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
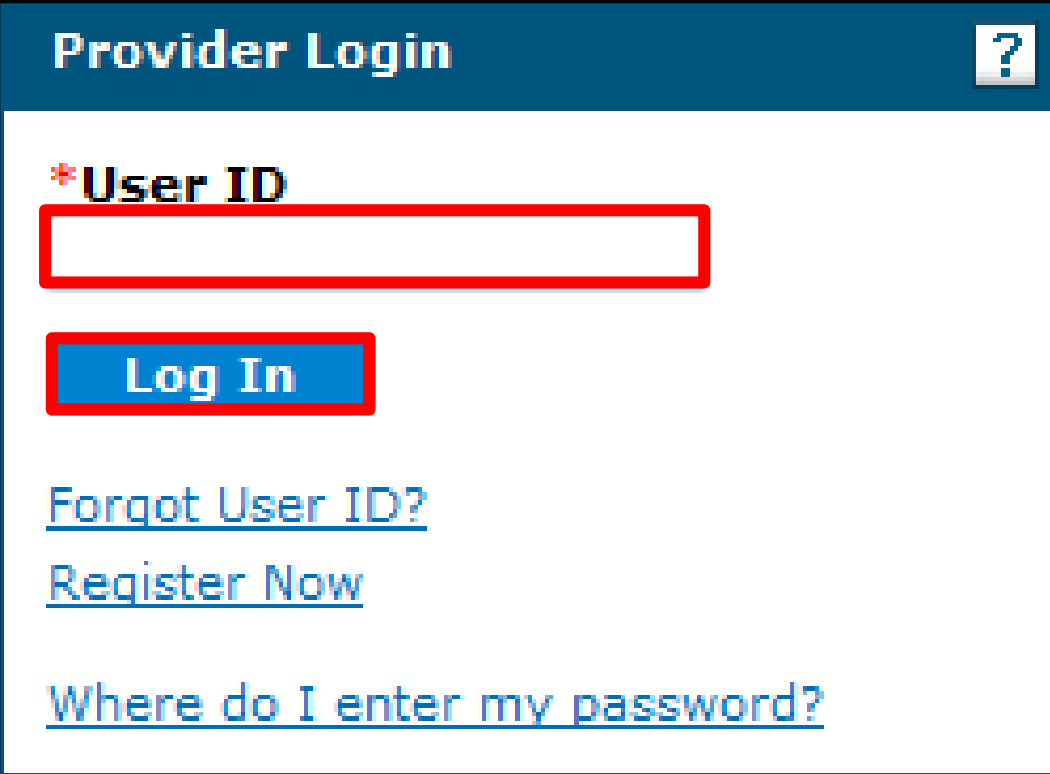
Provider Web Portal
www.medicaid.nv.gov

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

Provider Login ?

*User ID

Log In

Forgot User ID?

Register Now

Where do I enter my password?

- Enter your User ID.
- Click **Log In**.

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Logging in to the Provider Web Portal (continued)

- 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 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.**

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Welcome Screen

Verify all provider information on left margin of screen.

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

Provider Services information

Links to contacts via telephone and secure email.

