

Durable Medical Equipment

Provider Type 33 Training



Nevada Medicaid Provider Training

2018



Objectives



Objectives

- Review Durable Medical Equipment (DME) Program Information
- Locate Medicaid Policy
- Locate Public Notice/Hearings Information
- Review Web Announcements
- Locate CMS-1500 Claim Form Instructions, Billing Manual and Billing Guidelines
- Utilize the Search Fee Schedule
- Use the Authorization Criteria
- Locate and Review Prior Authorization Forms
- Login to the Electronic Verification System (EVS) Secure Web Portal
- Review Delegate Access
- Utilize the Treatment History Function
- Successfully Submit a Prior Authorization
- View Prior Authorizations
- Learn about the Benefits of Electronic Data Interchange (EDI)
- Edit Codes and Resolutions



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

Home Providers EVS Pharmacy Prior Authorization Quick Links Calendar

Announcements Latest News

[Web Announcement 1526](#)
Hospital Presumptive Eligibility Annual Training Calendar Dates and Sign-up Guidelines for 2018

[Web Announcement 1525](#)
Provider Web Portal Update: "Create Authorization" Function Enhancement

[Web Announcement 1524](#)
Reminder: New Provider Type 15 (Registered Dietitian) Established to Provide Medical Nutrition Therapy Services

[Web Announcement 1523](#)
Medicaid Services Manual and Medicaid Operations Manual Chapters Updated

[Web Announcement 1522](#)
Attention Providers Who Bill with National Drug Codes (NDCs) Regarding Some Claims Voiding and Denying in Error

[View All Web Announcements](#)

Featured Links

[Authorization Criteria](#)

[DHCFP Home](#)

[EDI Enrollment Forms and Information](#)

[EVS User Manual](#)

Welcome

Now Available
ONLINE TRAINING
COMPUTER BASED COURSES

REGISTER TODAY

Featured Course
Prior Authorization

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

Behavioral Health Provider Types 14 and 82 Invited to Take DHCFP Provider Training Survey [See [Web Announcement 1521](#)]

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](#)]



Program Information

Locating Program Information

The screenshot shows the Nevada Department of Health and Human Services website. At the top right, there are links for "Contact Us" and "DHCFP Home", with "DHCFP Home" highlighted by a red box. Below the navigation bar, there is a search bar and a main content area. On the left, there are sections for "Announcements" and "Featured Links". The "DHCFP Home" link is highlighted in the "Featured Links" section. The main content area features a "Welcome" message and a "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". On the right, there is a "Notifications" section with several updates.

- Select "DHCFP Home" from the Featured Links or top right hand side of page

Locating Program Information, continued



- Highlight “Programs” and select “Durable Medical Equipment” from the sub-menu



Medicaid Services Manual (MSM)

Locating the Medicaid Services Manual (MSM)

The screenshot shows the Nevada Department of Health and Human Services website. The header includes the department name and logo, 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 a 'Quick Links' dropdown menu. The 'Quick Links' menu is open, and the 'Medicaid Services Manual' link is highlighted with a red box. Other links in the menu include 'Change Provider Information', 'Get Adobe Reader', and 'New Provider Orientation'. The main content area features a 'New Provider Orientation' banner with a 'REGISTER TODAY' button and a list of topics: 'Introduction to Nevada Medicaid', 'Website Navigation', 'Getting Started on EVS - Access to the Provider Portal', 'EDI System - Enrollment Training', and 'Overview of Claims Process'. The footer contains a welcome message and a 'Featured Links' section with links to 'Authorization Criteria' and 'DHCFP Home'.

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

Locating MSM Chapter 1300

Meetings, Workshops, Public Notices

CaseloadData

Medicaid Services Manual

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

- 100 Medicaid Program
- 200 Hospital Services
- 300 Radiology Services
- 400 Mental Health and Alcohol and Substance Abuse Services
- 500 Nursing Facilities
- 600 Physician Services
- 700 Reimbursement, Analysis and Payment
- 800 Laboratory Services
- 900 Private Duty Nursing
- 1000 Dental
- 1100 Ocular Services
- 1200 Prescribed Drugs
- 1300 DME Disposable Supplies and Supplements
- 1400 Home Health Agency
- 1500 Healthy Kids Program
- 1600 Intermediate Care for Individuals with Intellectual Disabilities
- 1700 Therapy
- 1800 Adult Day Health Care
- 1900 Transportation Services
- 2000 Audiology Services
- 2100 Home and Community Based Waiver for Individuals with Intellectual Disabilities
- 2200 Home and Community Based Waiver for the Frail Elderly
- 2300 Waiver for Persons with Physical Disabilities
- 2400 Home Based Habilitation Services
- 2500 Case Management
- 2600 Intermediary Service Organization
- 2700 Certified Community Behavioral Health Clinic
- 2800 School Based Child Health Services
- 3000 Indian Health
- 3100 Hearings
- 3200 Hospice
- 3300 Program Integrity
- 3400 Telehealth Services
- 3500 Personal Care Services Program
- 3600 Managed Care Organization
- 3800 Care Management Organization
- 3900 Home and Community Based Waiver for Assisted Living
- Addendum

- Select “1300 DME Disposable Suppliers and Supplements”
- All providers are responsible for knowing the information in Chapter 100 “Medicaid Program” and the Addendum
- From the next page, always make sure to select the “Current” policy



Division of Health Care Financing and Policy (DHCFP) Public Notices

Locating Public Notice Information

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 columns:

- Left Column:** "Announcements" and "Latest News" section with several "Web Announcement" links (1452, 1451, 1450, 1449, 1448) and a "Featured Links" section with links like "Authorization Criteria", "DHCFP Home", "EDI Enrollment Forms and Information", "EVS User Manual", "Online Provider Enrollment", "Provider Login (EVS)", "Prior Authorization", "Search Fee Schedule", and "Search Providers".
- Middle Column:** "Welcome" section featuring a large "New Provider Orientation" banner with a "REGISTER TODAY" button and a list of topics: "Introduction to Nevada Medicaid", "Website Navigation", "Getting Started on EVS - Access to the Provider Portal", "EDI System - Enrollment Training", and "Overview of Claims Process". Below the banner is a paragraph of welcome text and a "Thank you" message.
- Right Column:** "Notifications" section with three paragraphs of text regarding updates to the Dental Plan of Nevada (LIBERTY), the Medicaid Provider Web Portal (PWP), and the Provider Web Portal update.

- Select “DHCFP Home” from the Featured Links or top right hand side of page

Locating Public Notice Information, continued



- From the “DHCFP Home” page highlight “Public Notices”
- Select “Meetings/Public Notices”
- The webpage that opens will provide information pertaining to upcoming meetings



Viewing Web Announcements

Web Announcements

The screenshot shows the Nevada Department of Health and Human Services website. 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". Navigation links include "Providers", "EVS", "Pharmacy", "Prior Authorization", "Quick Links", and "Calendar". A search bar is located in the top right. The main content area features a "Welcome" message and a large "New Provider Orientation" banner with the text "REGISTER TODAY" and a list of topics: "Introduction to Nevada Medicaid", "Website Navigation", "Getting Started on EVS - Access to the Provider Portal", "EDI System - Enrollment Training", and "Overview of Claims Process". To the left of the banner is a list of "Web Announcements" with links to "Web Announcement 1448", "Web Announcement 1447", "Web Announcement 1446", and "Web Announcement 1445". A red box highlights the "View All Web Announcements" link at the bottom of this list. Below the announcements is a "Featured Links" section with links to "Authorization Criteria", "DHCFP Home", and "EDI Enrollment Forms and Information".

- 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**

- All Announcements
- Inpatient
- Outpatient
- Pharmacy
- Dental/Orthodontia
- Vision
- Physician/Medical
- Personal Care Services (PCS)
- Durable Medical Equipment (DME)
- Behavioral Health
- Waiver Providers
- All Providers

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

Web Announcements, continued

- **Web Announcement 1466** – Contains information regarding procedure code A5500 and possible denials of claims. Any claims submitted with a date of service between October 1, 2015, and November 6, 2017, that have denied with only edit code 0967 will be automatically reprocessed.
- **Web Announcement 1469** – Contains information that as of November 6, 2017, Healthcare Common Procedure Coding System (HCPCS) codes billed by DME providers have been updated. This includes codes that are no longer billable.
- **Web Announcement 1496** – Contains information regarding new rates and prior authorization requirements for 2018.



