

# Dental and Orthodontia

Provider Web Portal Training



Nevada Medicaid Provider Training

2017



**Objectives**



# Objectives

- Navigate the Electronic Verification System (EVS) Provider Web Portal.
- Understand how to submit a prior authorization (PA) request via the Provider Web Portal.
- Understand how to:
  - View the status of a PA
  - Search for PAs
  - Copy a PA
  - Submit additional PA attachments via the Provider Web Portal



**Provider Web Portal**

# Provider Web Portal

[www.medicaid.nv.gov](http://www.medicaid.nv.gov)

The screenshot shows the Nevada Department of Health and Human Services Provider Portal. The header includes the Nevada state seal, the department name, and the text "Division of Health Care Financing and Policy Provider Portal". Navigation links for "Contact Us" and "Login" are in the top right. A "Home" button is on the left. The main content area features a "Provider Login" section with a "User ID" input field, a "Log In" button, and links for "Forgot User ID?", "Register Now", and "Where do I enter my password?". To the right of the login section is a heading "What can you do in the Provider Portal" followed by a paragraph describing the portal's functions. Below this is a photograph of five diverse healthcare professionals in white coats. At the bottom left, there is a "Web Announcements" section with three entries, and at the bottom center, a link for "Website Requirements".

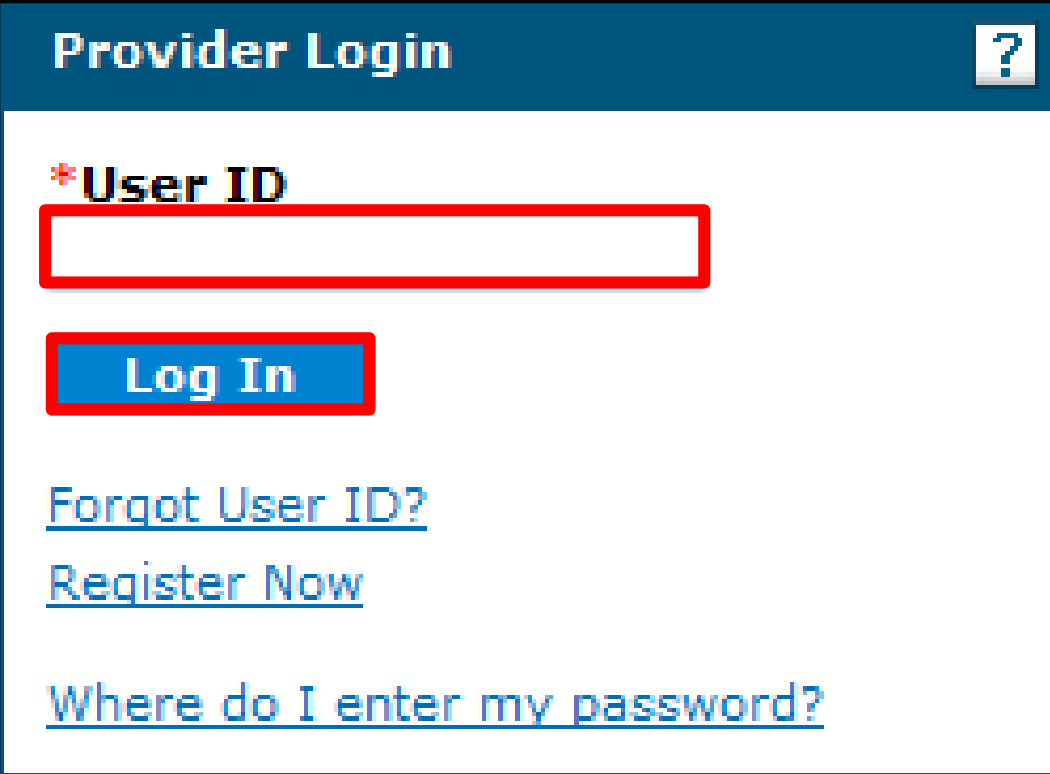
## EVS

EVS is available 24 hours a day, seven days a week, except during the scheduled weekly maintenance period, Monday through Saturday from 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, recommended.)

# 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". A red rectangular box highlights the empty text input field for the User ID. Below the input field is a blue button with the text "Log In" in white, which is also highlighted with a red border. 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.

The screenshot shows the Nevada Department of Health and Human Services Provider Portal. At the top left is the state seal and the department name. The main navigation bar includes 'My Home', 'Eligibility', 'Claims', 'Care Management', 'File Exchange', and 'Resources'. The user is logged in as 'Plano Independent Hospital' with a Provider ID and Location ID. The page features a 'Welcome Health Care Professional!' message with a photo of healthcare workers. On the right, there are links for 'Contact Us' and 'Secure Correspondence', along with contact information for Nevada Medicaid Administration. A 'Provider Services' section on the left lists various services like 'Member Focused Viewing', 'Search Payment History', and 'Revalidate-Update Provider'.

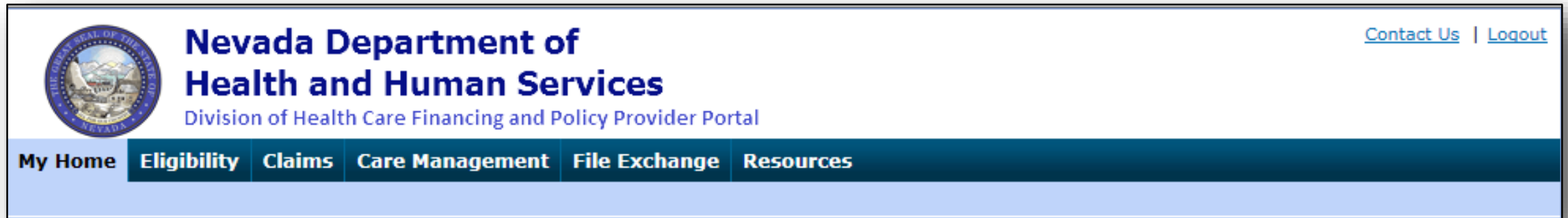
It is important to verify all of the information to ensure that you are **logged in** correctly.

Provider Services information

Links to contacts via telephone and secure email.

# Navigation Bar

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



## 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.

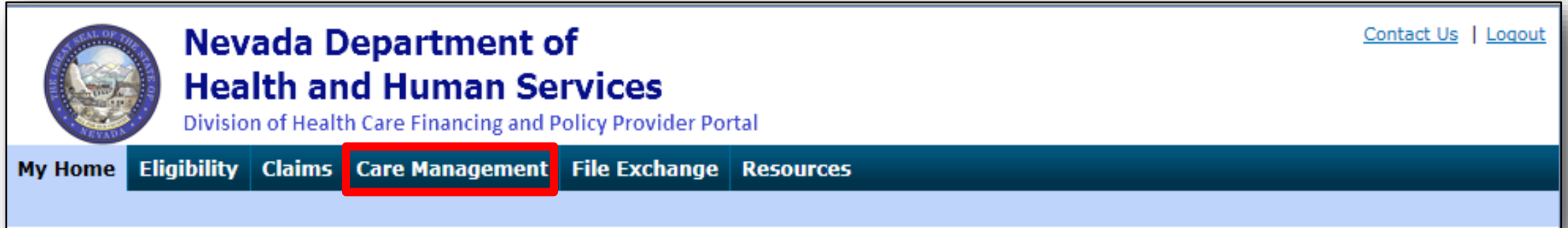
## File Exchange

Upload forms online.

