

# Dental and Orthodontia

Provider Web Portal Training



Nevada Medicaid Provider Training

**2019**



**Objectives**



# Objectives

- Locate Medicaid Policy
- Locate and utilize the Authorization Criteria Function
- Properly submit a Prior Authorization via the Electronic Verification System (EVS) on the Provider Web Portal (PWP)
- Access the Search Fee Schedule and DHCFP Rates Unit
- Locate Billing Information
- Submit Claims using Direct Data Entry (DDE) via the EVS Secure Provider Web Portal



**Medicaid Website**

# Medicaid Website

## www.medicaid.nv.gov

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

Contact Us [Twitter](#) [Facebook](#) [DHCFP Home](#)

Search

Providers EVS Pharmacy Prior Authorization Claims Quick Links Calendar

**Announcements Latest News**

[Web Announcement 1834](#)  
Modernization: Attention All Providers: New MMIS is Now Live!

[Web Announcement 1833](#)  
Modernization Known System Issue: Date of Decision for Recipient Eligibility Not Currently Available

[Web Announcement 1832](#)  
Modernization: Prior Authorization and Claims Webinars in February

[Web Announcement 1831](#)  
Modernization: Attention Out-of-State Providers: Use the Online Provider Enrollment Tool to Enroll in Nevada Medicaid

[Web Announcement 1830](#)  
Modernization: Attention All Providers: New MMIS is Going Live!

[View All Web Announcements](#)

**Featured Links**

- Authorization Criteria
- DHCFP Home
- EDI Information
- EVS User Manual
- Modernization Project
- Online Provider Enrollment
- Provider Login (EVS)
- Prior Authorization
- Search Fee Schedule
- Search Providers
- Claims
- Trading Partner

**Welcome**

**New, Modernized Medicaid Management Information System**

- Will Improve Electronic Claims Submission
- Will Enhance Electronic Options
- Will Implement in Early 2019

Nevada Medicaid

CLICK HERE FOR MORE DETAILS

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

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

**Notifications**

Claim adjustment and void transactions are temporarily unavailable on the portal. This message will be removed when they are available. We apologize for any inconvenience.

**Known Modernization System Issues-Click HERE**

Attention Waiver Providers: Submit Claims with the Prior Authorization Number [See [Web Announcement 1806](#)]

PASRR can be accessed using the following link: <https://pasrrprod.medicaid.nv.gov/wps/portal/usp>

Due to portal unavailability, for PAs due on January 29, 2019, providers will be given one extra day to submit their PA. PAs due on January 28, 2019 were already given a 3 business-day leniency.

**Provider Links**

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

**Scheduled Site Maintenance**

During the scheduled site maintenance window the Provider Web Portal will be unavailable. The table below shows the regularly scheduled maintenance window. All times will be in the Pacific time zone.

## EVS

EVS is available 24 hours a day, seven days a week except during the scheduled weekly maintenance period.