Medicaid Billing Information

Locating Medicaid Billing Information

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

Contact Us DHCFP Home

Search

Providers E-S Pharmacy Prior Authorization Quick Links Calendar

Billing Information

Health Agency):
in Error

E-Prescribing

Forms

(A) Enrollment and

NDC

Provider Enrollment

Provider Training

ular Procedure Code

92014 Billed with 92015 and Code 92060 Billed with 92083

[Web Announcement 1497](#)
Medicaid Services Manual Chapters Updated

[Web Announcement 1496](#)
2018 New Codes Update Completed

[View All Web Announcements](#)

Featured Links

[Authorization Criteria](#)

[DHCFP Home](#)

[EDI Enrollment Forms and Information](#)

[EVS User Manual](#)

[Online Provider Enrollment](#)

[Provider Login \(EVS\)](#)

[Prior Authorization](#)

[Search Fee Schedule](#)

[Search Providers](#)

Welcome

New Provider Orientation

Introduction to Nevada Medicaid

Website Navigation

Getting Started on EVS - Access to the Provider

Portal — EDI System - Enrollment Training

Overview of Claims Process

REGISTER TODAY

Nevada Medicaid

Welcome to the Nevada Medicaid and Nevada Check Up Provider Web Portal. Through this easy-to-use internet portal, healthcare providers have access to useful information and tools regarding provider enrollment and revalidation, recipient eligibility, verification, prior authorization, billing instructions, pharmacy news and training opportunities. The notifications and web announcements keep providers updated on enhancements to the online tools, as well as updates and reminders on policy changes and billing procedures.

Thank you for your participation in Nevada Medicaid and Nevada Check Up.

Notifications

Electronic Transaction 270-271 (Health Care Eligibility Inquiry and Response) is currently not returning Managed Care eligibility correctly. Nevada Medicaid is working to resolve the situation as quickly as possible. Further notifications will be posted to provide updates. Providers are encouraged to use the Provider Web Portal/Electronic Verification System (EVS) or the Automated Response System (800-942-6511) to obtain correct recipient eligibility information.

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](#)]

Provider Links

[Billing Information](#)

[E-Prescribing](#)

[Forms](#)

[Provider Enrollment](#)

[Provider Newsletters](#)

[Provider Training](#)

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

Locating Medicaid Billing Information, continued

Paper Claim Form Instructions

Title	Last Update
ADA (Version 2012) Claim Form Instructions	01/28/16
CMS-1500 (02-12) Claim Form Instructions	07/27/17
UB Claim Form Instructions	05/30/17

Billing Manual

For Archives [Click here](#)

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

Billing Guidelines (by Provider Type)

33	Durable Medical Equipment (DME), Disposable, Prosthetics	07/24/17
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- Utilize the CMS-1500 Claim Form Instructions to properly submit claims
- Utilize the Billing Manual for general billing information
- Utilize the Billing Guidelines for specific information for PT 33, including prior authorization information, and covered and non-covered services



Fee Schedule and Rates Unit

Fee Schedule

Featured Links

[Authorization Criteria](#)

[DHCFP Home](#)

[EDI Enrollment Forms and Information](#)

[EVS User Manual](#)

[Online Provider Enrollment](#)

[Provider Login \(EVS\)](#)

[Prior Authorization](#)

[Search Fee Schedule](#)

[Search Providers](#)

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

Fee Schedule, continued



Home

[Resources](#) > Search Fee Schedule

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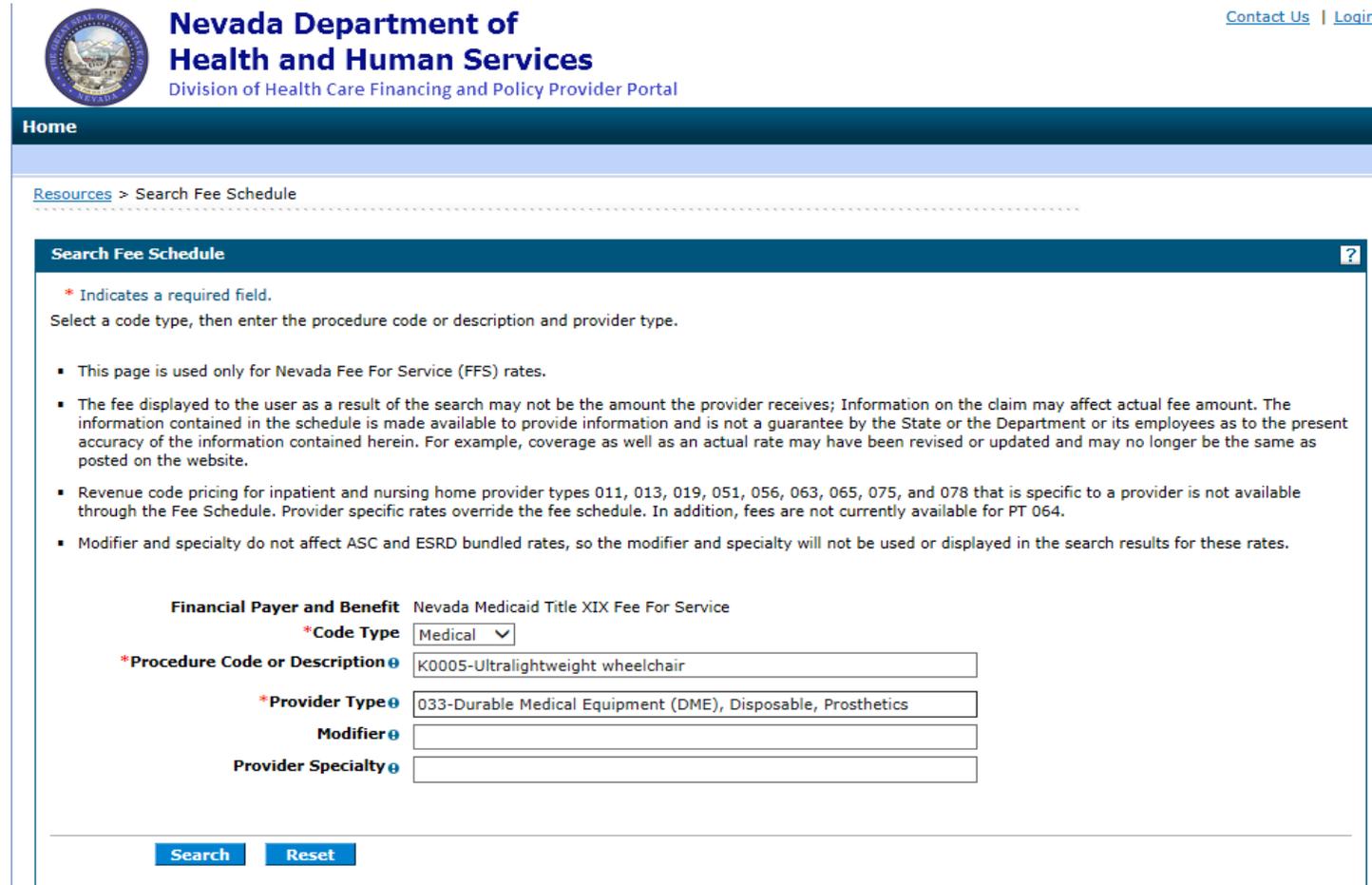
* I accept I have read and agree to the Terms of Agreement

Submit

Cancel

- Step 1: Click "I Accept"
- Step 2: Click "Submit"

Fee Schedule, continued



The screenshot shows the Nevada Department of Health and Human Services website. The header includes the state seal, the department name, and the division name: "Division of Health Care Financing and Policy Provider Portal". There are links for "Contact Us" and "Login". A navigation bar shows "Home" and "Resources > Search Fee Schedule". The main content area is titled "Search Fee Schedule" and contains a search form. The form includes a legend for asterisks, instructions to select a code type and enter procedure code or description and provider type, and a list of notes. The form fields are: "Financial Payer and Benefit" (Nevada Medicaid Title XIX Fee For Service), "*Code Type" (Medical), "*Procedure Code or Description" (K0005-Ultralightweight wheelchair), "*Provider Type" (033-Durable Medical Equipment (DME), Disposable, Prosthetics), "Modifier", and "Provider Specialty". There are "Search" and "Reset" buttons at the bottom.