## Resources

Download forms and documents.

# Care Management Tab



The screenshot shows the header of the Nevada Department of Health and Human Services Provider Portal. On the left is the state seal of Nevada. To its right is the text "Nevada Department of Health and Human Services" and "Division of Health Care Financing and Policy Provider Portal". In the top right corner are links for "Contact Us" and "Logout". Below this is a dark blue navigation bar with white text for "My Home", "Eligibility", "Claims", "Care Management", "File Exchange", and "Resources". The "Care Management" tab is highlighted with a red rectangular border.

## 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.



# **Role-Based Security**

**Delegate Access — Role-Specific**

# 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.
- Each delegate (person) 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**.

Ask the person to whom you would like to delegate access if they have a delegate code before deciding whether to add a new delegate or link to an existing delegate.

**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

My Home Wednesday 04/19/2017 10:49 AM PST

**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!**

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 Remittan 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]

Contact Us  
Secure Correspondence

All Claim Inquiries should be submitted to the following Address:  
Nevada Medicaid Administration  
P.O. Box 30042

**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 (\*).

The screenshot displays the Nevada Department of Health and Human Services portal. At the top, the logo and name of the department are visible, along with the text "Division of Health Care Financing and Policy Provider Portal". A navigation bar includes links for "My Home", "Eligibility", "Claims", "Care Management", "File Exchange", and "Resources". The current page is titled "My Home > Manage Accounts" and shows the date and time as "Tuesday 09/06/2011 10:48 AM PST".

The main content area is titled "Delegate Assignment" and features two tabs: "Add New Delegate" and "Add Registered Delegate". Below the tabs, a message states: "\* Indicates a required field. Enter the fields below and click **Submit** to generate the delegate code for the new delegate to register." The form includes four input fields, each with a red asterisk indicating it is required: "First Name", "Last Name", "Birth Date" (with a calendar icon), and "Last 4 of DLN". At the bottom of the form are "Submit" and "Cancel" buttons.

At the bottom of the page, a message states: "No Delegates are assigned to the User."

# Delegate Assignment

The screenshot shows the Nevada Department of Health and Human Services 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 "Logout". A navigation bar contains "My Home", "Eligibility", "Claims", "Care Management", "File Exchange", and "Resources". Below this, a breadcrumb trail shows "My Home > Manage Accounts" and the date "Tuesday 09/06/2011 10:48 AM PST". The main content area is titled "Delegate Assignment" and has a "Back to My Home" link. Two buttons, "Add New Delegate" and "Add Registered Delegate", are highlighted with a red box. Below the buttons, a note states "\* Indicates a required field." and "Enter the fields below and click **Submit** to generate the delegate code for the new delegate to register." The form contains four required fields: "First Name", "Last Name", "Birth Date" (with a calendar icon), and "Last 4 of DLN". At the bottom of the form are "Submit" and "Cancel" buttons. A message at the bottom of the page reads "No Delegates are assigned to the User."

## Add New Delegate

Enter the delegate's:

- First Name.
- Last Name.
- Birth Date.
- Last four digits of the delegate's Driver's License Number.
- Click **Submit**.

# Delegate Assignment (continued)

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

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

A new delegate is defined as office staff and/or other support staff employed by the provider who are not registered in the Portal. Providers may grant Portal access to new delegates by completing the required fields and giving the code generated to the individual to then register in the Portal. The new delegate will then have access to the provider's information (claims, reports, eligibility inquiries, or other functionality) via the Portal.

\* Indicates a required field.

Enter the fields below and click Submit to generate the delegate code for the new delegate to register. Note that delegates associated with each location (based on zip code), must be added separately.

\*First Name

\*Last Name

\*Birth Date

\*Last 4 of DLN

---

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

# New!

You can now select role-based functions that a delegate is authorized to access.

Provider Web Portal 5.0

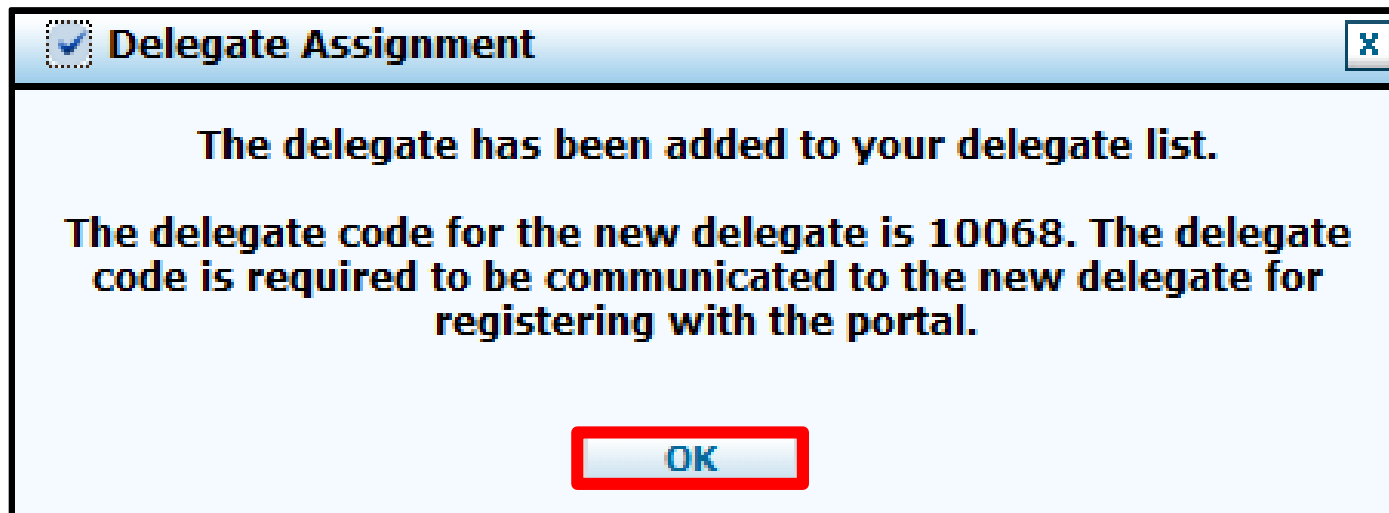
- Choose the Functions you want the delegate to be able to perform.
- Click **Confirm**.