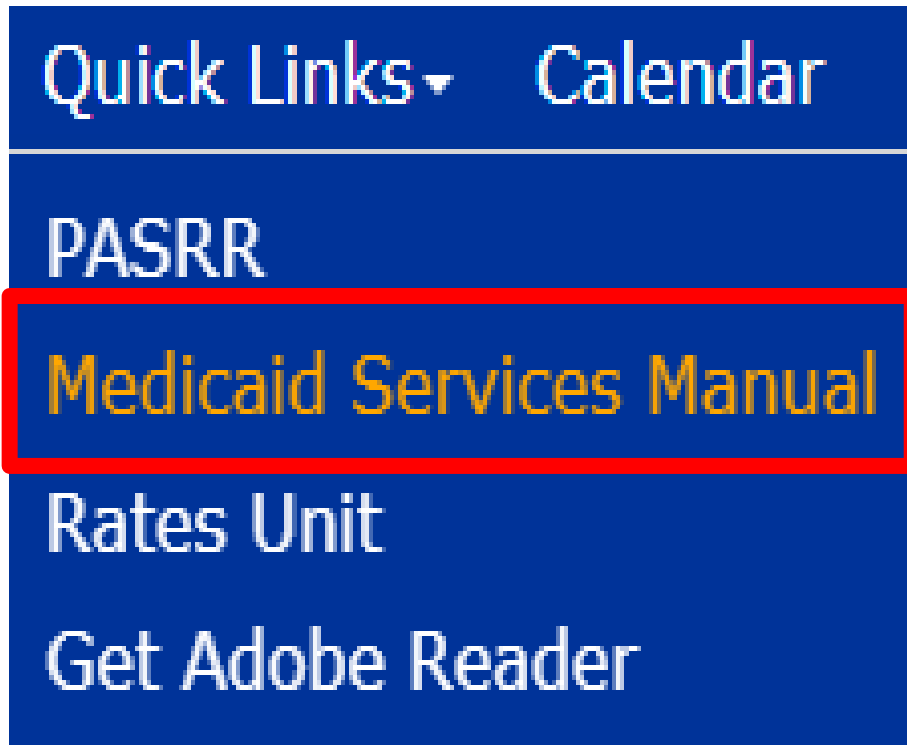
## System Requirements

To access EVS, user must have internet access and a computer with a web browser. (Microsoft Internet Explorer 9.0 or higher recommended)



# Medicaid Services Manual

# Locating the Medicaid Services Manual (MSM)



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

# Locating the Medicaid Services Manual, continued

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

- Medicaid Services Manual - Complete
- 100 Medicaid Program
- 200 Hospital Services
- 300 Radiology Services
- 400 Mental Health and Alcohol and Substance Abuse Services
- 500 Nursing Facilities
- 600 Physician Services
- 700 Reimbursement, Analysis and Payment
- 800 Laboratory Services
- 900 Private Duty Nursing
- 1000 Dental
- 1100 Ocular Services
- 1200 Prescribed Drugs
- 1300 DME Disposable Supplies and Supplements
- 1400 Home Health Agency
- 1500 Healthy Kids Program
- 1600 Intermediate Care for Individuals with Intellectual Disabilities
- 1700 Therapy
- 1800 Adult Day Health Care

- Select “Chapter 1000”
- From the next page, always make sure that the “Current” policy is selected

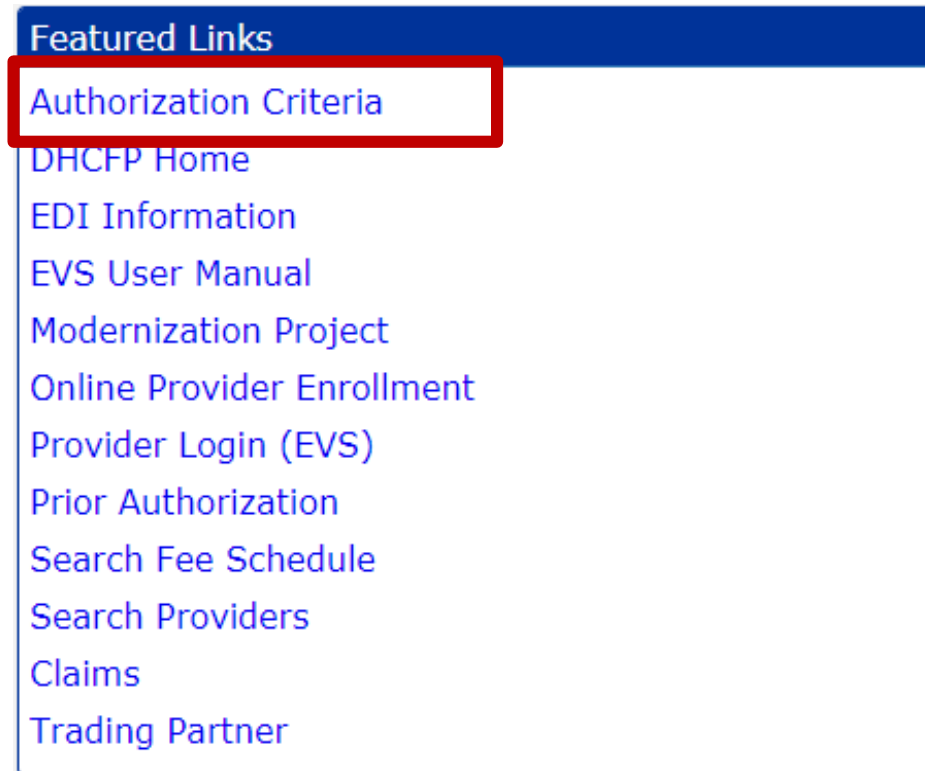




# Authorization Criteria Function

# Authorization Criteria

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



**Featured Links**

- [Authorization Criteria](#)
- [DHCFP Home](#)
- [EDI Information](#)
- [EVS User Manual](#)
- [Modernization Project](#)
- [Online Provider Enrollment](#)
- [Provider Login \(EVS\)](#)
- [Prior Authorization](#)
- [Search Fee Schedule](#)
- [Search Providers](#)
- [Claims](#)
- [Trading Partner](#)