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

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

Home

[Resources](#) > Search Fee Schedule

Search Fee Schedule

* Indicates a required field.
Select a code type, then enter the procedure code or description and provider type.

- This page is used only for Nevada Fee For Service (FFS) rates.
- The fee displayed to the user as a result of the search may not be the amount the provider receives; Information on the claim may affect actual fee amount. The information contained in the schedule is made available to provide information and is not a guarantee by the State or the Department or its employees as to the present accuracy of the information contained herein. For example, coverage as well as an actual rate may have been revised or updated and may no longer be the same as posted on the website.
- Revenue code pricing for inpatient and nursing home provider types 011, 013, 019, 051, 056, 063, 065, 075, and 078 that is specific to a provider is not available through the Fee Schedule. Provider specific rates override the fee schedule. In addition, fees are not currently available for PT 064.
- Modifier and specialty do not affect ASC and ESRD bundled rates, so the modifier and specialty will not be used or displayed in the search results for these rates.

Financial Payer and Benefit Nevada Medicaid Title XIX Fee For Service

***Code Type** Medical

***Procedure Code or Description** K0005-Ultralightweight wheelchair

***Provider Type** 033-Durable Medical Equipment (DME), Disposable, Prosthetics

Modifier

Provider Specialty

[Search](#) [Reset](#)

- Step 1: Select Code Type from the drop-down menu
- Step 2: Input Procedure Code of Description
- Step 3: Input appropriate Provider Type
- Step 4: Click “Search” to populate results

Fee Schedule, continued

Search Fee Schedule ?

* Indicates a required field.
Select a code type, then enter the procedure code or description and provider type.

- This page is used only for Nevada Fee For Service (FFS) rates.
- The fee displayed to the user as a result of the search may not be the amount the provider receives; information on the claim may affect actual fee amount. The information contained in the schedule is made available to provide information and is not a guarantee by the State or the Department or its employees as to the present accuracy of the information contained herein. For example, coverage as well as an actual rate may have been revised or updated and may no longer be the same as posted on the website.
- 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

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

Search Results Total Records: 6

Procedure	Provider Type	Provider Specialty	Modifier	Fee Amount	Age Restrictions	Effective Date ▼
K0005-Ultralightweight wheelchair	033-Durable Medical Equipment (DME), Disposable, Prosthetics	000-No Specialty	NU-New equipment	\$1,805.12	REGULAR	8/1/2011 - 12/31/9999
K0005-Ultralightweight wheelchair	033-Durable Medical Equipment (DME), Disposable, Prosthetics	000-No Specialty	RR-Rental (DME)	\$180.51	REGULAR	8/1/2011 - 12/31/9999
K0005-Ultralightweight wheelchair	033-Durable Medical Equipment (DME), Disposable, Prosthetics	000-No Specialty	UE-Used durable med equipmen	\$1,353.85	REGULAR	8/1/2011 - 12/31/9999
K0005-Ultralightweight wheelchair	033-Durable Medical Equipment (DME), Disposable, Prosthetics	000-No Specialty	NU-New equipment	\$1,817.84	REGULAR	1/1/1980 - 7/31/2011
K0005-Ultralightweight wheelchair	033-Durable Medical Equipment (DME), Disposable, Prosthetics	000-No Specialty	RR-Rental (DME)	\$181.78	REGULAR	1/1/1980 - 7/31/2011
K0005-Ultralightweight wheelchair	033-Durable Medical Equipment (DME), Disposable, Prosthetics	000-No Specialty	UE-Used durable med equipmen	\$1,363.39	REGULAR	1/1/1980 - 7/31/2011

Rates Unit

Quick Links ▾ Calendar

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

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

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

Rates Unit, continued

REIMBURSEMENT, ANALYSIS AND DEVELOPMENT

Rates Unit - Nevada Medicaid

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

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

New Codes for 2017

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

Fee Schedule Search

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

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

Fee Schedules

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

The information contained in these schedules is made available to provide information and is not a guarantee by the State or the Department or its employees as to the present accuracy of the information contained herein.

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

Contact

rates@dncfp.nv.gov

Reports

Rate Increases

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

Rates Unit, continued

FEE SCHEDULES

The information contained in these schedules is made available to provide information and is not a guarantee by the State or the Department or its employees as to the present accuracy of the information contained herein.

- [Provider Type 33 Durable Medical Equipment, Prosthetics, Orthotics & Supplies](#)

- Select the 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

- Authorization Criteria is located at 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](#)



Home

Home

Login

*User ID

[Log In](#)

[Forgot User ID?](#)

[Register Now](#)

[Where do I enter my password?](#)

Web Announcements

[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

[Web Announcement 1473](#)
Medicaid Services Manual Chapter 3100 Updated

[View More Web Announcements](#)

Featured Links

[Authorization Criteria](#)

[DHCFP Home](#)

[EDI Enrollment Forms and Information](#)

[EVS User Manual](#)

[Search Fee Schedule](#)

[Search Providers](#)

What can you do in the Provider Portal

Through this secure and easy to use internet portal, healthcare providers can inquire on the status of their claims and payments, inquire on a patient's eligibility, process prior authorization requests and access Remittance Advices. In addition, healthcare providers can use this site for further access to contact information for services provided under the Nevada Medicaid program.



Website Requirements

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

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

Authorization Criteria, continued



**Nevada Department of
Health and Human Services**

Division of Health Care Financing and Policy Provider Portal

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

[Home](#)

[Home](#) > [Authorization Criteria](#)

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

- 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 DME Prior Authorization Forms

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

Contact Us DHCFP Home

Search

Providers EVS Pharmacy Prior Authorization Quick Links Calendar

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

Web Announcement 1497
Medicaid Services Manual Chapters Updated
Web Announcement 1496
2018 New Codes Update Completed
View All Web Announcements

Featured Links
Authorization Criteria
DHCFP Home
EDI Enrollment Forms and Information
EVS User Manual
Online Provider Enrollment
Provider Login (EVS)
Prior Authorization
Search Fee Schedule
Search Providers

Welcome

New Provider Orientation

Introduction to Nevada Medicaid
Website Navigation
Getting Started on EVS - Access to the Provider
Portal — EDI System - Enrollment Training
Overview of Claims Process

REGISTER TODAY

Nevada Medicaid

Welcome to the Nevada Medicaid and Nevada Check Up Provider Web Portal. Through this easy-to-use internet portal, healthcare providers have access to useful information and tools regarding provider enrollment and revalidation, recipient eligibility, verification, prior authorization, billing instructions, pharmacy news and training opportunities. The notifications and web announcements keep providers updated on enhancements to the online tools, as well as updates and reminders on policy changes and billing procedures.

Thank you for your participation in Nevada Medicaid and Nevada Check Up.

Notifications

Electronic Transaction 270-271 (Health Care Eligibility Inquiry and Response) is currently not returning Managed Care eligibility correctly. Nevada Medicaid is working to resolve the situation as quickly as possible. Further notifications will be posted to provide updates. Providers are encouraged to use the Provider Web Portal/Electronic Verification System (EVS) or the Automated Response System (800-942-6511) to obtain correct recipient eligibility information.