# Delegate Code

## Delegate Assignment

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



The **Delegate Assignment** screen displays with the **Delegate Code** for the new delegate. The delegate must enter this code to register. They should maintain this code in case another provider would like to add him or her as a delegate.

- Click **OK** to return to the Delegate Assignment screen to add another delegate or add a delegate that is already registered.

# Linking to an Existing Delegate

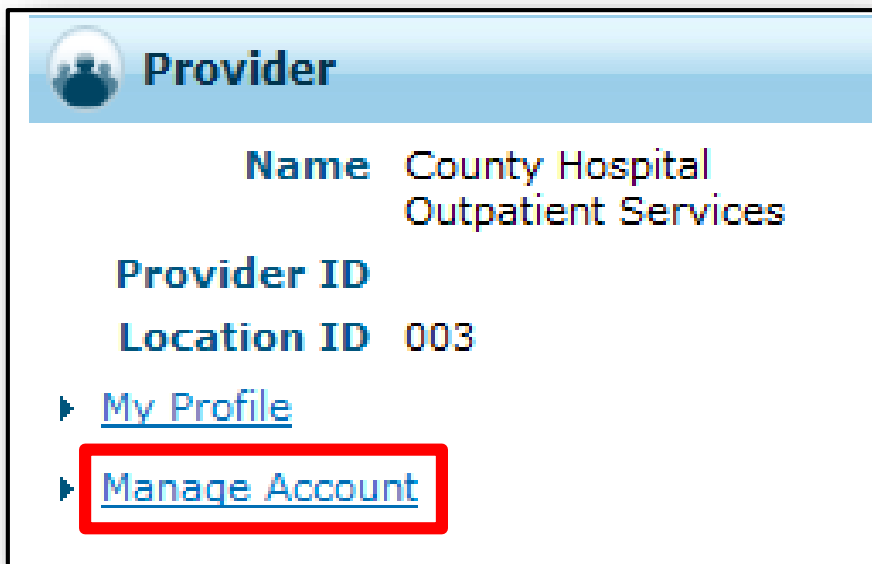
An existing delegate is a person who already has a delegate code, including a code that was created by someone else, and has registered for a Provider Web Portal account as a delegate.



- A provider's office may have more than one provider of services but utilize the same staff to perform administrative duties.
- Each provider will register in EVS and may want to delegate administrative duties to the same staff as the other provider.
- Although each provider registers separately, the delegate only needs to register once. The provider can add a registered delegate to perform administrative duties on their behalf.

# Linking to an Existing Delegate (continued)

## Add Registered Delegate



**Provider**

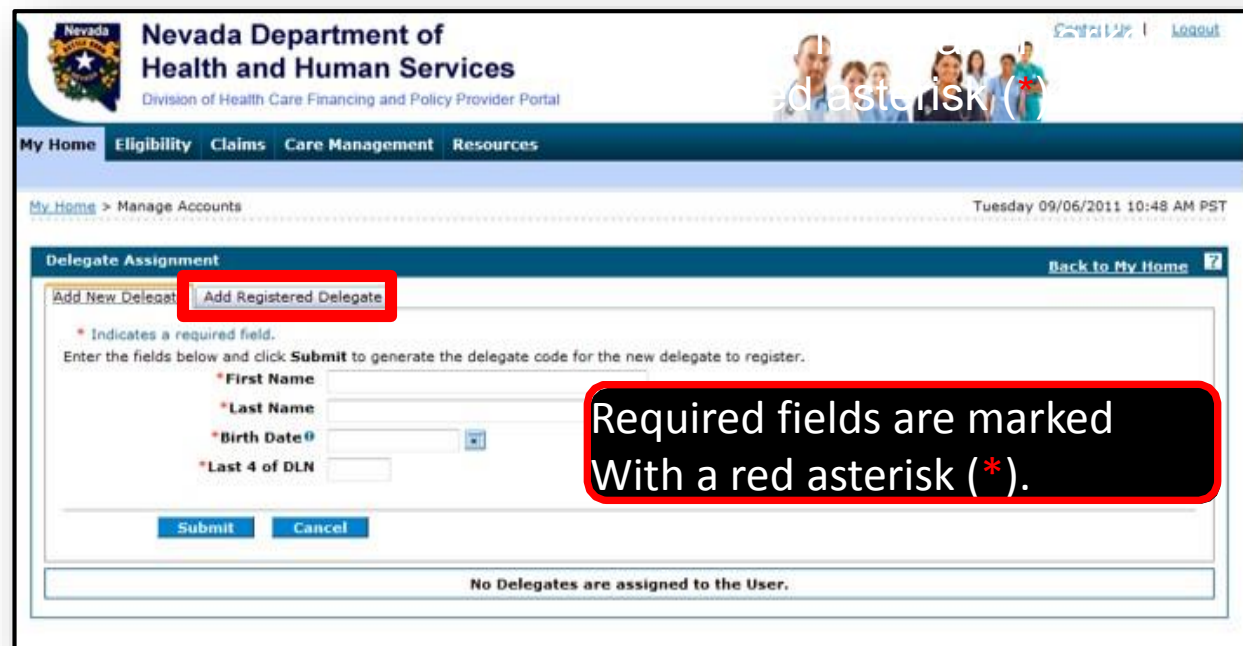
**Name** County Hospital  
Outpatient Services

**Provider ID**

**Location ID** 003

▶ [My Profile](#)

▶ [Manage Account](#)



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

My Home Eligibility Claims Care Management Resources

My Home > Manage Accounts Tuesday 09/06/2011 10:48 AM PST

**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

Submit Cancel

No Delegates are assigned to the User.

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

- On the Home page, click **Manage Account**.

- Click **Add Registered Delegate**.

# Linking to an Existing Delegate (continued)

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

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

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.

\* Indicates a required field.

Enter the Last Name and the Delegate Code to add that delegate to your delegate list then click **Submit** to proceed.

\*Last Name

\*Delegate Code

---

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

**Submit** **Cancel**

---

**Delegates**

Click the Delegate's **name** to change the status of the delegate.

#	Name ▲	Display Name	Birth Date	Last 4 of DLN	Delegate Code	Decision
1	<a href="#">apple, johhny</a>	Apple Delegate	07/07/1990	1234	10257	Active
2	<a href="#">brown, charlie</a>	Charlie Brown	12/02/1972	1234	10086	Active

- Enter the delegate's Last Name.
- Enter the Delegate Code.
- Select the delegate's role-based functions.
- Click **Submit**.

# Linking to an Existing Delegate (continued)

## Make Changes to Delegate Assignments

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

Add Registered Delegate

Click **Confirm** to confirm the request. Click **Cancel** to cancel it.