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

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

**Home**

Home

**Login** ?

\*User ID

**Log In**

[Forgot User ID?](#)  
[Register Now](#)  
[Where do I enter my password?](#)

**Web Announcements**

[Web Announcement 1477](#)  
Online Provider Enrollment Portal Attachments Page Corrected to Accept Attachments Up to 15 MB

[Web Announcement 1476](#)  
Medicaid Services Manual Chapter 400 Updated

[Web Announcement 1475](#)  
Update Regarding Reprocessing of Claims with ICD-10 Glaucoma Codes

[Web Announcement 1474](#)  
Date Scheduled for Nevada Medicaid Applied Behavior Analysis Provider Training

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

[View More Web Announcements](#)

**Featured Links**

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

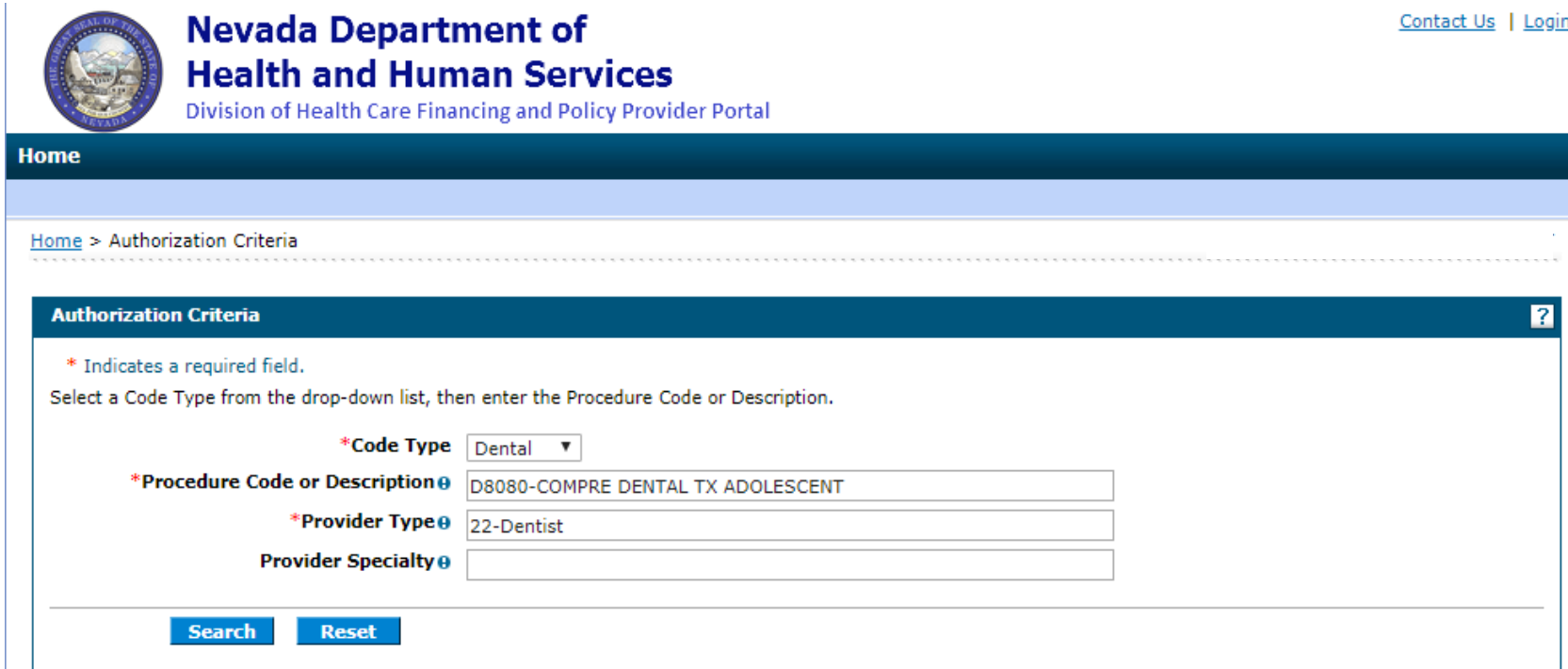
**What can you do in the Provider Portal**  
Through this secure and easy to use internet portal, healthcare providers can inquire on the status of their claims and payments, inquire on a patient's eligibility, process prior authorization requests and access Remittance Advices. In addition, healthcare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