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]

Provider Links

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

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

Prior Authorization Forms, continued

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

- While on the “Forms” page, locate the appropriate FA-1 Form and its instructions, if applicable
- All active forms are fillable for easy uploading for PA submission online
- Any form that is not legible will not be accepted

Prior Authorization Forms, continued

- FA-1 (Durable Medical Equipment Prior Authorization Request)
 - This form is not required when submitting the prior authorization request online
- FA-1A (Usage Evaluation for Continuing Use of BIPAP and CPAP Devices)
- FA-1B (Mobility Assessment and Prior Authorization (PA))
 - Use this form if the equipment is greater than \$500.00
- FA-1C (Oxygen Equipment and Supplies Prior Authorization Request)
 - Use this form when requesting Oxygen Equipment (Example: E1390, E1392, E0431, E0433 & K0738)
- FA-1D (Wheelchair Repair Form)

Prior Authorization Forms: Tips

- All PA forms must be submitted at least 3 business days prior to the start date unless recipient is being discharged from a hospital.
- Retro dates are only accepted if recipient has retro eligibility coverage and holidays and weekends are not considered business days.
- Use the Search Fee Schedule to determine appropriate modifier. Note that some procedure codes can be overridden per Nevada Medicaid Policy. Some modifiers, i.e., rental, will be paid up to the purchase amount.
- Divide the NU modifier purchase amount by the RR Modifier rental amount to find the months of rental needed to meet the purchase price.
- Repairs to equipment must have an RB Modifier along with the appropriate code to prevent claim denials. See Web Announcement 661 at www.medicaid.nv.gov.
- Rental codes cannot use the NU modifier.
- Some codes are 1 unit per day.



EVS Secure Web Portal

Provider Web Portal

www.medicaid.nv.gov

The screenshot shows the Nevada Department of Health and Human Services Provider Portal. The header includes the state seal and navigation links for Providers, EVS, Pharmacy, Prior Authorization, Quick Links, and Calendar. A search bar is located in the top right. The main content area features a 'Welcome' message and a large 'New Provider Orientation' banner with a 'REGISTER TODAY' button. The orientation topics listed are: 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 three messages regarding the LIBERTY Dental Plan, the PWP upgrade, and a website update. A 'Featured Links' sidebar on the left lists: Authorization Criteria, DHCFP Home, and EDI Enrollment Forms and Information.

EVS

EVS is available 24 hours a day, seven days a week except during the scheduled weekly maintenance period, Monday through Friday 12:00–12:30 a.m. Pacific Time (PT) and Sunday 8:00 p.m.–12:30 a.m. PT

System Requirements

To access EVS, you must have internet access and a computer with a web browser (Microsoft Internet Explorer 9.0 or higher, Mozilla Firefox, or Google Chrome recommended)

EVS Secure Web Portal

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

Contact Us DHCFP Home

Search

Home Providers EVS Pharmacy Prior Authorization Quick Links Calendar

Announcements Latest News

- [Web Announcement 1488](#)
Coverage Requirements for Contraceptive Drugs, Devices and Services to Implement on January 1, 2018
- [Web Announcement 1487](#)
Diabetic Supply Changes for Nevada Medicaid
- [Web Announcement 1486](#)
Prior Authorization Information Regarding Changes to Medicaid Managed Care Dental Services
- [Web Announcement 1485](#)
Clinical Claim Editor Updated with Knowledge Base V60 Files
- [Web Announcement 1484](#)
Physician and Laboratory Payment Methodology Changes Implemented

[View All Web Announcements](#)

Featured Links

- Authorization Criteria
- DHCFP Home
- EDI Enrollment Forms and Information
- EVS User Manual
- Online Provider Enrollment
- Provider Login (EVS)
- Prior Authorization
- Search Fee Schedule
- Search Providers

Welcome

New Provider Orientation

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.

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- PCS, Prior Authorization and Web Portal Upgrade Frequently Asked Questions (FAQs) [Review]
- Reminder of Requirements Regarding Ordering, Prescribing or Referring Provider on Claims. See [Web Announcement 1372](#)
- Enrollment Termination Frequently Asked Questions (FAQs) [Review]

Provider Links

- [Billing Information](#)
- [E-Prescribing](#)
- [Forms](#)
- [Provider Enrollment](#)
- [Provider Newsletters](#)
- [Provider Training](#)

Scheduled Site Maintenance

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

EVS Secure Web Portal, continued

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

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

Home

Home Tuesday 12/26/2017 02:19 PM PST

Login ?

*User ID

[Log In](#)

[Forgot User ID?](#)
[Register Now](#)

Where do I enter my password?

Web Announcements

[Web Announcement 1488](#)
Coverage Requirements for Contraceptive Drugs, Devices and Services to Implement on January 1, 2018

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[View More Web Announcements](#)

Featured Links

[Authorization Criteria](#)
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[Search Fee Schedule](#)
[Search Providers](#)

What can you do in the Provider Portal
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Website Requirements
Prior Authorization Quick Reference Guide [\[Review\]](#)
Provider Web Portal Quick Reference Guide [\[Review\]](#)

- Step 1: Input User ID
- Step 2: Select “Log In”
- If an account has not been created, select “Register Now” to begin creating a web portal account. See Chapter 1: Getting Started of the EVS User Manual for reference.

EVS Secure Web Portal, continued

Computer and Challenge Question

Site Key
The HealthCare Portal uses a personalized site key to protect your privacy online. To use a site key, you are asked to respond to your Challenge question the first time you use a personal computer, or every time you use a public computer. When you type the correct answer to the Challenge question, your site key token displays which ensures that you have been correctly identified. Similarly, by displaying your personalized site key token, you can be sure that this is the actual HealthCare Portal and not an unauthorized site.

If this is your personal computer, you can register it now by selecting: **This is a personal computer. Register it now.**

Answer the challenge question to verify your identity.

Challenge Question In what city were you born?

***Your Answer**

[Forgot answer to challenge question?](#)

Select This is a personal computer. Register it now.
 This is a public computer. Do not register it.

Continue

- Answer the challenge question to verify your identity the first time you log in from a personal computer or every time you use a public computer
- Select personal computer or a public computer
- Click “Continue”

EVS Secure Web Portal, continued

 **Confirm Site Key Token and Passphrase**

Confirm that your site key token and passphrase are correct.

If you recognize your site key token and passphrase, you can be more comfortable that you are at the valid HealthCare Portal site and therefore is safe to enter your password.

Make sure your site key token and passphrase are correct.

If the site key token and passphrase are correct, type your password and click **Sign In**. If this is not your site key token or passphrase, do not type your password. Call the [customer help desk](#) to report the incident.

Site Key: 

Passphrase ChicagoCubs

***Password**

[Sign In](#)

[Forgot Password?](#)

- Confirm that your **site key token** and **passphrase** are correct. If you recognize your site key token and passphrase, you can be assured that you are at the valid Provider Web Portal website and it is safe to enter your password.
- Enter your Password
- Select “Forgot Password” to start the reset process

EVS Secure Web Portal, continued

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

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

My Home | **Eligibility** | **Claims** | **Care Management** | **File Exchange** | **Resources** | **Switch Provider**

My Home

Provider

Welcome
Name

Provider ID
Location ID

▶ [My Profile](#)
▶ [Switch Provider](#)

Provider Services

▶ [Member Focused Viewing](#)
▶ [Search Payment History](#)
▶ [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 [\[Review\]](#)

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

EVS Secure Web Portal, continued



Nevada Department of Health and Human Services

Division of Health Care Financing and Policy Provider Portal

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

My Home | **Eligibility** | **Claims** | **Care Management** | **File Exchange** | **Resources** | **Switch Provider**

My Home

Confirm provider information and contact information and check messages.

Eligibility

Search recipient eligibility information.

Claims

Search claims and payment history.

Care Management

Create authorizations, view authorization status, and maintain favorite providers.

File Exchange

Upload forms online.

Resources

Download forms and documents.



Role-Based Security and Delegate Access

Granting Access to a Delegate

- A new delegate is a person who does not currently have a delegate code, including a code that was created by someone else
- An existing delegate is a person who was previously provided with a delegate code and is registered for a portal account
- Each delegate should only have one delegate code, which is created by the first provider to add them as a delegate

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

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

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

My Home | [Eligibility](#) | [Claims](#) | [Care Management](#) | [File Exchange](#) | [Resources](#)

My Home

Provider

Name: Plano Independent Hospital
Provider ID: XXXXXXXXXX (NPI)
Location ID: XXX-XXXXXX

[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:
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We are committed to make it easier for physicians and other their business. In addition to providing the ability to verify my search for claims, payment information, and access Remittance secure site provides access to eligibility, answers to frequent and the ability to process authorizations.

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

Don't See the Manage Accounts Link?
Verify that you are using the correct Provider ID.