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Navigation Bar

The navigation bar contains six different tabs that allow you to move throughout the Provider Web Portal.
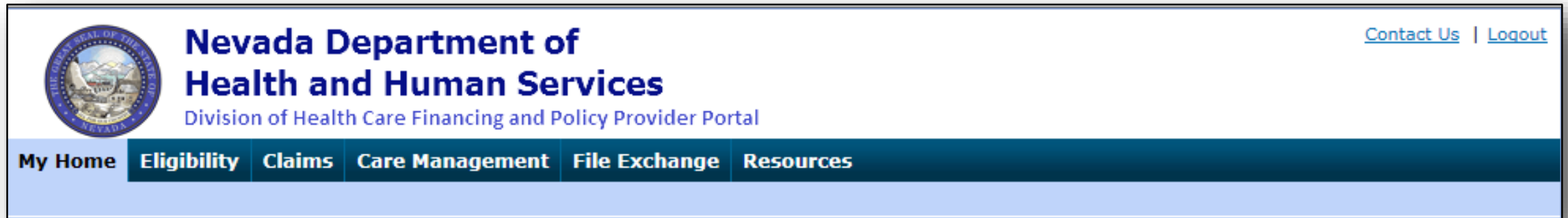
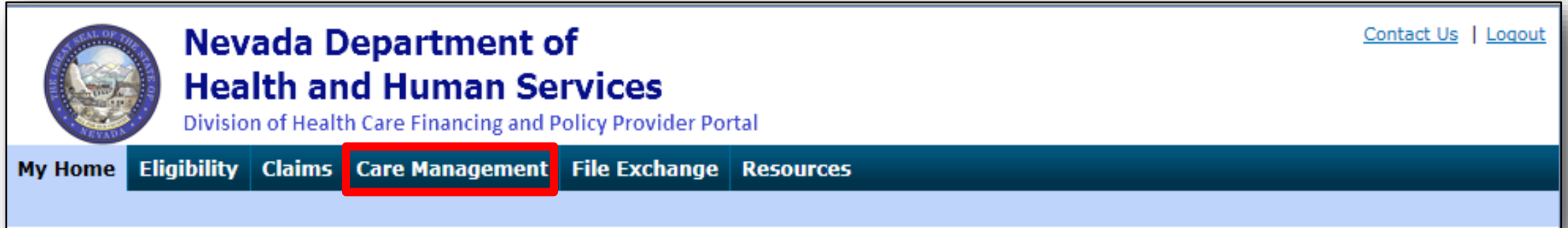| My Home	Eligibility	Claims	Care Management	File Exchange	Resources
Confirm provider information and contact information and check messages.	Search recipient eligibility information.	Search claims and payment history.	Create authorizations, view authorization status, and maintain favorite providers.	Upload forms online.	Download forms and documents.

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Care Management Tab

Create Authorization
– Create authorizations for eligible recipients.

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

Maintain Favorite Providers
– Create a list of frequently used providers.
– Select the facility or servicing provider from the providers on the list when you are creating an authorization.
– Maintain a favorites list of up to 20 providers.

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.

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 (*).

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Delegate Assignment

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**.

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Delegate Assignment (continued)

New!

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 ❶   [_____] ⊞
*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

[Submit] [Cancel]

You can now select role-based functions that a delegate is authorized to access.
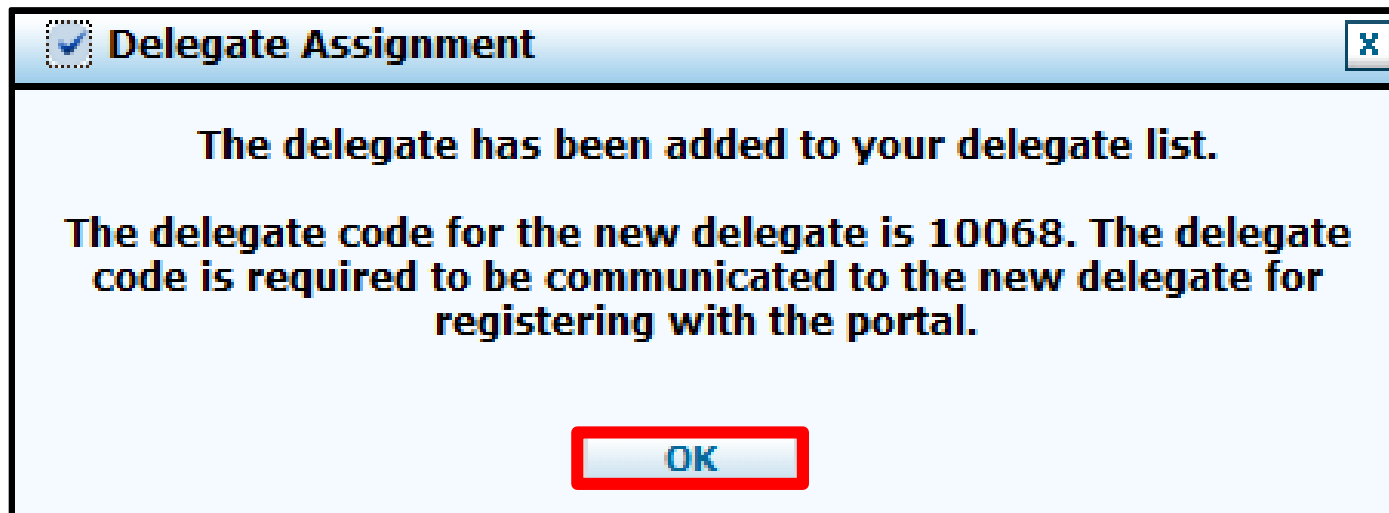
Provider Web Portal 5.0

– 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.