**Website Requirements**

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

# Authorization Criteria, continued



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

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

**Home**

[Home](#) > Authorization Criteria

**Authorization Criteria** ?

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

\*Code Type


\*Procedure Code or Description

\*Provider Type

Provider Specialty

- Step 1 – Select “Code Type”
- Step 2 – Input either a Procedure Code or Description. This field uses a predictive search
- Step 3: Input Provider Type
- Step 4: Select “Search”

# Authorization Criteria, continued



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

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

---

**Home**

---

[Home](#) > Authorization Criteria

---

**Authorization Criteria** ?

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

\*Code Type

\*Procedure Code or Description

\*Provider Type

Provider Specialty

---

**Search Results**

To show/hide Service Limits click on Required if exceeding service limitations hyperlink.

Total Records: 1

Procedure	Provider Type	Provider Specialty	Claim Type	PA Required	Age Restrictions	Effective Date ▲
D8080-COMPRES DENTAL TX ADOLESCENT	22-Dentist	All Specialty	All Claim Types	Always	000-999	01/01/1996 - 12/31/2299

- Verify that “Effective Date” ends in 2299. This will provide the current information.



# **Submitting a Prior Authorization (PA) via the EVS Secure Provider Web Portal (PWP)**

# Navigating the PWP



## Nevada Department of Health and Human Services

Division of Health Care Financing and Policy Provider Portal

Home

Home

Login

\*User ID

hospizona1

1

Log In

[Forgot User ID?](#)

[Register Now](#)

2



Broadcast Messages

**Hours of Availability**

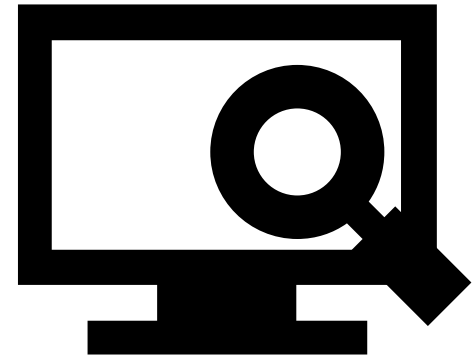
The Nevada Provider Web Portal is unavailable between 12:25 AM PST on Sunday.

**What can you do in the Provider Portal**

Through this secure and easy to use internet portal, health care providers can...

Once registered, users may access their accounts from the PWP "Home" page by:

1. Entering the User ID
2. Clicking the Log In button



# Navigating the PWP, 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?

**3** \*Your Answer

[Forgot answer to challenge question?](#)

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

**5** **Continue**

Once the user has clicked the **Log In** button, they will need to provide identity verification as follows:

3. Type in their answer to the **Challenge Question** to verify identity
4. Choose whether log in is on a **personal computer** or **public computer**
5. Click the **Continue** button

# Logging in to the PWP, continued

Home > Challenge Question > Site Token Password


### 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.

6 **Site Key:** 

Passphrase Answer

7 \*Password

8 **Sign In** [Forgot Password?](#)

- The user will continue providing identity verification as follows:
6. Confirming that the **Site Key** and **Passphrase** are correct
  7. Entering **Password**
  8. Clicking the **Sign In** button

NOTE: If this information is incorrect, users should not enter their password. Instead, they should contact the help desk by clicking the **customer help desk** link.



# Welcome Screen

The screenshot shows the 'Welcome Screen' of the Nevada Department of Health and Human Services Provider Portal. The header includes the department logo and name, with 'Division of Health Care Financing and Policy Provider Portal' below it. A navigation bar contains links for 'My Home', 'Eligibility', 'Claims', 'Care Management', 'File Exchange', and 'Resources'. A 'My Home' section is visible below the navigation bar. The main content area is divided into several sections: 'Provider' information (Name, ID, Location), 'Broadcast Messages' (Hours of Availability), 'Contact Us' and 'Secure Correspondence' links, 'Welcome Health Care Professional!' with a photo of healthcare workers and a paragraph of text, and 'Provider Services' (Member Focused Viewing, Search Payment History, Revalidate-Update Provider, Pharmacy PA, PASRR, EHR Incentive Program, EPSDT, Presumptive Eligibility). At the bottom, there are links for 'Prior Authorization Quick Reference Guide' and 'Provider Web Portal Quick Reference Guide'. Callout boxes A-F highlight specific features: A (Navigation Bar), B (Broadcast Messages), C (Contact Us/Secure Correspondence), D (My Profile/Manage Accounts), E (Provider Services), and F (Quick Reference Guides).