**First Name** Charlie  
**Last Name** Brown |  
**Birth Date** 12/02/1972  
**Last 4 of DLN** 1234  
**Delegate Code** 100

**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

**Edit** **Confirm** **Cancel**

### Click Edit, Confirm or Cancel

- Click **Cancel** to return to the Delegate Assignment page.
- Click **Edit** to make any changes in the Delegate Assignment page. After making changes, click Submit.
- Click **Confirm** to confirm the delegate information.

# Linking to an Existing Delegate (continued)

## Make Changes to Delegate Assignments

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

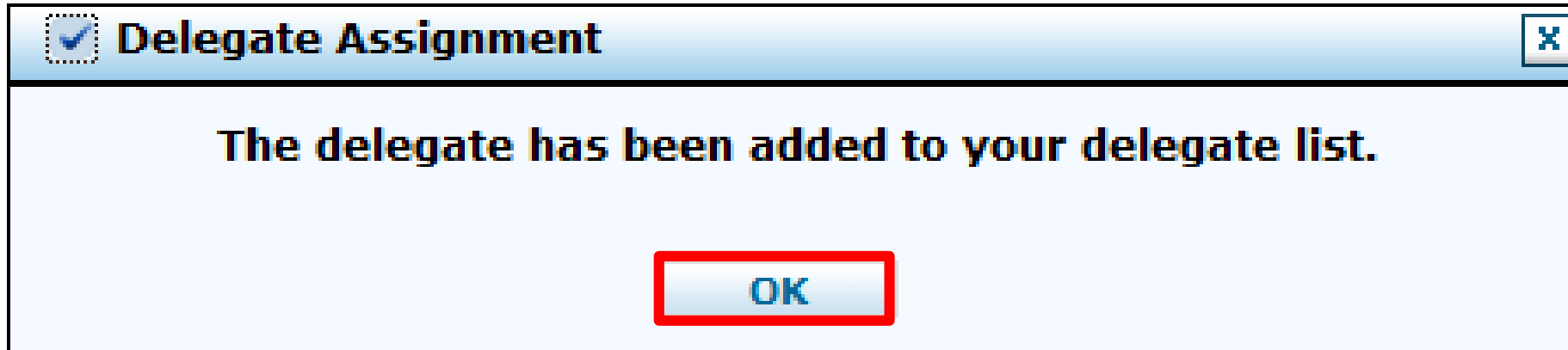
### Edit Delegate

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

## Linking to an Existing Delegate (continued)

### Confirm Delegate Assignment

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



- Click **OK**. The delegate will be added to the Delegate Assignment page.



# **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 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.

# Dental Treatment History

## Search Treatment History

- The Provider Web Portal allows dental providers, or their delegates, the ability to search recipient treatment history online through the secured areas of the Provider Web Portal.
- Log in to the Provider Web Portal and then click **Treatment History** under the Claims tab. Instructions are available in Chapter 9 (Treatment History) of the EVS User Manual.

The screenshot displays the Nevada Department of Health and Human Services Provider Portal. The header includes the department name and logo, with navigation links for 'Contact Us' and 'Logout'. A main navigation bar contains 'My Home', 'Eligibility', 'Claims', 'Care Management', 'File Exchange', 'Resources', and 'Switch Provider'. Below this, a secondary bar shows 'Search Claims', 'Search Payment History', and 'Treatment History'. The current page is 'Claims > Treatment History', dated Wednesday 11/15/2017 03:48 PM EST.

The 'Search Treatment History' form is titled 'Search Treatment History' and has tabs for 'Medical' and 'Dental'. It includes a legend: '\* Indicates a required field.' and a detailed explanation: 'The search feature retrieves PAID claim records for a particular recipient ID for the timeframe submitted. The date of service is based on the time period before the current date, or lifetime. There could be claims in progress that would change the results of this search. Only service codes with limitations will return results. This is also not a guarantee of payment.' Below this, instructions state: 'Enter the recipient ID, date of service, procedure code, tooth number and optional tooth surface, then click **Search**. Click **Reset** to clear all fields.'

The form is divided into sections: 'Recipient Information' with a required 'Recipient ID' text input field; a confirmation statement: '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.'; and an 'I accept' checkbox for the Terms of Agreement. The 'Service Information' section includes: 'Procedure Code' (text input), 'Date of Service' (dropdown menu set to 'Past 1 Year'), 'Tooth Number' (dropdown menu set to 'Any Tooth'), and 'Tooth Surface' (dropdown menu set to 'Any Surface'). At the bottom are 'Search' and 'Reset' buttons.



**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 and 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 in the 30 days, the PA request will be automatically cancelled.

# Create Authorization



- Log in to the Provider Web Portal.
- Click **My Home**.
- Under the Care Management tab, click **Create Authorization**.

# Create Authorization

## One Page Process for Prior Authorization Requests

**Create Authorization** ?

\* Indicates a required field.

Medical  **Dental**

\*Process Type  [Expand All](#) | [Collapse All](#)

**Requesting Provider Information** -

<b>Provider ID</b> 140	<b>ID Type</b> NPI	<b>Name</b> DENTAL GROUP LLC
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**Recipient Information** -

\*Recipient ID

**Last Name** **First Name**

**Birth Date** **Initial X-Ray/Photo Date**

- Select Dental.

# Create Authorization (continued)

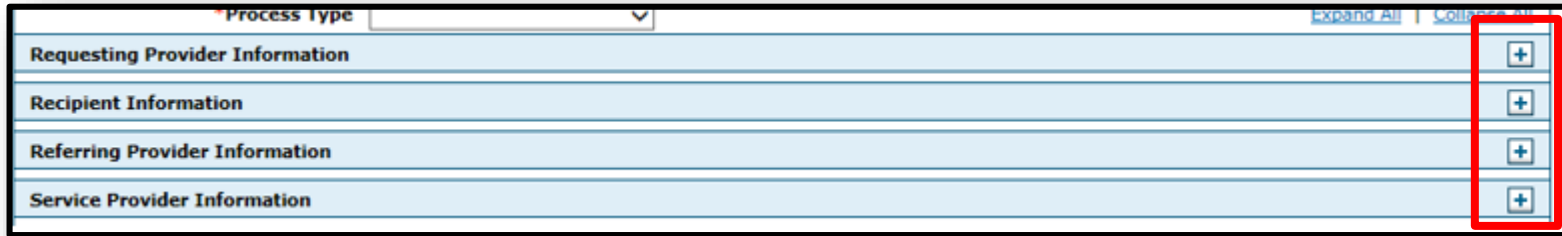
## One Page Process for Prior Authorization Requests

**Process Types:** Select one of the options from the drop-down list.

The screenshot shows a web form titled "Create Authorization". At the top, there is a legend: "\* Indicates a required field." Below this, there are two radio buttons: "Medical" (unselected) and "Dental" (selected). To the right of the radio buttons are links for "Expand All" and "Collapse All". Below the radio buttons is a section titled "Requesting Provider Information". This section contains a dropdown menu for "Process Type" which is currently open, showing four options: "Dental", "Dental Orthodontia", "Retro Dental", and "Retro Dental Orthodontia". The "Dental" option is highlighted. Below the dropdown menu, there are labels for "Provider ID" and "ID Type NPI".