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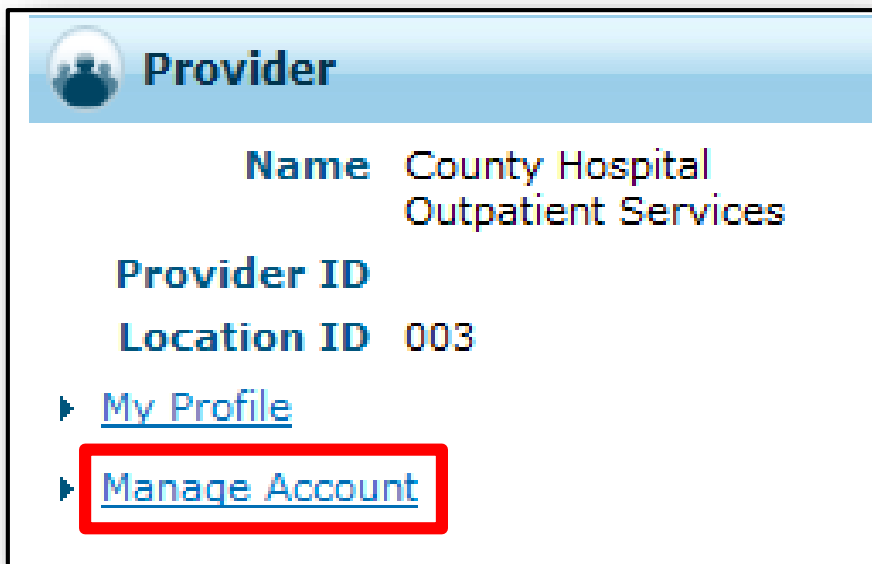
Linking to an Existing Delegate

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.

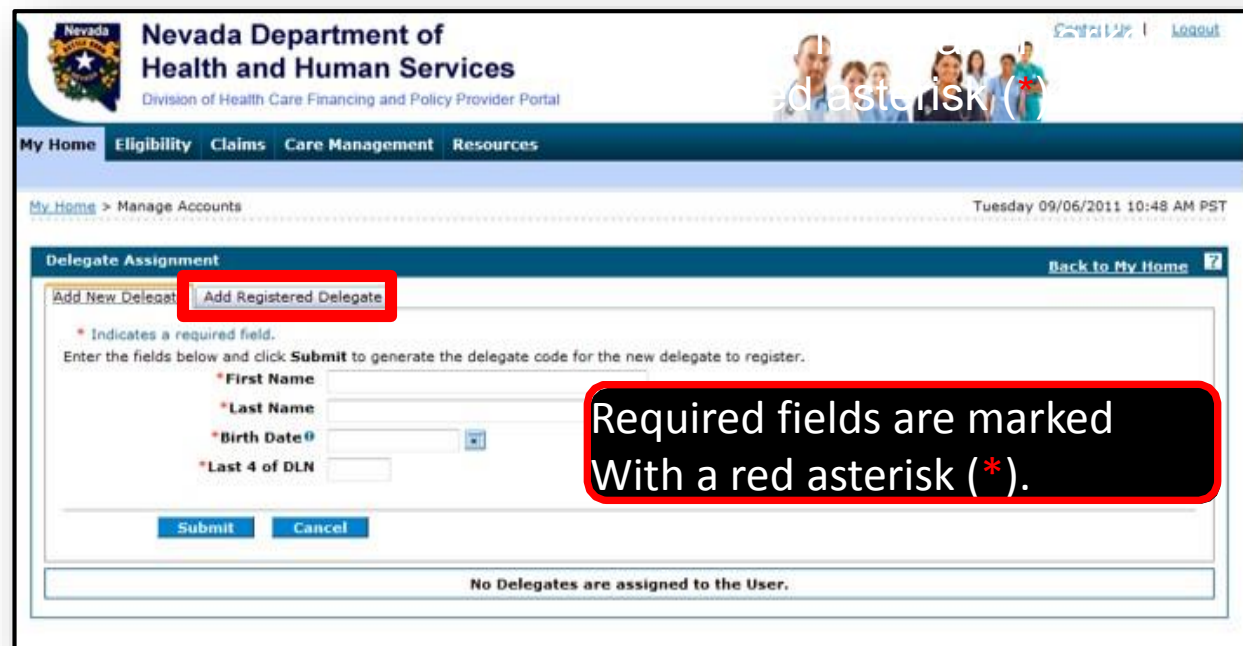# Linking to an Existing Delegate (continued)
Add Registered Delegate

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)

- 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

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

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.