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

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

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

My Home

**Provider**

**Name** HOSPITALIST SERVICES OF NEVADA-MANDAVIA  
**Provider ID** 1831573690 (NPI)  
**Location ID** 100543194

[My Profile](#)  
[Manage Accounts](#)

**Broadcast Messages**

**Hours of Availability**  
The Nevada Provider Web Portal is unavailable between midnight and 12:25 AM PST Monday-Saturday and between 8 PM and 12:25 AM PST on Sunday.

[Contact Us](#)  
[Secure Correspondence](#)

**Welcome Health Care Professional!**

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

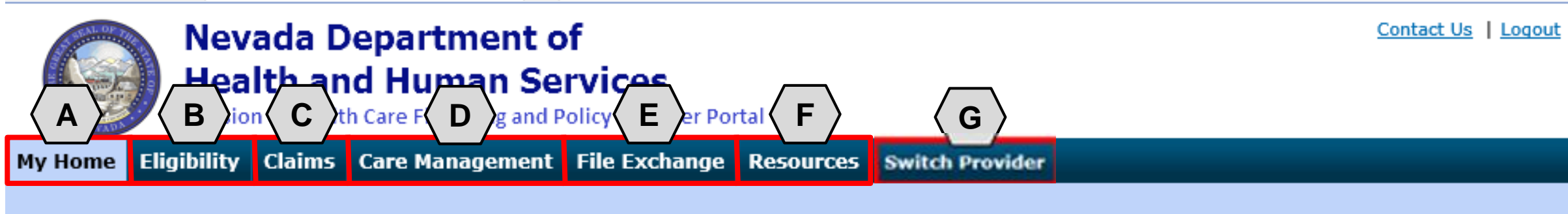
[Member Focused Viewing](#)  
[Search Payment History](#)  
[Revalidate-Update Provider](#)  
[Pharmacy PA](#)  
[PASRR](#)  
[EHR Incentive Program](#)  
[EPSDT](#)  
[Presumptive Eligibility](#)

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

Once the provider information has been verified, the user may explore the features of the PWP, including:

- A. Additional tabs for users to research eligibility, submit claims and prior authorization requests, access additional resources, and more
- B. Important broadcast messages
- C. Links to contact customer support services
- D. Links to manage user account settings, such as passwords and delegate access
- E. Links to additional information regarding Medicaid programs and services
- F. Links to additional PWP resources

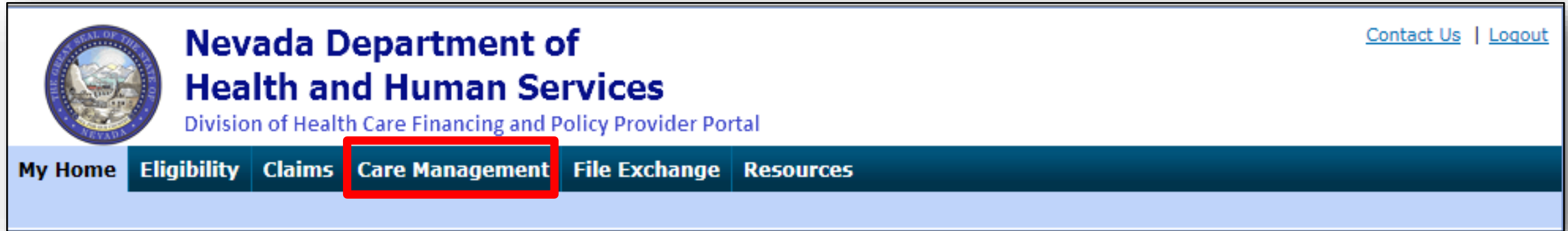
# Navigating the Provider Web Portal



The tabs at the top of the page provide users quick access to helpful pages and information:

- A. My Home:** Confirm and update provider information and check messages
- B. Eligibility:** Search for recipient eligibility information
- C. Claims:** Submit claims, search claims, view claims and search payment history
- D. Care Management:** Request PAs, view PA statuses, and maintain favorite providers
- E. File Exchange:** Upload forms online
- F. Resources:** Download forms and documents
- G. Switch Providers:** Where **delegates** can switch between providers to whom they are assigned. The tab is only present when the user is logged in as a delegate

# 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. The main header text reads "Nevada Department of Health and Human Services" and "Division of Health Care Financing and Policy Provider Portal". In the top right corner, there are links for "Contact Us" and "Logout". Below this is a dark blue navigation bar with several tabs: "My Home", "Eligibility", "Claims", "Care Management" (which is highlighted with a red box), "File Exchange", and "Resources".