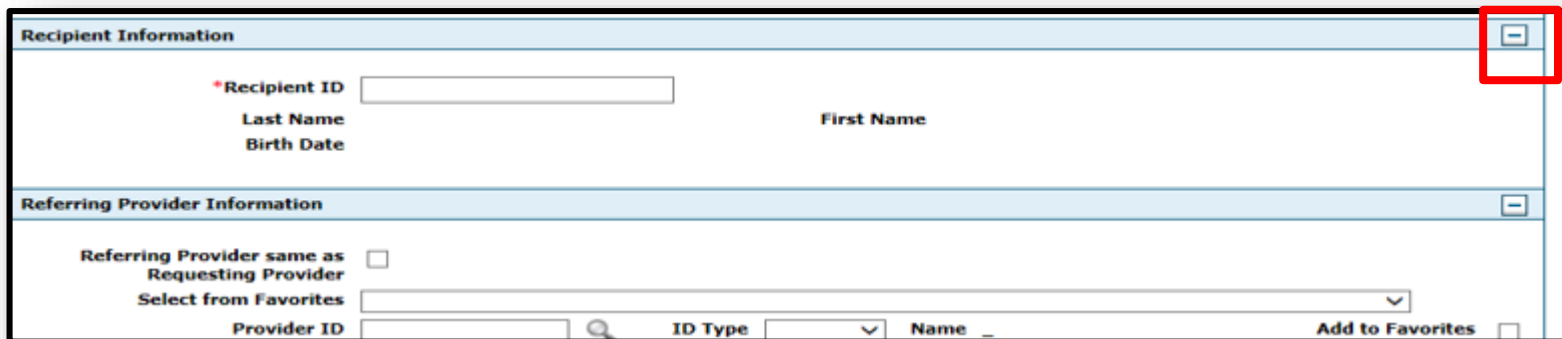
Required fields are marked with a red asterisk (\*).

# Create Authorization Dental Panels



The screenshot shows the 'Create Authorization' screen with a 'Process Type' dropdown menu at the top. Below it are four panels, each with a '+' button on the right side, indicating they are expanded. The panels are: Requesting Provider Information, Recipient Information, Referring Provider Information, and Service Provider Information. A red box highlights the '+' buttons on the right side of the panels.

When the Create Authorization screen is first displayed, all of the panels are expanded.



The screenshot shows the 'Recipient Information' panel, which is collapsed. The panel title is 'Recipient Information'. Below the title are fields for '\*Recipient ID', 'Last Name', 'First Name', and 'Birth Date'. Below the panel is the 'Referring Provider Information' panel, which is also collapsed. A '-' button is visible on the right side of the 'Recipient Information' panel, highlighted with a red box.

## Expand

Click the (+) button on the right-hand side of the panel to expand that panel.

## Collapse

Click the (–) button on the right-hand side of the panel to collapse that panel.



# Create Authorization Dental Requesting 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  Initial X-Ray/Photo Date

Indicate which of the patient's teeth are missing by checking the check box for the corresponding tooth number.

Permanent

Tooth #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Missing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Missing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tooth #	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Primary

Tooth #	J	I	H	G	F	E	D	C	B	A
Missing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Missing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tooth #	K	L	M	N	O	P	Q	R	S	T

**Rendering Provider Information**

Rendering Provider same as Requesting Provider

Select from Favorites

Provider ID  ID Type  Name  Add to Favorites

\*Place of Service

## Requesting Provider Information

Requesting provider information is automatically populated.

# Create Authorization Dental Recipient Information

## Recipient Information

- Enter the Recipient ID.
- Enter the Initial X-ray/Photo date.
- Enter any teeth that are missing (if applicable).

Recipient Information

\*Recipient ID

Last Name  First Name

Birth Date

Initial X-Ray/Photo Date

Indicate which of the patient's teeth are missing by checking the check box for the corresponding tooth number.

Permanent

Tooth #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Missing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Missing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tooth #	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Primary

Tooth #	J	I	H	G	F	E	D	C	B	A
Missing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Missing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tooth #	K	L	M	N	O	P	Q	R	S	T



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


# Create Authorization Dental (continued)

## Rendering Provider Information

Rendering Provider Information

Rendering Provider same as Requesting Provider

Select from Favorites

Provider ID   ID Type  Name

\*Place of Service

Add to Favorites  List Is Full

- Check the Rendering 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.
- Check the Add to Favorites to add the entered provider to the favorite providers list.
- Select the service location from the Place of Service drop-down list (optional).

# Create Authorization — 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	

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

- The first diagnosis code entered is considered to be the principal or primary diagnosis code.
- The Portal allows for up to nine diagnosis codes.
- Click **Add** to add each diagnosis code.



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

# Create Authorization Dental 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	Tooth Number	Units	Action	
+	1	06/01/2017	06/01/2017	D1110-Dental prophylaxis adult		08-Central incisor	1	<a href="#">Copy</a>   <a href="#">Remove</a>

Click to collapse.

\*From Date  To Date  \*Code Type  \*Code

Modifiers

\*Units

Tooth Number  Tooth Surface

Oral Cavity Area

Requested Dollars

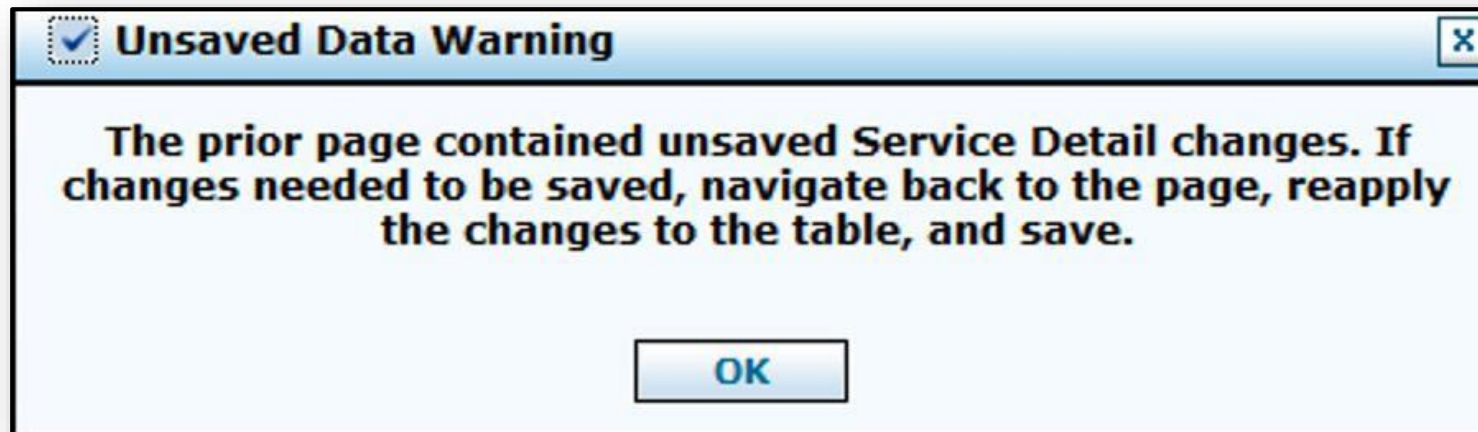
\*Medical Justification

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

- Enter the service information for which the PA is being requested.
- A maximum of 27 service details may be requested per PA request.

