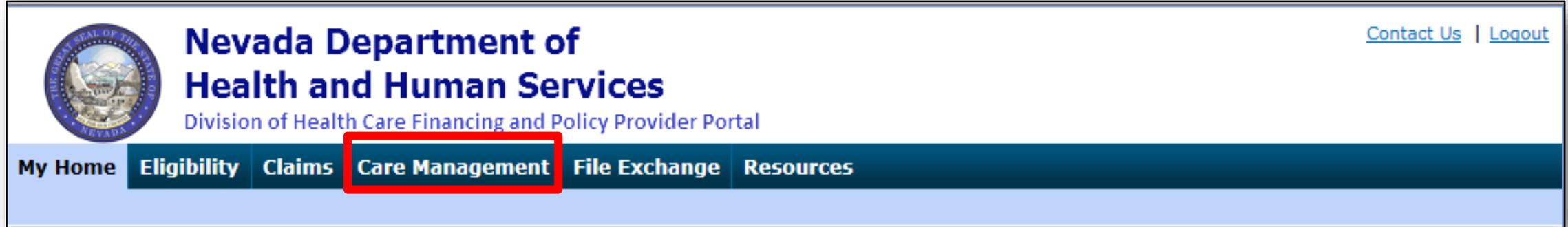
**Claims**  
Search claims and payment history

**Care Management**  
Create authorizations, view authorization status, and maintain favorite providers

**File Exchange**  
Upload forms online

**Resources**  
Download forms and documents

# 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.

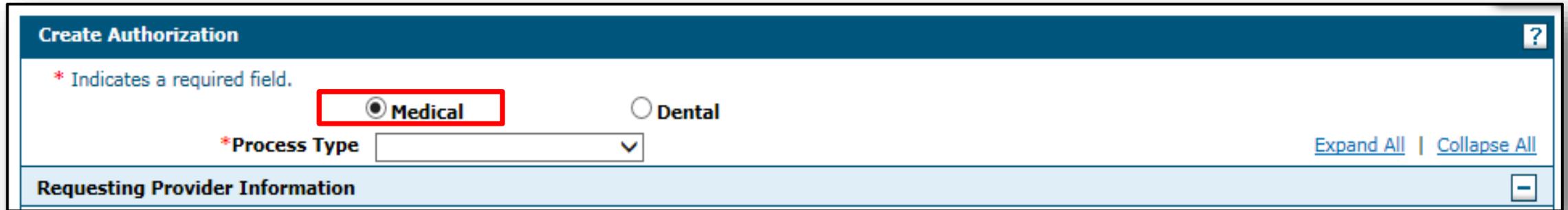
# Create Authorization



- 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



The screenshot shows a web form titled "Create Authorization" with a dark blue header. Below the header, there is a note: "\* Indicates a required field." The form contains two radio buttons: "Medical" (which is selected and highlighted with a red box) and "Dental". Below these is a dropdown menu labeled "\*Process Type" with a downward arrow. To the right of the dropdown are two links: "Expand All" and "Collapse All". At the bottom of the form, there is a section titled "Requesting Provider Information" with a minus sign icon on the right.

**Authorization Types:** Select "Medical"

# One Page Process for Prior Authorization Requests, continued

## Process Types:

Select the appropriate process type from the drop-down list

The screenshot shows a web form titled "Create Authorization". At the top, there is a note: "\* Indicates a required field." Below this, there are two radio buttons: "Medical" (which is selected) and "Dental". A red box highlights the "\* Process Type" label, which is the header for a dropdown menu. The dropdown menu lists various process types, including ABA, ADHC, Audiology, BH Inpt, BH Outpt, BH PHP/IOP, BH Rehab, BH RTC, DME, Home Health, Hospice, Inpt M/S, Ocular, Outpt 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, and Retro Home Health. The form also includes sections for "Requesting Provider Information" (with a "Provider ID" field), "Recipient Information" (with "\*Recipient ID", "Last Name", and "Birth Date" fields), "Referring Provider Information" (with a "Provider ID" field and a note "Referring Provider same as Requesting Provider Select from Favorites"), and "Service Provider Information" (with a note "Service Provider same as Requesting Provider"). There are also "ID Type" fields on the right side of the form.