## **Create Authorization**

- Create authorizations for eligible recipients

## **View Authorization Status**

- Prospective authorizations that identify the requesting or servicing provider

## **Maintain Favorite Providers**

- Create a list of frequently used providers
- Select the facility or servicing provider from the providers on the list when creating an authorization
- Maintain a favorites list of up to 20 providers



# **Before You Create a Web Portal Prior Authorization Request**

# Before You Create a Prior Authorization Request



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



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



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



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

# 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 logo and name, along with navigation links for 'Contact Us' and 'Logout'. A main navigation bar contains tabs for 'My Home', 'Eligibility', 'Claims', 'Care Management', 'File Exchange', 'Resources', and 'Switch Provider'. Below this, a secondary navigation bar highlights 'Treatment History' under the 'Claims' section. The page title is 'Claims > Treatment History' and the date is 'Wednesday 11/15/2017 03:48 PM EST'.

The main content area is titled 'Search Treatment History' and features a 'Medical' and 'Dental' tab. A legend indicates that an asterisk (\*) denotes a required field. A detailed explanation states: '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 prompt the user to '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 two sections: 'Recipient Information' and 'Service Information'. The 'Recipient Information' section includes 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 with a link to the 'Terms of Agreement'.

The 'Service Information' section contains several input fields: a required 'Procedure Code' text input, a 'Date of Service' dropdown menu set to 'Past 1 Year', a 'Tooth Number' dropdown menu set to 'Any Tooth', and a 'Tooth Surface' dropdown menu set to 'Any Surface'. At the bottom of the form 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 and Current Dental Terminology (CDT) codes

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

## PA Attachments

— Attachments are required with all PA requests. Attachments can only be submitted electronically.

— PA requests received without an attachment will remain in pended status for 30 days.

— If no attachment is received within 30 days, the PA request will automatically be canceled.



# Submitting a PA Request

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

My Home **Eligibility** Claims **Care Management** Change Resources

Create Authorization **2** Authorization Status | Maintain Favorites | Providers | Authorization Criteria

My Home

**Provider**

**Name** HOSPITALIST SERVICES OF NEVADA-MANDEAVIA  
**Provider ID** 1831573690 (NPI)  
**Location ID** 100543194

▶ [My Profile](#)  
▶ [Manage Accounts](#)

**Broadcast Messages**

**Hours of Availability**  
The Nevada Provider Web Portal is unavailable between midnight and 12:25 AM PST Monday-Saturday and between 8 PM and 12:25 AM PST on Sunday.

**Welcome Health Care Professional!**

1. Hover over the **Care Management** tab
2. Click **Create Authorization** from the sub-menu

# Submitting a PA Request, continued

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

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

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

[Create Authorization](#) | [View Authorization Status](#) | [Maintain Favorite Providers](#) | [Authorization Criteria](#)

[Care Management](#) > Create Authorization

**Create Authorization** ?

\* Indicates a required field.

Medical  Dental

\*Process Type

Expand All | Collapse All

Provider ID	ID Type	NPI	Name

3. Select the authorization type (Dental)
4. Choose an appropriate Process Type from the drop-down list

# Submitting a PA Request, continued

5 Requesting Provider Information

Provider ID	ID Type NPI	Name
-------------	-------------	------

5. The Requesting Provider Information is automatically populated with the Provider ID and Name of the provider that the signed-in user is associated with.