Delegate Assignment Tabs

- Add New Delegate
- Add Registered Delegate

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

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](#) > [Manage Accounts](#)

Delegate Assignment [Back to My Home](#)

[Add New Delegate](#) [Add Registered Delegate](#)

* Indicates a required field.
Enter the fields below and click **Submit** to generate the delegate code for the new delegate to register.

* **First Name**

* **Last Name**

* **Birth Date**

* **Last 4 of DLN**

No Delegates are assigned to the User.

Delegate Assignment

Add New Delegate

The screenshot shows the 'Nevada Department of Health and Human Services' portal. The main navigation bar includes 'My Home', 'Eligibility', 'Claims', 'Care Management', 'File Exchange', and 'Resources'. The current page is 'Manage Accounts' under 'My Home'. The 'Delegate Assignment' section has two tabs: 'Add New Delegate' (highlighted with a red box) and 'Add Registered Delegate'. Below the tabs, there is a note: '* Indicates a required field.' and instructions: 'Enter the fields below and click **Submit** to generate the delegate code for the new delegate to register.' The form fields are: '*First Name', '*Last Name', '*Birth Date' (with a calendar icon), and '*Last 4 of DLN'. At the bottom are 'Submit' and 'Cancel' buttons. A status message at the bottom reads: 'No Delegates are assigned to the User.'

Enter the delegate's:

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

Add Registered Delegate

The screenshot shows the 'Manage Accounts' section of the portal. The 'Add Registered Delegate' tab is selected and highlighted with a red box. Below the tabs, there is a definition: 'A registered delegate is defined as office staff and/or other support staff employed by the provider who have previously registered in the Portal. Providers may authorize Portal access to a registered delegate by completing the required fields using the delegate's assigned code. The delegate will then have access to the provider's information (claims, reports, eligibility inquiries, or other functionality) via the Portal.' A note follows: '* Indicates a required field.' and instructions: 'Enter the Last Name and the Delegate Code and click **Submit** to proceed.' The form fields are: '*Last Name' and '*Delegate Code', both highlighted with red boxes. At the bottom are 'Submit' and 'Cancel' buttons.

Enter the delegate's:

- Last Name and previously provided Delegate Code

Delegate Assignment, continued

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

Edit Delegate

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

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

Select the functions that the delegate is authorized to access

***Functions**

- Base Delegate Access
- Care Management - Create Prior Authorization
- Care Management - View Prior Authorization
- Claims - Treatment History
- Claims - View Claims
- Eligibility - Eligibility Verification
- File Exchange - Download
- File Exchange - Upload
- Member Focus Viewing
- Provider Enrollment - Revalidate/Update

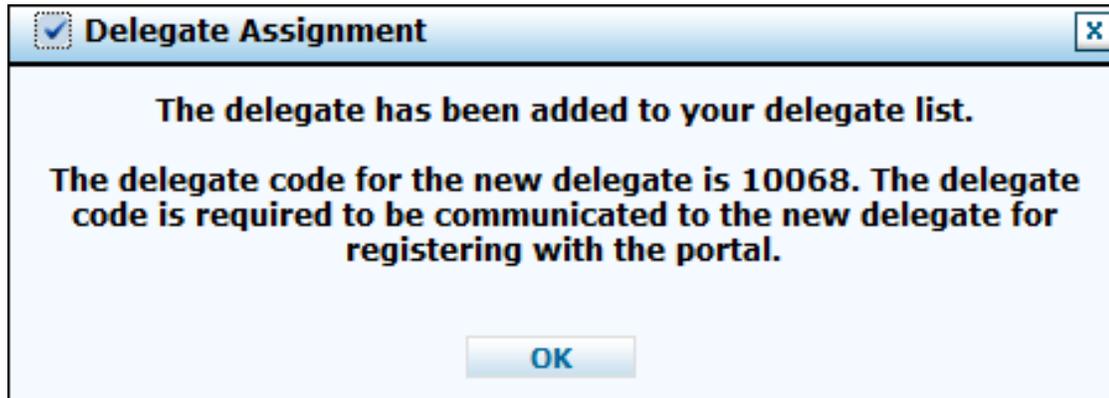
- Choose the Functions you want the delegate to be able to perform
- Click "Confirm"

Edit Delegate

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

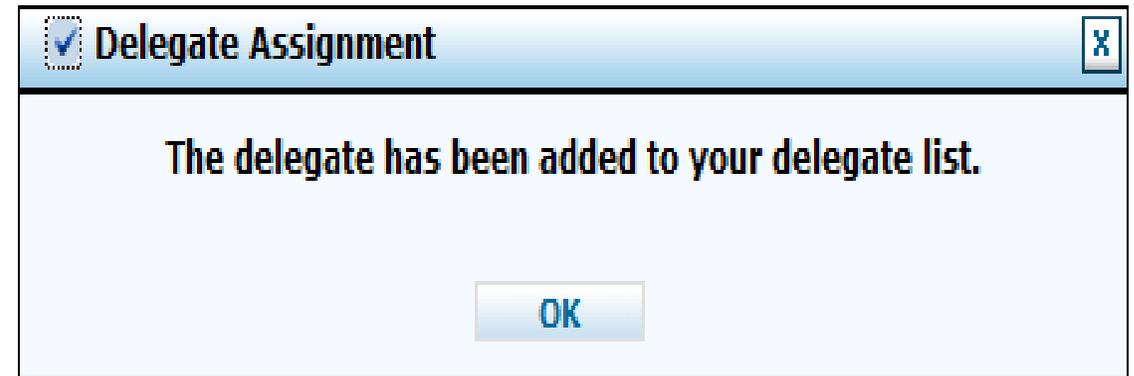
Delegate Assignment, continued

New Delegate



- The delegate needs a code to register for a Provider Web Portal account. Once registered, they can access and switch between all providers who have assigned them as a delegate.

Registered Delegate



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



Before You Create a Prior Authorization

Before Creating a Prior Authorization



Verify eligibility to ensure that the recipient is eligible on the date of service for the requested services.



Use the Provider Web Portal's PA search function to see if a request for the dates of service, units, and service(s) already exists that is associated with your individual, state or local agency, or corporate or business entity.



Review the coverage, limitations, and PA requirements for the Nevada Medicaid Program before submitting PA requests.



Use the Provider Web Portal to check PAs in pending status for additional information.



Treatment History

Treatment History



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

[My Home](#) [Eligibility](#) [Claims](#) [Care Management](#) [File Exchange](#) [Resources](#) [Switch Provider](#)

[Search Claims](#) | [Search Payment History](#) | [Treatment History](#)

Claims

Claims

- [Search Claims](#)
- [Search Payment History](#)
- [Treatment History](#)

Search Treatment History ?

Medical Dental

* Indicates a required field.
The search feature retrieves PAID claim records for a particular recipient ID as of the timeframe submitted. There could be claims in progress that could change the results of this search. Only service codes with limitations will return results. This is also not a guarantee of payment.

Enter the recipient ID, date of service from and to date, then click **Search**. Select **Lifetime** to view treatment history for the procedure identified over the lifetime of the recipient. Click **Reset** to clear all fields.

Recipient Information

*Recipient ID

I confirm that this search is only being performed for recipients that are currently being treated. I understand that all treatment history search information is logged by DHCFP. I also agree that I will not run automated searches.