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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.

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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.

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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.

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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

– Select Dental.

Create Authorization (continued)
One Page Process for Prior Authorization Requests
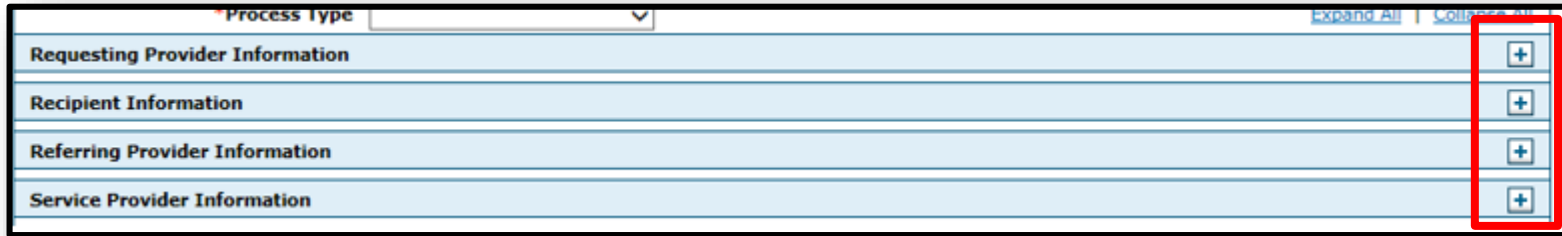
Process Types: Select one of the options from the drop-down list.

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

Create Authorization
Dental Panels

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

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

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).

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

- – 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

- 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

- – 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:
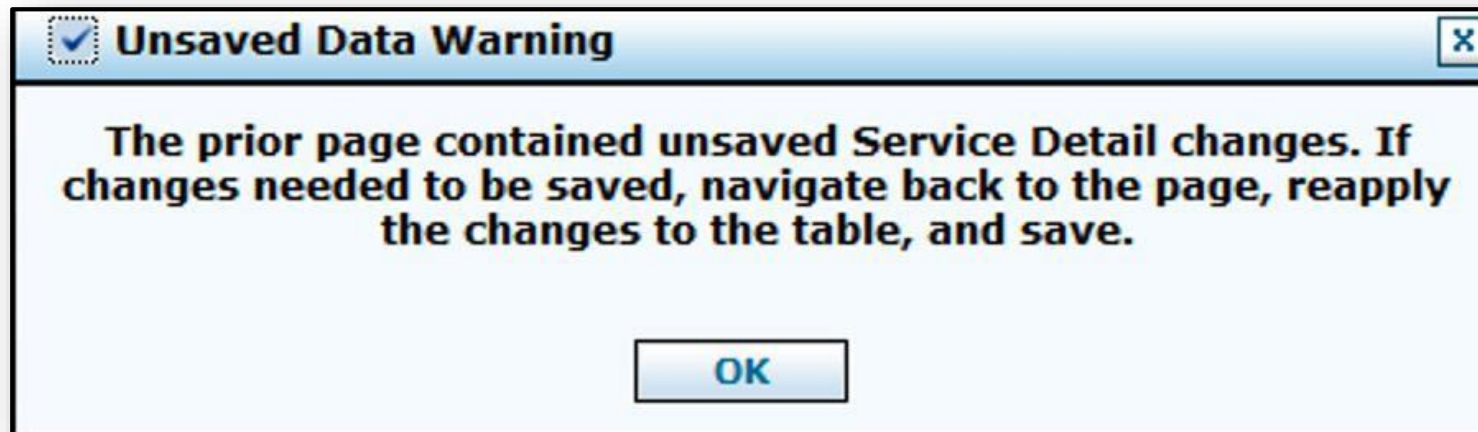
Attachments
Upload File

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
+	EL-Electronic Only	FA-1.pdf (1018K)		Remove

□ Click to collapse.