# Create Medical Prior Authorization Provider, Recipient and Referring Provider Information

**Requesting Provider Information**  
Provider ID 119      ID Type NPI      Name Plano Independent Hospital

**Recipient Information**  
\*Recipient ID [ ]  
Last Name      First Name  
Birth Date

**Referring Provider Information**  
Referring Provider same as Requesting Provider   
Select from Favorites [ ]  
Provider ID [ ]      ID Type [ ]      Name [ ]      Add to Favorites

**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



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

Service Provider Information

Service Provider same as Requesting Provider

Select from Favorites

\*Provider ID   \*ID Type  Name

Location

Add to Favorites  List Is Full

Required fields are marked with a red asterisk (\*).

- 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

**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 <input type="text" value="ICD-10-CM"/>	*Diagnosis Code <input type="text"/>	

Required fields are marked with a red asterisk (\*).

- 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

**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
Click to collapse.		
*Diagnosis Type ICD-10-CM	*Diagnosis Code 1234 <b>Diagnosis Code not found.</b>	x

- Invalid diagnosis codes are not acceptable



**Do not** key any decimals into the diagnosis code fields.

# Diagnosis Information, continued

**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	T7500XA-Unspecified effects of lightning, initia	<a href="#">Remove</a>

Click to collapse.

\*Diagnosis Type  \*Diagnosis Code

- 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.





**Attachments - Upload File**

# 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 by mail, select the appropriate Transmission Method and Attachment Type.

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

Transmission Method	File	Attachment Type	Action
Click to collapse.			
*Transmission Method	EL-Electronic Only		
*Upload File	Browse...		
*Attachment Type			

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



All PA requests require an attachment.

# Attachment Requirements, continued

**Attachments**

To include an attachment electronically with the prior authorization request, browse and select the attachment, select an Attachment Type, and upload the attachment. Attachments that were sent using another method will not be available for selection.

[Prior Authorization Forms](#)

If you will not be sending an attachment electronically, select an appropriate Transmission Method.

Click the **Remove** link to remove an attachment.

Transmission Method	Attachment Type
<input type="checkbox"/> Click to collapse.	59-Benefit Letter
<b>*Transmission Method</b>	03-Report Justifying Treatment Beyond Utilization Guidelines
<b>*Upload File</b>	11-Chemical Analysis
<b>*Attachment Type</b>	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

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- 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

### 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 mail, 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	Browse...	
*Attachment Type		
<input type="button" value="Add"/> <input type="button" value="Cancel"/>		
<input type="button" value="Submit"/> <input type="button" value="Cancel"/>		

- 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	CPT/HCPCS 99214-Office/outpatient visit est		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

# 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 <span style="float: right;">?</span>						
<a href="#">Expand All</a>   <a href="#">Collapse All</a>						
Requesting Provider Information <span style="float: right;">+</span>						
Recipient Information and Process Type <span style="float: right;">+</span>						
Referring Provider Information <span style="float: right;">+</span>						
Service Provider Information <span style="float: right;">+</span>						
<a href="#">Expand All</a>   <a href="#">Collapse All</a>						
Diagnosis Information <span style="float: right;">-</span>						
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 <span style="float: right;">-</span>						
	Line #	From Date	To Date	Code	Modifiers	Units
+	1	04/01/2017	04/30/2017	CPT/HCPCS 99214-Office/outpatient visit est		1
Attachments <span style="float: right;">-</span>						
Transmission Method		File		Attachment Type		
EL-Electronic Only		FA-29A.pdf (36K)		06-Initial Assessment		
<a href="#">Back</a>			<a href="#">Confirm</a> <a href="#">Cancel</a>			



# Viewing Authorizations

# Viewing Authorizations

The screenshot shows a web application interface with a dark blue navigation bar at the top containing the following tabs: **My Home**, **Eligibility**, **Claims**, **Care Management** (which is highlighted), and **Resources**. Below the navigation bar is a light blue sub-navigation bar with the following links: [Create Authorization](#), [View Authorization Status](#), and [Maintain Favorite Providers](#). The main content area is titled **Care Management** and contains a section titled **Authorizations** with a document icon. Underneath this section are three links: [Create Authorization](#), [View Status of Authorizations](#) (which is circled in red), and [Maintain Favorite Provider List](#).