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

Service Information

Procedure Code Type CPT/HCPCS *Procedure Code

*Service From Date To Date Lifetime

- Utilize the “Treatment History” sub-menu from the Claims menu
- Treatment History allows a user to indicate a Recipient ID and additional information to determine the recipient’s previous treatments
- All fields marked with a red asterisk are required
- Select “Search” to populate results



Create a Prior Authorization Request

Key Information

Recipient Demographics

- First Name, Last Name and Birth Date will be auto-populated based on the recipient ID entered

Diagnosis Codes

- All PAs will require at least one valid diagnosis code

Searchable Diagnosis, Current Procedural Terminology (CPT), Healthcare Common Procedure Coding System (HCPCS), and Current Dental Terminology (CDT) Codes

- Enter the first three letters or the first three numbers of the code to use the predictive search

PA Attachments

- Attachments are required with all PA requests
- Attachments can be submitted electronically, by mail or by fax
- PA requests received without an attachment will remain in pended status for 30 days
- If no attachment is received within 30 days, the PA request will automatically be cancelled

Create Authorization



The screenshot displays the Nevada Department of Health and Human Services Provider Portal. At the top left is the state seal, followed by the department name and the text 'Division of Health Care Financing and Policy Provider Portal'. On the top right are links for 'Contact Us' and 'Logout'. A dark blue navigation bar contains tabs for 'My Home', 'Eligibility', 'Claims', 'Care Management', 'File Exchange', 'Resources', and 'Switch Provider'. Below this is a light blue breadcrumb trail: 'Create Authorization | View Authorization Status | Maintain Favorite Providers | Authorization Criteria'. A dashed line separates the breadcrumb from the 'Care Management' section. A large teal bar is present below the breadcrumb. Underneath, a light blue button labeled 'Authorizations' with a document icon is shown. A sub-menu is open below it, listing: 'Create Authorization', 'View Status of Authorizations', 'Maintain Favorite Provider List', and 'Authorization Criteria'.

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

One Page Process for Prior Authorization Requests

Create Authorization

* Indicates a required field.

Medical **Dental**

* **Process Type**

- BH Outpt
- BH PHP/IOP
- BH Rehab
- BH RTC
- DME**
- Home Health
- Hospice
- Inpt M/S
- Ocular
- 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**
- Retro Home Health
- Retro Hospice
- Retro Inpt M/S
- Retro Ocular
- Retro Outpt M/S

- Step 1: Select the radio button next to “Medical”
- Step 2: Select appropriate DME Process Type

Create Medical Prior Authorization

Provider, Recipient, Referring and Servicing Provider Information

Requesting Provider Information		
Provider ID	ID Type NPI	Name

Recipient Information		
*Recipient ID		
Last Name		First Name
Birth Date		

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

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

Requesting Provider Information

The information in this section is automatically populated

Recipient Information

Enter the Recipient ID

Referring Provider Information

If there is a referring provider, complete one of the following options:

- Check the Referring Provider same as Requesting Provider box
- Use the Select from Favorites drop-down list to select a provider from your favorites list
- Enter the Provider ID and select the ID Type from the drop-down list

Service Provider Information

- Check the Service Provider same as Requesting Provider box
- Use the Select from Favorites drop-down list to select a provider from your favorites list
- Enter the Provider ID and select the ID Type from the drop-down list
- Select Service Location (optional)



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

Diagnosis Information

Diagnosis Information

Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.
Click the **Remove** link to remove the entire row.

Diagnosis Type	Diagnosis Code	Action
Click to collapse.		
*Diagnosis Type	ICD-10-CM	*Diagnosis Code

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



Do not key any decimals into the diagnosis code fields.

Diagnosis Information, continued

Invalid diagnosis code:

Diagnosis Information

Error
Diagnosis Code not found.

Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.
Click the **Remove** link to remove the entire row.

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

Valid diagnosis code:

Diagnosis Information

Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.
Click the **Remove** link to remove the entire row.

Diagnosis Type	Diagnosis Code	Action
ICD-10-CM	R69-Illness, unspecified	Remove

Click to collapse.

*Diagnosis Type *Diagnosis Code

Service Details

Service Details

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

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

[Add Service](#) [Cancel Service](#)

- Indicate a “From” or start date
- Select a Code Type from the drop-down menu
- Input the Code
- Input amounts of Units being requested
- In the Medical Justification field, indicate “See attached form”
- Select “Add Service”

Unsaved Data Warning

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





Attachments

Attachment Requirements

Attachments

To include an attachment electronically with the prior authorization request, browse and select the attachment, select an Attachment Type and then click on the Add button.

[Prior Authorization Forms](#)

If you will not be sending an attachment electronically, but you have information about files that were sent using another method, such as by fax or that are available on request, select the appropriate Transmission Method and enter all the fields displayed.

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

	Transmission Method	File	Action
<input type="checkbox"/>	EL-Electronic Only	FA-1.pdf (1018K)	Remove

Click to collapse.

*Transmission Method

*Upload File

*Attachment Type

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



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

Attachment Requirements, continued

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

The screenshot shows a web form titled "Attachments". The form includes instructions on how to include attachments electronically and a link for "Prior Authorization Forms". A dropdown menu is open, displaying a list of attachment types. The text "*Attachment Type" is highlighted with a red box. Below the dropdown is an "Add" button. The background of the form is partially visible, showing a table with columns for "Transmission Method" and "Attachment Type".

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 included.

[Prior Authorization Forms](#)

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

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

Transmission Method	Attachment Type
<input type="checkbox"/> Click to collapse.	
*Transmission Method	
*Upload File	
*Attachment Type	
<input type="button" value="Add"/>	

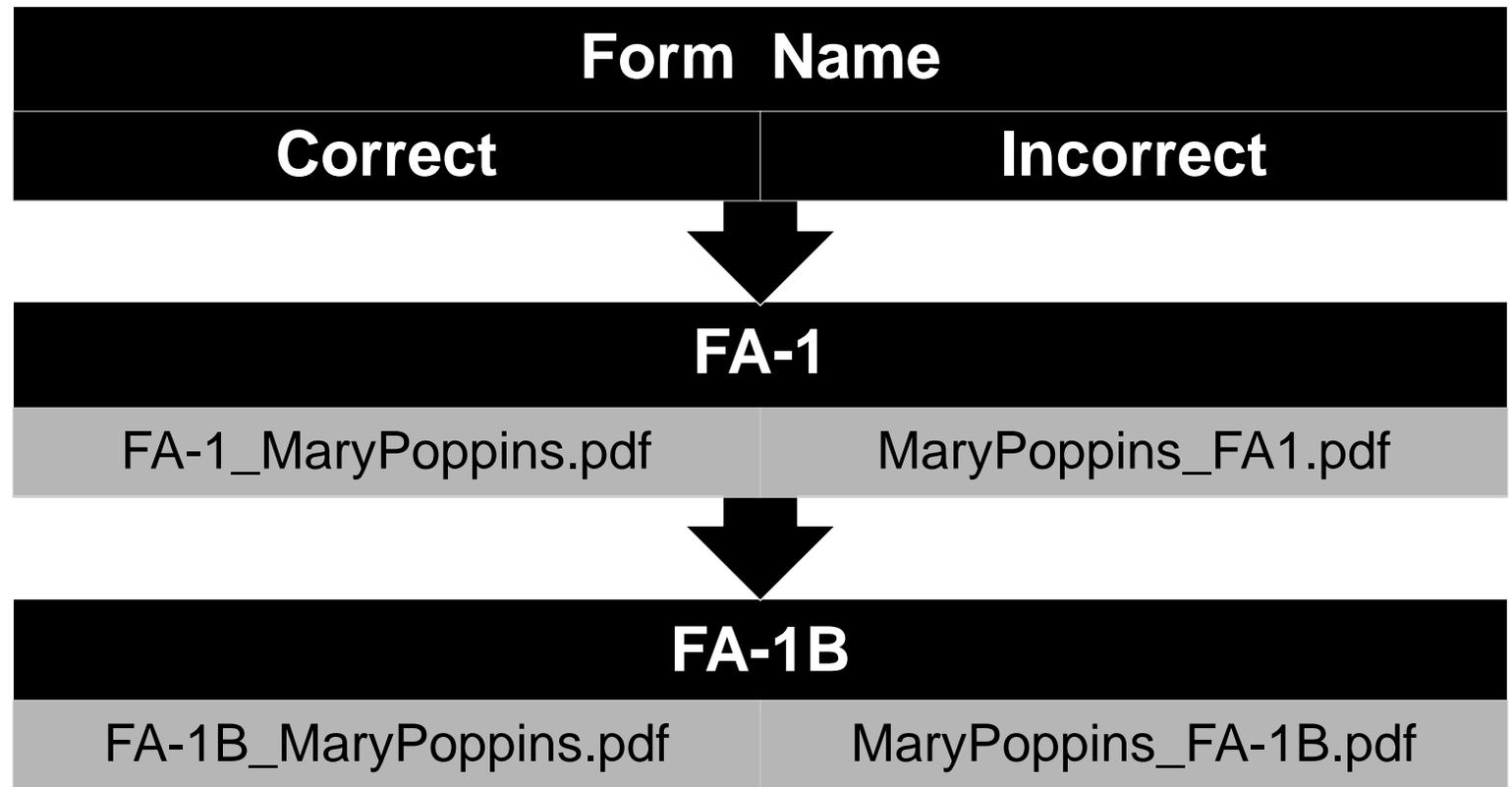
59-Benefit Letter
03-Report Justifying Treatment Beyond Utilization Guidelines
11-Chemical Analysis
04-Drug Administered
05-Treatment Diagnosis
06-Initial Assessment
07-Functional Goals
08-Plan of Treatment
09-Progress Report
10-Continued Treatment
13-Certified Test Report
15-Justification for Admission
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

Uploading Attachments, continued

File Upload Naming Convention Guidelines

- Forms being uploaded must be in an approved format
- Files should be saved using the form name as the prefix
- Non-compliant files may cause a delay in processing the request

File Upload Naming Convention Examples



Submitting a Prior Authorization

Attachments

To include an attachment electronically with the prior authorization request, browse and select the attachment, select an Attachment Type and then click on the Add button.