## Service Details — Unsaved Data Warning

Clicking **Add** before clicking **Submit** when a new or resubmitted PA request with at least one service line has been entered and there is another service line added but not saved, will result in the following error message being displayed:





# 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 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)	<a href="#">Remove</a>

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.



# Attachment Requirements (continued)

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

**Attachments**

To include an attachment electronically with the prior authorization request, browse and select the attachment, select an Attachment Type, and select an appropriate Transmission Method. 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.

Attachment Type	Transmission Method
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	

Click to collapse.

**\*Transmission Method**

**\*Attachment Type**

**Add**

Current Procedural Terminology  
American Dental Association (ADA)

and data are copyrighted by the  
liability for data contained or not c

# File Upload

## Maximum File Sizes for Prior Authorizations and X-Rays



**Note: A PA request will not be reviewed until the attachments are received.**

### Digital X-Rays

The combined size of all attachments added to a PA request cannot exceed 4 MB.

Once this limit has been reached, you cannot add any additional attachments to your PA request, and the following message will display: Total file size cannot be more than 4,194,304 bytes after compression.

### Film X-Rays

If you do not use digital X-rays, you may submit the X-rays via mail.

You must reference the original PA tracking number on your documents to ensure the documents will match up with the correct request.

**Note: The PA request will not be reviewed until the attachments are received.**

# 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.
- Repeat for additional attachments if needed. (*Note:* The combined size of all attachments cannot exceed 4 MB.)
- Once attachments are added, a control number will be visible.
- 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

### File Upload Naming Convention Examples

Form Name	
Correct	Incorrect
<b>FA-24B</b>	
FA-26_PMacct1015.doc	MPAact1015.doc



- 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.



# Submitting Attachments

- 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 request.

## Submitting Attachments (continued)

- If the PA request 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.
- 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 PA 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
<input type="checkbox"/> Click to collapse.		
*Transmission Method	<input type="text" value="EL-Electronic Only"/>	
*Upload File	<input type="text" value="Browse..."/>	
*Attachment Type	<input type="text"/>	

Once all of the required information, service detail lines, and attachment information have been added, click **Submit** to go to the Confirm Authorization page.

# Finalizing a Prior Authorization

**Confirm Authorization** ?

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

**Requesting Provider Information** +

**Member Information and Authorization Type** +

**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	Control #	Attachment Type
EL-Electronic Only	FA-29A.pdf (36K)	9999	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](#)

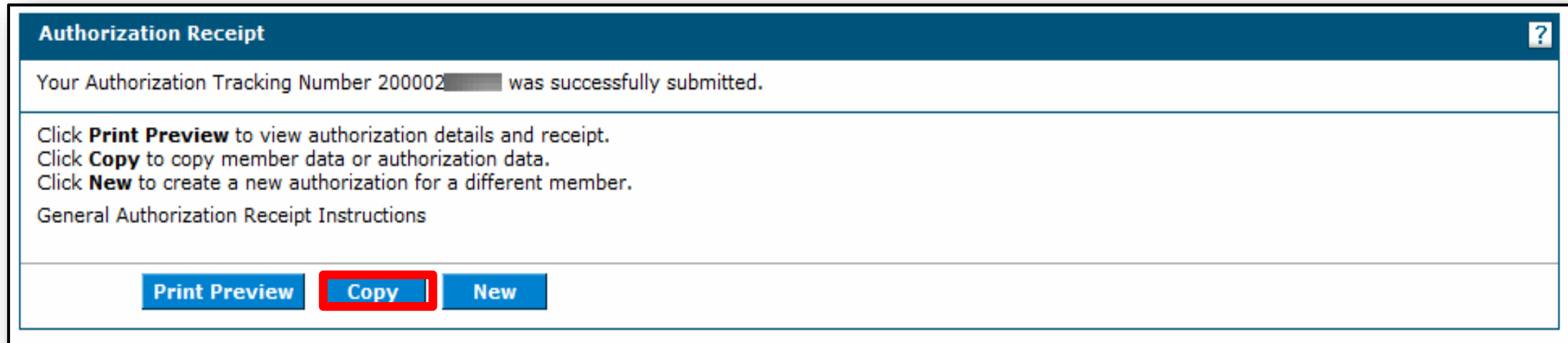
- An authorization tracking number (ATN) receipt is generated upon successfully submitting the PA request.
- Click **Print Preview** to view the PA details and receipt.
- Click **Copy** to copy member data or authorization data.
- Click **New** to create a new PA request for a different recipient.



# 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 contains a success message: "Your Authorization Tracking Number 200002 [redacted] was successfully submitted." Below this message 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." At the bottom of the screen, there are three buttons: "Print Preview", "Copy", and "New". The "Copy" button is highlighted with a red border.