# Submitting a PA Request, continued

Recipient Information
6
-

**\*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 7

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

6. Enter the Recipient ID. The Last Name, First Name and Birth Date will populate automatically.
7. Indicate missing Permanent or Primary teeth

# Submitting a PA Request, continued

Rendering Provider Information -



Rendering Provider same as Requesting Provider

Select from Favorites

Provider ID	<input style="width: 95%;" type="text"/>	<input type="text" value=""/>	ID Type	<input style="width: 95%;" type="text"/>	Name	<input style="width: 95%;" type="text"/>	Add to Favorites <input type="checkbox"/>
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\*Place of Service

## 8. Enter Service Provider Information

# Submitting a PA Request, continued

**Diagnosis Information** [-]

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

Diagnosis Type	Diagnosis Code	Action
<span>[-]</span> Click to collapse.		
*Diagnosis Type <input type="text" value="ICD-10-CM"/>	*Diagnosis Code <input type="text"/>	
<input type="button" value="Add"/> <input type="button" value="Cancel"/>		

9

10

11

9. Select a Diagnosis Type from the drop-down list
10. Enter the Diagnosis Code. Once the user begins typing, the field will automatically search for matching codes.
11. Click the Add button

NOTE: Repeat steps 9-11 to enter up to nine codes. The first code entered will be considered the primary.

# Submitting a PA Request, continued

**Diagnosis Information**

**Error**  
Diagnosis Code not found.

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

Diagnosis Type	Diagnosis Code	Action
Click to collapse.		
*Diagnosis Type ICD-10-CM	*Diagnosis Code 1234 Diagnosis Code not found.	

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

If you click the **Add** button with an invalid diagnosis code, an error will display. You must ensure the diagnosis code is correct, up-to-date with the selected **Diagnosis Type**, and does not include decimals.

# Submitting a PA Request, continued

**Diagnosis Information**

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

Diagnosis Type	Diagnosis Code	Action
ICD-10-CM	K0251-Dental caries on pit and fissure surface limited to enamel	<a href="#">Remove</a>

Click to collapse.

\*Diagnosis Type  \*Diagnosis Code

Once a diagnosis code has been entered accurately, and the Add button has been clicked, the diagnosis code will display under the Diagnosis Information section. If a user wishes to remove the code from the PA request, click Remove located in the Action column.



# Submitting a PA Request, continued

**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
--------	-----------	---------	------	-----------	--------------	-------	--------

Click to collapse.

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

Modifiers

\*Units

Tooth Number  Tooth Surface

Oral Cavity Area

Requested Dollars

\*Medical Justification

12

13

- 12. Enter detail regarding the service(s) provided into the Service Details section.
- 13. Click the Add Service button.

Note: A maximum of 27 service details may be requested per PA request.

# Submitting a PA Request, continued

**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
<input type="checkbox"/>	1	02/07/2019	02/07/2019	D8080-COMPRE DENTAL TX ADOLESCENT			1	<a href="#">Copy</a>   <a href="#">Remove</a>

Click to collapse.

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

Modifiers

\*Units

After clicking the **Add Service** button, the service details will display in the list.

NOTE: You may enter additional details as needed. If you wish to copy a service detail, click **Copy** located in the Action column. To remove the detail, click **Remove**.

# Submitting a PA Request, continued

**Attachments**

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

[Prior Authorization Forms](#)

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

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

Transmission Method	File	Action
Click to collapse.		
*Transmission Method	EL-Electronic Only ▼	
*Upload File	Choose File No file chosen	
*Attachment Type	▼	
<input type="button" value="Add"/> <input type="button" value="Cancel"/>		
<input type="button" value="Submit"/> <input type="button" value="Cancel"/>		

The Transmission Method will default to EL-Electronic Only as attachments must be sent via the portal.

- ADA Claim Form must be submitted with every prior authorization request.

# Submitting a PA Request, continued

**Attachments**

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

[Prior Authorization Forms](#)

If you will not be sending an attachment electronically, select the appropriate Transmission Method and click the **Add** button.