[Prior Authorization Forms](#)

If you will not be sending an attachment electronically, but you have information about files that were sent using another method, such as by fax or by 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	<input type="text"/> Browse...	
*Attachment Type	<input type="text"/>	

- Once all of the required information, service details lines, and attachment information has been added, click “Submit” to go to the Confirm Authorization page

Finalizing a Prior Authorization

Confirm Authorization ?

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

Requesting Provider Information +

Recipient Information and Process Type +

Referring Provider Information +

Service Provider Information +

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

Diagnosis Information -

Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.

Diagnosis Type	Diagnosis Code
ICD-10-CM	A3790-Whooping cough, unspecified species with

Service Details -

Line #	From Date	To Date	Code	Modifiers	Units
1	04/01/2017	04/30/2017	T1015 Clinic Services		1

Attachments -

Transmission Method	File	Attachment Type
EL-Electronic Only	FA-29A.pdf (36K)	06-Initial Assessment

Back **Confirm** **Cancel**

- Review the information for accuracy:
- If errors are present, click “Back” to return to the Create Authorization page
 - After all of the information has been reviewed, click “Confirm” to submit the PA for processing
 - When confirming the PA, only click on “Confirm” once and wait for confirmation page to load. Clicking multiple times will create multiple PAs in the system.

Authorization Successfully Submitted

Care Management > Authorization Receipt

Authorization Receipt ?

Your Authorization Tracking Number 20000 was successfully submitted.

Click **Print Preview** to view authorization details and receipt.
Click **Copy** to copy member data or authorization data.
Click **New** to create a new authorization for a different member.

General Authorization Receipt Instructions

[Print Preview](#) [Copy](#) [New](#)

- An authorization tracking number (ATN) receipt is generated upon successfully submitting the PA request
- Click “Print Preview” to view the PA details and receipt
- Click “Copy” to copy member data or authorization data
- Click “New” to create a new PA request for a different recipient

Example of an Unsuccessful Authorization

- Duplicate service lines that already exist on another PA for the same recipient

Error
Data Validation Failure
This prior authorization request is a duplicate of existing PA request (35171700001).

Confirm Authorization ?

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

Requesting Provider Information +

Recipient Information and Process Type +

Referring Provider Information +

Service Provider Information +

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

Diagnosis Information -

Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.

Diagnosis Type	Diagnosis Code
ICD-10-CM	A3790-Whooping cough, unspecified species with

Service Details -

Line #	From Date	To Date	Code	Modifiers	Units
+ 1	04/01/2017	04/30/2017	T1015 Clinic Services		1

Attachments -

Transmission Method	File	Attachment Type
EL-Electronic Only	FA-29A.pdf (36K)	06-Initial Assessment

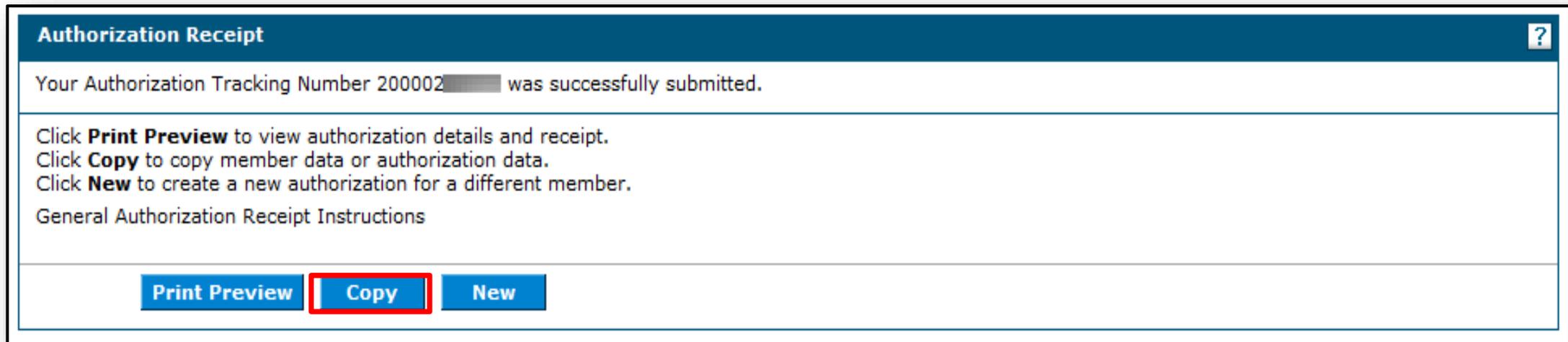
[Back](#) [Confirm](#) [Cancel](#)



Copying an Authorization

Copying an Authorization

- A PA request can be copied, either for the same recipient or the same service, from the Authorization Receipt screen once the original PA request has been successfully submitted



The screenshot shows a web interface titled "Authorization Receipt" with a help icon in the top right corner. The main content area displays a confirmation message: "Your Authorization Tracking Number 200002 [redacted] was successfully submitted." Below this message, there are three instructions: "Click **Print Preview** to view authorization details and receipt.", "Click **Copy** to copy member data or authorization data.", and "Click **New** to create a new authorization for a different member." A link for "General Authorization Receipt Instructions" is also present. At the bottom of the interface, there are three buttons: "Print Preview", "Copy" (which is highlighted with a red border), and "New".

Copying an Authorization, continued

Member or Authorization Data

Copy Data ?

Select the information you would like to have copied to the new authorization. Press **Copy** to initiate the new authorization request and continue entering authorization information.

Member Data
Copy the member data to a new authorization request.

Authorization Data
Copy authorization data to a different member.

Copy **Cancel**

- Copy a PA request for an existing recipient when requesting a new service
- Only the recipient data is copied

- Copy a PA request by service in order to submit a PA request for similar services but for a different recipient



Viewing Authorizations

View Status of Authorization



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

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

Viewing Authorizations, continued

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						
Authorization Tracking Number	Service Date ▲	Recipient Name	Recipient ID	Process Type	Requesting Provider	Servicing Provider
3117	04/20/2017 - 04/25/2017	SMITH, JANE	000000	Outpt M/S	HEALTHCARE	HEALTHCARE

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

Viewing Authorizations, continued

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

Authorization Tracking # **Process Type**

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

Requesting Provider Information +

Recipient Information +

Referring Provider Information +

Diagnosis Information +

Service Provider / Service Details Information -

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

Edit View Provider Request Print Preview

- The ATN is the same as the PA number
- If a claim is submitted before the PA is approved, the claim will deny
- The PA status always defaults to “Pended” until a determination is complete

Viewing Authorizations, continued

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

[Edit](#)

[View Provider Request](#)

[Print Preview](#)

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

Viewing Authorizations, continued

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

[Edit](#)

[View Provider Request](#)

[Print Preview](#)

- Remaining Units/Days – The amount counts down as claims are processed. A dash indicates that a claim is not processed for the authorization.
- The Medical Citation field indicates if additional information is needed for all authorizations (including denied). Click “View” to see the details and clinical notes provided by Nevada Medicaid or click “Hide” to collapse the information panel.
- PA requests submitted through the Provider Web Portal are viewable. Faxed authorizations may limit the amount of information that is viewable (summary, status of request).