# Copying an Authorization (continued)

## Member

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

**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**

# Copying an Authorization (continued)

## Authorization Data

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

**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**

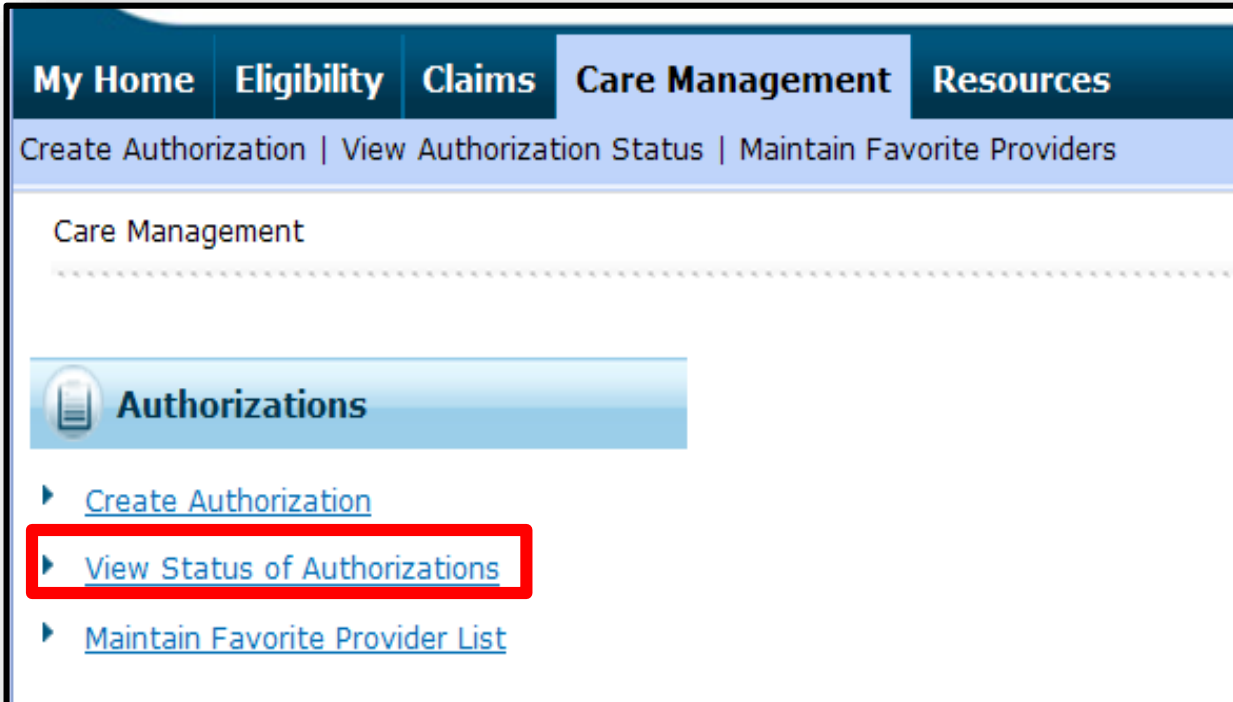


All of the authorization data is copied with the exception of the recipient data and the Attachments section.



# Viewing Authorizations

# Viewing Authorizations



The screenshot displays 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 the active tab), and **Resources**. Below the navigation bar, there is a light blue sub-header with the text: **Create Authorization | View Authorization Status | Maintain Favorite Providers**. The main content area is titled **Care Management** and features a dashed horizontal line. Below this, there is a blue button labeled **Authorizations** with a document icon. Underneath the button, there is a list of three links, each preceded by a right-pointing triangle: [Create Authorization](#), [View Status of Authorizations](#) (which is highlighted with a red rectangular box), 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.

<b>Prospective Authorizations</b>						
<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>
<b>3117</b>	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 ATN. It will be blue in color and underlined.



# 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 Output 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 you have submitted a PA request via the Provider Web Portal, you may need to submit additional information such as:

- Requests for additional services
- Attachments that were not submitted with the original PA submission



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.

Print Preview

View Authorization Response for Back to View Authorization Status ?

Authorization Tracking # 3517134 Process Type DME

[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	<a href="#">Hide</a>	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)

- 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.



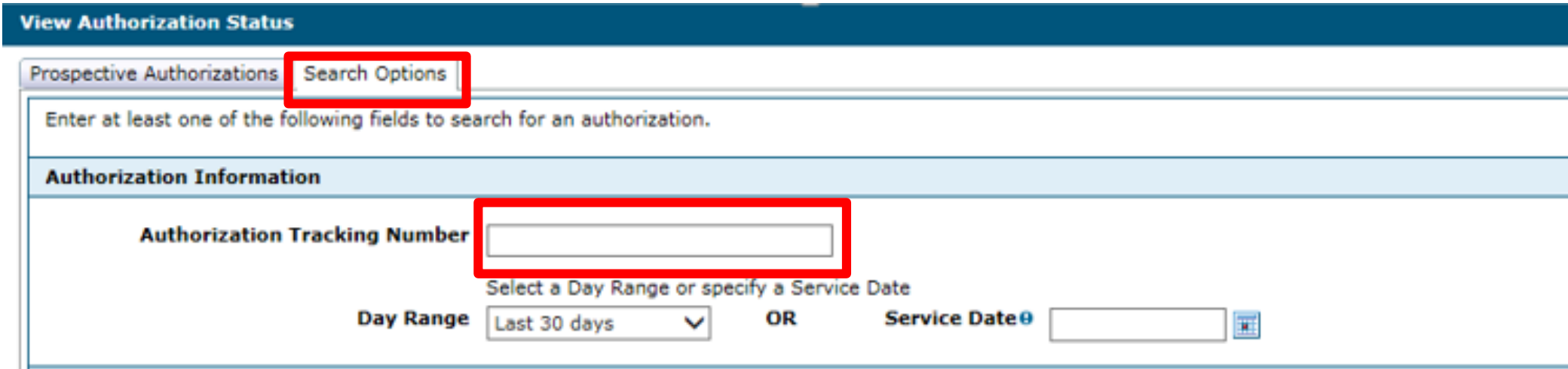
PA requests with a status of Not Certified or Cancel cannot be resubmitted. The Edit button will not appear on the View Authorization Response page.



**Searching Authorization Status**



# Searching Authorization Status



The screenshot shows the 'View Authorization Status' page. At the top, there is a blue header with the text 'View Authorization Status'. Below the header, there are two tabs: 'Prospective Authorizations' and 'Search Options'. The 'Search Options' tab is highlighted with a red box. Below the tabs, there is a text box with the instruction: 'Enter at least one of the following fields to search for an authorization.' Below this, there is a section titled 'Authorization Information'. Under this section, there is a label 'Authorization Tracking Number' followed by an empty text input field, which is also highlighted with a red box. Below the input field, there is a prompt: 'Select a Day Range or specify a Service Date'. There are two options: 'Day Range' with a dropdown menu showing 'Last 30 days' and a downward arrow, and 'Service Date' with an empty text input field and a calendar icon. The word 'OR' is placed between the two options.

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**

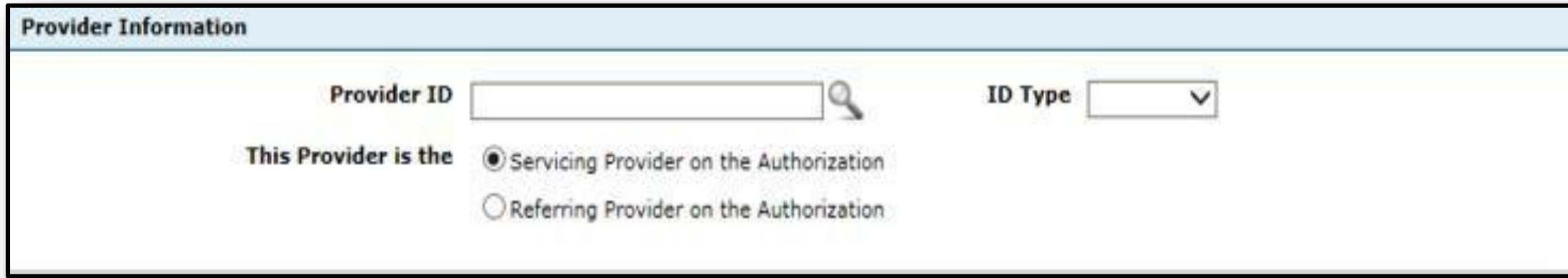
Member information is not mandatory. You can either enter the Member ID; or the Last Name, First Name, and Birth Date.