*Transmission Method [EL-Electronic Only ∨]
*Upload File [   ] Browse...
*Attachment Type [∨]

Add   Cancel

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.

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**
FA-24B	
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

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

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

Authorization Successfully Submitted

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

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.

Copying an Authorization (continued)
Member

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

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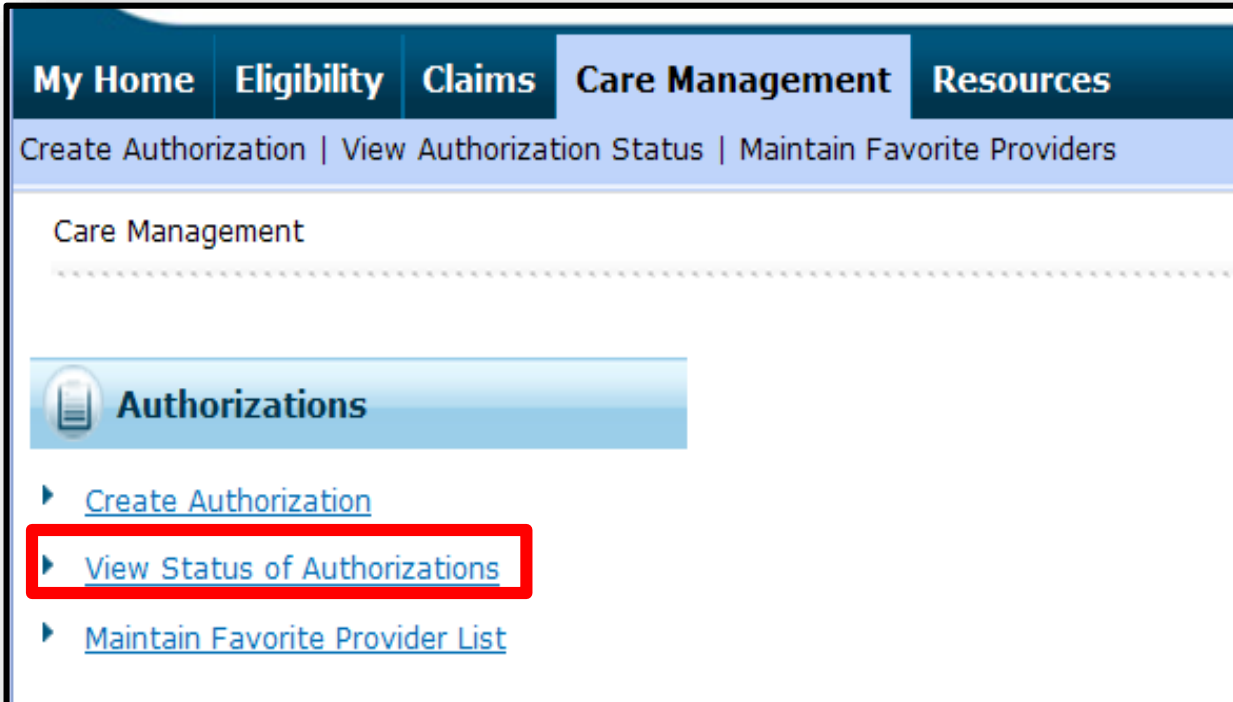
All of the authorization data is copied with the exception of the recipient data and the Attachments section.

Viewing Authorizations

Viewing Authorizations

- – Select the Care Management tab.
- – Click **View Status of Authorizations**.

Viewing Authorizations (continued)

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

Viewing Authorizations (continued)

- 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.

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Viewing Authorizations (continued)

- Under the Decision/Date field:
  - Certified in Total — The PA request was approved for exactly as requested.
  - Not Certified — The PA was not approved.
- Under the Reason field:
  - Disposition pending review — The PA request is still in process, which appears when the PA request is in "Pended" status.
- Always check the details of your PA request by expanding all fields and reviewing the information.

Viewing Authorizations (continued)

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		View	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 PA 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.

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.