Searching Authorization Status

Searching Authorization Status, continued

View Authorization Status

Prospective Authorizations Search Options

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

Authorization Information

Authorization Tracking Number

Select a Day Range or specify a Service Date

Day Range OR Service Date

Status Information

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

Status

Recipient Information

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

Recipient ID Birth Date

Last Name First Name

Provider Information

Provider ID ID Type

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

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

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

Or

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

Or

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

Click "Search"

- Search results will display at the bottom of the screen



Submitting Additional Information

How to Submit Additional Information



If you have submitted a PA request via the Provider Web Portal but need to submit additional information such as:

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



Use the approved naming convention when uploading attachments. For instance, use “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

View Authorization Response for Print Preview

Authorization Tracking # 3517134 Process Type DME Back to View Authorization Status ?

Expand All | Collapse All

Requesting Provider Information +

Recipient Information +

Referring Provider Information +

Diagnosis Information +

Service Provider / Service Details Information -

Provider ID 112 ID Type NPI Name PHARMACY

From Date	To Date	Units	Remaining Units	Amount	Code	Medical Citation	Decision / Date	Reason
05/16/2017	05/16/2017	1	-	-	CPT/HCPCS G9100-Onc dx gastric no recurrence	Hide	Pended 05/14/2017	Product/service/procedure delivery pattern (e.g., units, days, visits, weeks, hours, months)

Medical Citation
700- Authorization requirements|not met.

Notes To Provider
-

Edit View Provider Request Print Preview

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

How to Submit Additional Information, continued

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

- Locate necessary forms on the Forms Page after the completion of a PA
- Once the new information has been added to the PA request, click “Resubmit” to review the PA information
- Click “Confirm” to resubmit the PA
- The ATN will remain the same



PA requests with a status of Not Certified or Cancel cannot be resubmitted. The “Edit” button will not appear on the View Authorization Response page.



EDI Information

Locating the EDI Page

The screenshot shows the Nevada Department of Health and Human Services website. The top navigation bar is blue and contains the following items: Home, Providers, EVS, Pharmacy, Prior Authorization, Quick Links, and Calendar. A search bar is located on the right side of the top navigation bar. The main content area is divided into three columns. The left column contains a 'Featured Links' section with a blue header and several links: Authorization Criteria, DHCFP Home, EDI Enrollment Forms and Information, EVS User Manual, Online Provider Enrollment, Provider Login (EVS), Prior Authorization, Search Fee Schedule, and Search Providers. The middle column features a 'Welcome' message and a large banner for 'New Provider Orientation' with a 'REGISTER TODAY' button. The right column contains a 'Notifications' section with several text-based announcements. The 'Electronic Claims/EDI' link in the top navigation bar is highlighted with a red box.

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

EDI Enrollment Forms

EDI Enrollment Forms

EDI enrollment forms are for completion and submission by active or enrolling Nevada Medicaid and Nevada Check Up providers only.

Form Number	Title
FA-35	Electronic Transaction Agreement for Service Centers
FA-36	Service Center Operational Information
FA-37	Service Center Authorization
FA-39	Payerpath Enrollment

- Fill out necessary forms completely:
 - The Allscripts-Payerpath Program is a free program for all Nevada Medicaid providers
- Send completed enrollment forms to Nevada Medicaid:
 - By uploading into the Provider Web Portal
 - Mail to the address listed on the form
 - E-mail to: NVMMISEDISupport@dxc.com
- Training opportunities are hosted every month for Payerpath Trainings. Please review EDI Announcements on the EDI webpage for training sessions.

Locating the EDI Companion Guides

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

Contact Us DHCFP Home

Search

Providers EVS Pharmacy Prior Authorization Quick Links Calendar

Announcements/Newsletters

Electronic Claims/EDI Updated

Electronic Prescribing

Forms and 65: Do Not Include

NDC

Provider Enrollment

Provider Training

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

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

[View All Web Announcements](#)

Featured Links

- [Authorization Criteria](#)
- [DHCFP Home](#)
- [EDI Enrollment Forms and Information](#)
- [EVS User Manual](#)
- [Online Provider Enrollment](#)
- [Provider Login \(EVS\)](#)
- [Prior Authorization](#)
- [Search Fee Schedule](#)
- [Search Providers](#)

Welcome

New Provider Orientation

- Introduction to Nevada Medicaid
- Website Navigation
- Getting Started on EVS - Access to the Provider Portal — EDI System - Enrollment Training
- Overview of Claims Process

REGISTER TODAY

Nevada Medicaid

Welcome to the Nevada Medicaid and Nevada Check Up Provider Web Portal. Through this easy-to-use internet portal, healthcare providers have access to useful information and tools regarding provider enrollment and revalidation, recipient eligibility, verification, prior authorization, billing instructions, pharmacy news and training opportunities. The notifications and web announcements keep providers updated on enhancements to the online tools, as well as updates and reminders on policy changes and billing procedures.

Thank you for your participation in Nevada Medicaid and Nevada Check Up.

Notifications

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

The Nevada Medicaid Provider Web Portal (PWP) Upgrade has been implemented. With this upgrade, Dental/Orthodontia, Adult Day Health Care (ADHC) and Personal Care Services (PCS) providers can generate a prior authorization request via the Provider Web Portal. [See [Web Announcement 1415](#)]

The Nevada Provider Web Portal update resulted in a complete change in the website and its associated webpages. Users of the secure Provider Web Portal are advised to remove all previously bookmarked pages and clear any previous activity in your browser to assist with accessing the system. You can clear previous activity in most browsers by navigating to your menu item for internet or browser options and deleting cookies, temporary internet files, and web form information.

PCS, Prior Authorization and Web Portal Upgrade Frequently Asked Questions (FAQs) [Review]

Reminder of Requirements Regarding Ordering, Prescribing or Referring Provider on Claims. See [Web Announcement 1372](#)

Enrollment Termination Frequently Asked Questions (FAQs) [Review]

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

Locating the EDI Companion Guides, continued

EDI Companion Guides

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

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

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



Common DME Claim Denial Codes and Resolutions

Edit 0157: Approved Authorization Not on File

This Edit Code sets when a claim is submitted to Nevada Medicaid and the code requires a prior authorization.

Verify that a prior authorization has been requested from and approved by Nevada Medicaid. Do not submit a claim before the prior authorization has been approved.

If the Claim is still being denied, verify that all claim fields are filled out properly with the use of the CMS-1500 Claim Form Instructions located on the Billing Information webpage. If you believe the claim was submitted correctly with valid information and the claim was denied in error, you may appeal the denied claim.

Edit 0967: Procedure Code not Payable with Diagnosis Entered

This Edit Code sets when a claim is submitted to Nevada Medicaid with a HCPCS Code in the T series/range and the Diagnosis Code is not valid. If billing with a HCPCS Code in the T series/range, Diagnosis Codes should be 30011, 307.6, 307.7, 599.84, 625.6, 787.6 or in the range of 788.00-788.99.

If the claim is still being denied, verify that all claim fields are filled out properly with the use of the CMS-1500 Claim Form Instructions located on the Billing Information webpage. If you believe the claim was submitted correctly with valid information and the claim was denied in error, you may appeal the denied claim.



Resources

Additional Resources

- Forms: <https://www.medicaid.nv.gov/providers/forms/forms.aspx>
- EVS General Information: <https://www.medicaid.nv.gov/providers/evsusermanual.aspx>
- Secure EVS Web Portal: <https://www.medicaid.nv.gov/hcp/provider/Home/tabid/135/Default.aspx>
- Billing Manual and Guides: <https://www.medicaid.nv.gov/providers/BillingInfo.aspx>
- Medicaid Services Manual: <http://dhcfp.nv.gov/Resources/AdminSupport/Manuals/MSM/MSMHome/>

DHCFP Contact Information:

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



Contact Nevada Medicaid



Contact Us — Nevada Medicaid Customer Service

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

Prior Authorization Department: 800-525-2395

Provider Field Representative:

E-mail: NevadaProviderTraining@dxc.com



Thank You