Recipient ID	<input type="text"/>	Birth Date	<input type="text"/>
Last Name	<input type="text"/>	First Name	<input type="text"/>

## 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)



The screenshot shows a web form titled "Provider Information". It contains the following fields and options:

- Provider ID:** A text input field with a magnifying glass icon to its right.
- ID Type:** A drop-down menu with a downward arrow.
- This Provider is the:** A label followed by two radio button options:
  - Servicing Provider on the Authorization
  - Referring 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.



**Forms**



# Attach the appropriate FA Form(s) for the Authorization Type Being Requested

- Refer to [www.medicaid.nv.gov/providers/forms/forms.aspx](http://www.medicaid.nv.gov/providers/forms/forms.aspx) for the forms options.
- Verify that all fields are completed on the appropriate form(s) for the requested service.
- Type information into the form. Illegible forms will not be processed.
- The explanation of the reason that a request is being made and any special circumstances should be explicit and concise.
- All information including start dates and procedure codes must be consistent with information entered on the Provider Web Portal — Prior Authorization Request. If information is not consistent, it will cause delays.



# Upload Forms

## Steps to Upload Forms

- Select the File Exchange.
- From the File Type drop-down list, select the form to be uploaded. (*Note: Prior Authorization forms will require additional input of the appropriate ATN and recipient ID.*)
- Enter the ATN for the PA request.
- Enter the Recipient ID associated with the ATN.

## Upload Forms (continued)

- Upload File — Click **Browse** to initiate a browser window from which you can select the file you want to upload.
- Choose a file that you want to upload from the appropriate location and click **Open**. The file name and location appears on the upload file section. (*Note: Clicking the **Cancel** button or selecting the **X** icon on the browser window closes the browser window without selecting any files to upload.*)
- Click **Upload**.
- If applicable, an error message will appear either saying that there is a recipient or tracking number mismatch or there was a problem processing your last request.

# Client Treatment History Form (FA-26)

## Reminders:

- Please use the current form FA-26 posted on the Providers Forms webpage at [www.medicaid.nv.gov](http://www.medicaid.nv.gov)
- Form FA-26 must be completed in its entirety
- Provide the reason for the referral
- Include the treating dentist's telephone number





# Orthodontic Medical Necessity (OMN) Form (FA-25)

## Reminders:

- Enter the provider's name and NPI
- Enter the recipient's full name and ID
- Score the applicable condition
- Date and sign the form

# ADA Dental Claim Form

## Required:

- **Field 1** — Required Type of transaction — Check statement of actual services. Also check EPSDT/Title XIX if this claim is for a recipient under age 21. (*Note: Retrospective authorization is not available for non-emergency dental services. In the case of an emergency, a retrospective request may be submitted the next business day after service is rendered.*)
- **Field 12** — Subscriber/Policyholder name (Last, First, Middle Initial, Suffix), Address, City, State, and ZIP Code — Enter the recipient's full name and address.
- **Field 15** — Policyholder/Subscriber identifier (ID#) — Enter the recipient's 11-digit recipient ID as it appears on their Medicaid card.



# ADA Dental Claim Form

## Reminders:

- Recipients age 21 and older may receive medically necessary dentures, emergency extractions, and palliative care only.
- Recipients under age 21 may receive a larger range of dental services including orthodontia, certain restorative services, and routine maintenance to promote dental health.
- Pregnant recipients may receive some periodontal services (see the coverage, limitations, and PA requirements for the Nevada Medicaid and Nevada Check Up Dental Program), diagnostic restorative, and preventative care. Services for recipients who are pregnant require PA.

# ADA Dental Claim Form

## Price Breakdown Orthodontia Requests

### Reminder

RECORD OF SERVICES PROVIDED																					
24. Procedure Date (MM/DD/CCYY)		25. Area of Oral Cavity		26. Tooth System		27. Tooth Number(s) or Letter(s)		28. Tooth Surface		29. Procedure Code		29a. Diag. Pointer		29b. Qty.		30. Description		31. Fee			
1																					
2																					
3																					
4																					
5																					
6																					
7																					
8																					
9																					
10																					
33. Missing Teeth Information (Place an "X" on each missing tooth)										34. Diagnosis Code List Qualifier (ICD-9 = B; ICD-10 = AB)				31a. Other Fee(s)							
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	34a. Diagnosis Code(s)		A	C		
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17	(Primary diagnosis in 'A')		B	D	32. Total Fee	<b>Total Fee</b>

Enter the price breakdown in the Description column as described in this example:

- Banding, followed by your usual and customary charge for banding.
- Periodic Adjustment, the number of months in the treatment, x (multiplied by), your usual and customary charge per visit.
- Retention, followed by your total charge for retainers.



# Resources

## Additional Resources

- For Forms: [www.medicaid.nv.gov/providers/forms/forms.aspx](http://www.medicaid.nv.gov/providers/forms/forms.aspx)
- For EVS General Information: [www.medicaid.nv.gov/providers/evsusermanual.aspx](http://www.medicaid.nv.gov/providers/evsusermanual.aspx)
- For Secure EVS Provider Web Portal:  
[www.medicaid.nv.gov/hcp/provider/Home/tabid/135/Default.aspx](http://www.medicaid.nv.gov/hcp/provider/Home/tabid/135/Default.aspx)
- Billing Manual and Guides: [www.medicaid.nv.gov/providers/BillingInfo.aspx](http://www.medicaid.nv.gov/providers/BillingInfo.aspx)

## DHCFP Contact Information

- Division of Health Care Financing and Policy: <http://dhcfp.nv.gov/>
- Medicaid Services Manuals, MSM Chapters:  
<http://dhcfp.nv.gov/Resources/AdminSupport/Manuals/MSM/MSMHome/>




**Contact Us**



# Contact Us — Nevada Medicaid Customer Service



**Customer Service Center**  
Telephone: 877-638-3472



**Provider Web Portal**  
Technical Assistance  
877-638-3472  
Web Portal Option 6





# Contact Us — Nevada Medicaid Prior Authorization



**Prior Authorization Telephone**  
800-525-2395



**Dental Fax**  
855-709-6848

# Contact Us — Nevada Medicaid Provider Training — Field Service Representatives

Contact the Provider  
Training Unit  
[Team Territories](#)

Upcoming Training Events  
[2017 Provider Training  
Registration Website](#)

Provider Services Email  
[NevadaProviderTraining@dxc.com](mailto:NevadaProviderTraining@dxc.com)



Onsite  
training



Virtual  
instructor-led



Self-paced  
Web-based course



**Thank You**