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

# Viewing Authorizations, continued

**View Authorization Status** ?

**Prospective Authorizations** | **Search Options**

Prospective authorizations identifying you as the Requesting or Servicing Provider are listed below. These results include the first (20) authorizations with a beginning Services Date of today or greater. Click the Authorization Tracking Number to view the authorization response details or select the Search Options tab to search for a different authorization.

**Prospective Authorizations**

<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>
<a href="#">3117</a>	04/20/2017 - 04/25/2017	SMITH, JANE	000000	Outpt M/S	HEALTHCARE	HEALTHCARE

- 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

# Viewing Authorizations, continued

**View Authorization Response for Jane Doe Smith** [Back to View Authorization Status](#)

**Authorization Tracking #** 1000000121 **Process Type** Outpt M/S [Expand All](#) | [Collapse All](#)

**Requesting Provider Information**

**Recipient Information**

**Referring Provider Information**

**Diagnosis Information**

**Service Provider / Service Details Information**

**Provider ID** 119 **ID Type** NPI **Name** Plano Independent Hospital

From Date	To Date	Units	Remaining Units	Amount	Code	Medical Citation	Decision / Date	Reason
04/01/2017	04/30/2017	3	-	-	CPT/HCPCS 77261-Therapeutic radiology treatment planning; simple	<a href="#">View</a>	Certified In Total 04/30/2017	-

[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

View Authorization Response for Jane Doe Smith [Back to View Authorization Status](#) ?

Authorization Tracking # 1000000121 Process Type Outpt M/S [Expand All](#) | [Collapse All](#)

Requesting Provider Information +

Recipient Information +

Referring Provider Information +

Diagnosis Information +

Service Provider / Service Details Information -

Provider ID 119 ID Type NPI Name Plano Independent Hospital

From Date	To Date	Units	Remaining Units	Amount	Code	Medical Citation	Decision / Date	Reason
04/01/2017	04/30/2017	3	-	-	CPT/HCPCS 77261-Therapeutic radiology treatment planning; simple	<a href="#">View</a>	Certified In Total 04/30/2017	-

[Edit](#) [View Provider Request](#) [Print Preview](#)

- 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

Provider ID 119		ID Type NPI	Name Plano Independent Hospital						
From Date	To Date	Units	Remaining Units	Amount	Code	Medical Citation	Decision / Date	Reason	
04/01/2017	04/30/2017	3	-	-	CPT/HCPCS 77261-Therapeutic radiology treatment planning; simple	<a href="#">View</a>	Certified In Total 04/30/2017	-	

[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.
- 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

The screenshot shows a web interface for viewing authorization responses. At the top, there are buttons for 'Print Preview' and 'Back to View Authorization Status'. Below this, the 'View Authorization Response for' section displays 'Authorization Tracking # 3517134' and 'Process Type DME'. There are links for 'Expand All' and 'Collapse All'. The interface is organized into several expandable sections: 'Requesting Provider Information', 'Recipient Information', 'Referring Provider Information', 'Diagnosis Information', and 'Service Provider / Service Details Information'. The 'Service Provider / Service Details Information' section is expanded, showing a table with the following data:

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)

Below the table, there is a 'Medical Citation' section with the text '700- Authorization requirements|not met.' and a 'Notes To Provider' section with a hyphen. At the bottom of the form, there are buttons for 'Edit' (highlighted with a red box), 'View Provider Request', and '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

- 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.



**Searching Authorization Status**

# Searching Authorization Status

The screenshot shows a web interface for viewing authorization status. At the top, there is a dark blue header with the text "View Authorization Status". Below this, there are two tabs: "Prospective Authorizations" and "Search Options", with the latter highlighted by a red box. The main content area has a light blue background and contains the following elements:

- A text prompt: "Enter at least one of the following fields to search for an authorization."
- A section header: "Authorization Information".
- A red-bordered box containing the label "Authorization Tracking Number" and an empty text input field.
- Below this, the text "Select a Day Range or specify a Service Date".
- Two search options: "Day Range" with a dropdown menu, and "Service Date" with a text input field and a calendar icon.

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

**Provider Information**

Provider ID   ID Type

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

## 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>
- 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:**

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@dx.com](mailto:stephanie.d.ferrell@dx.com)

Phone: 775-412-9401



**Thank You**