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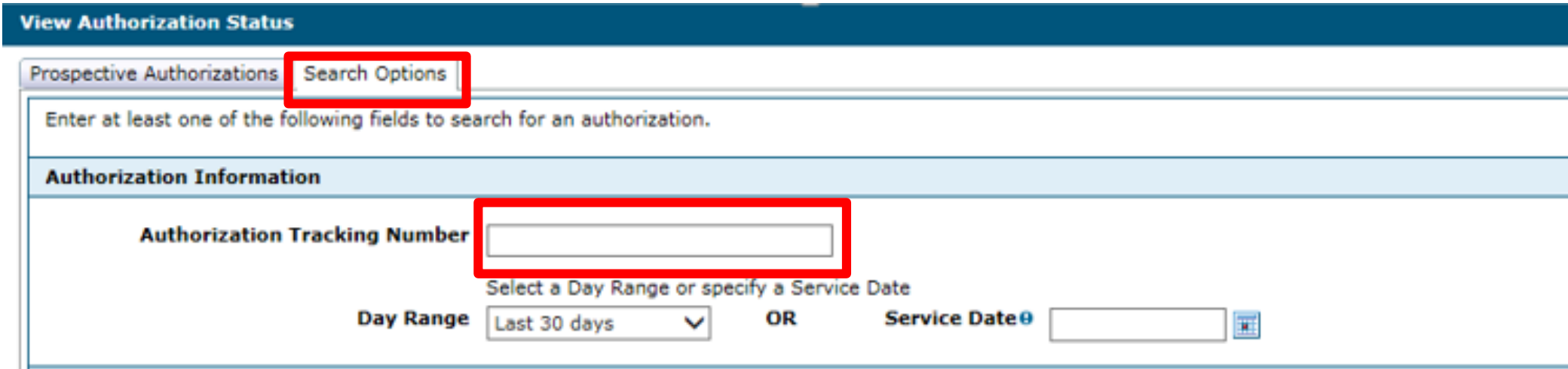
PA requests with a status of Not Certified or Cancel cannot be resubmitted. The Edit button will not appear on the View Authorization Response page.

Searching Authorization Status

Searching Authorization Status

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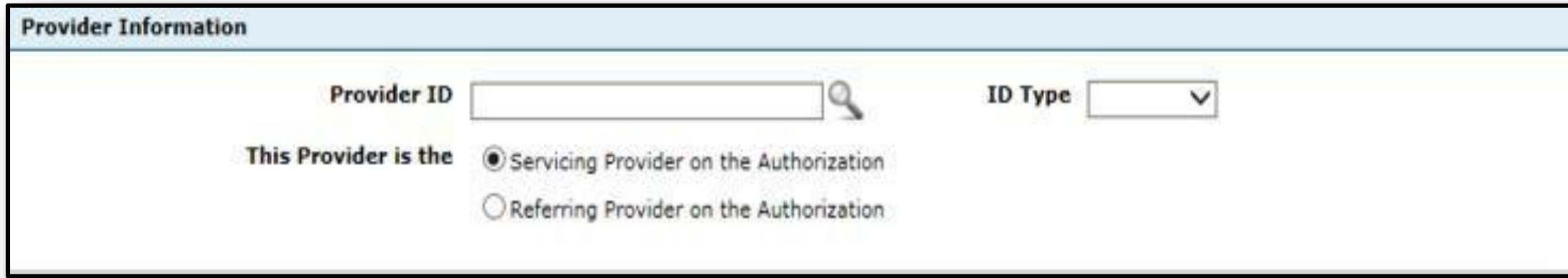
Member information is not mandatory. You can either enter the Member ID; or the Last Name, First Name, and Birth Date.

Recipient ID

Birth Date

Last Name

First Name

Recipient Information
– Enter the recipient's information.
– Enter only the recipient's ID number **or** the recipient's Last name, First name, and Date of Birth.

Searching Authorization Status (continued)

Provider Information

– 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 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

– Form FA-26 must be completed in its entirety

– Provide the reason for the referral

– Include the treating dentist's telephone number

Nevada Medicaid Dental and Orthodontia Provider Training

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

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

– For EVS General Information: www.medicaid.nv.gov/providers/evsusermanual.aspx

– For Secure EVS Provider Web Portal:
www.medicaid.nv.gov/hcp/provider/Home/tabid/135/Default.aspx

– Billing Manual and Guides: 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

Nevada Medicaid Dental and Orthodontia Provider Training

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](#)

Onsite
training

Virtual
instructor-led

Self-paced
Web-based course

Nevada Medicaid Dental and Orthodontia Provider Training

Thank You