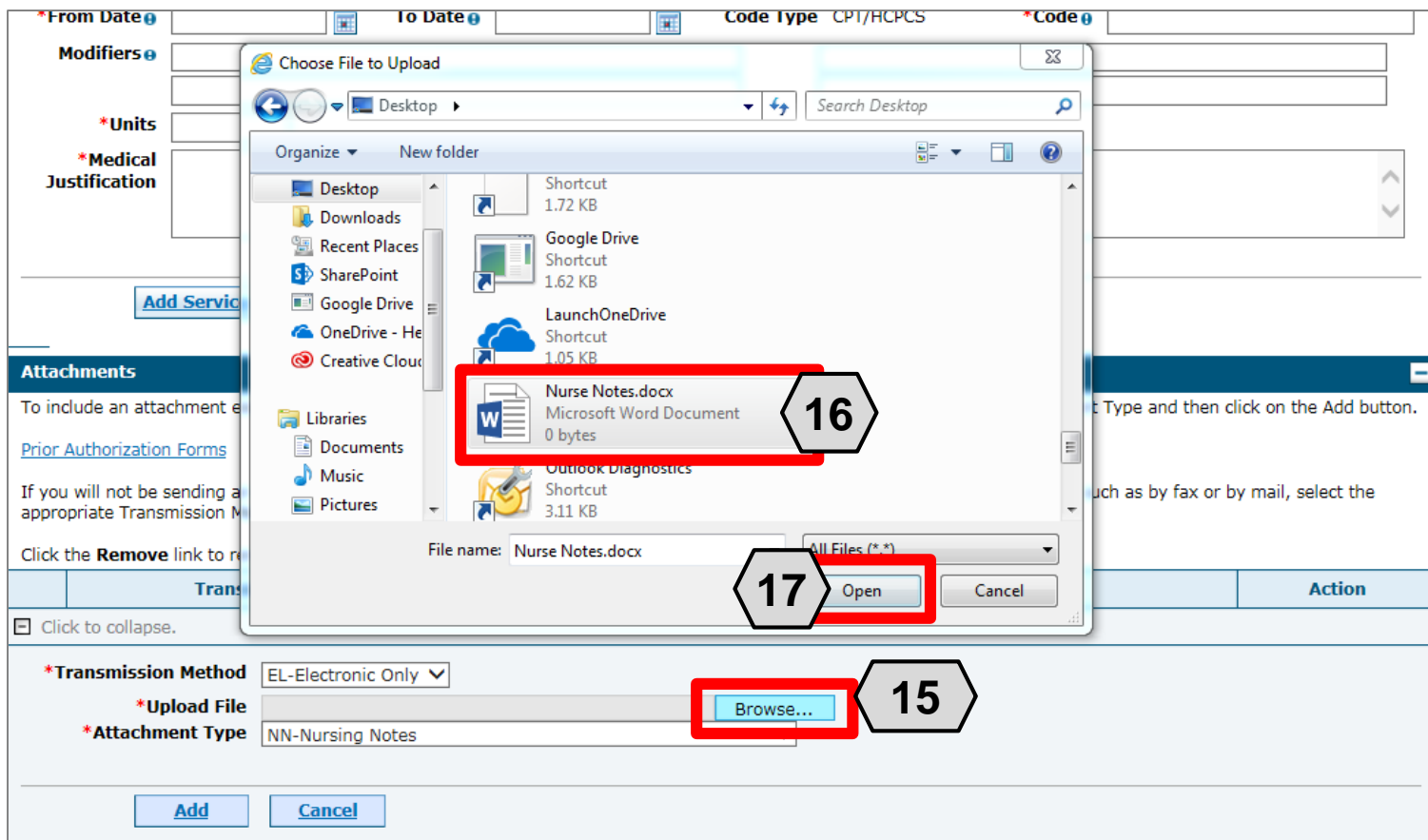
Click the **Remove** link to remove an attachment.

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

- 59-Benefit Letter
- 03-Report Justifying Treatment Beyond Utilization Guidelines
- 11-Chemical Analysis
- 04-Drug Administered
- 05-Treatment Diagnosis
- 06-Initial Assessment
- 07-Functional Goals
- 08-Plan of Treatment
- 09-Progress Report
- 10-Continued Treatment
- 13-Certified Test Report
- 15-Justification for Admission
- 21-Recovery Plan
- 48-Social Security Benefit Letter
- 55-Rental Agreement
- 77-Support Data for Verification
- A3-Allergies/Sensitivities Document
- A4-Autopsy Report
- AM-Ambulance Certification
- AS-Admission Summary
- AT-Purchase Order Attachment
- B2-Prescription
- B3-Physician Order
- BR-Benchmark Testing Results
- BS-Baseline
- BT-Blanket Test Results
- CB-Chiropractic Justification
- CK-Consent Form(s)
- D2-Physician Order
- DA-Dental Models

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

# Submitting a PA Request, continued



15. Click the Browse button
16. Select the desired attachment from your computer using the window that pops up
17. Click the Open button

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

# Submitting a PA Request, continued

**Attachments**

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

[Prior Authorization Forms](#)

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

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

Transmission Method	File	Action
Click to collapse.		
*Transmission Method	EE - Electronic Only	
*Upload File	C:\Users\bargera\Desktop\Nurse Notes.docx	Browse...
*Attachment Type		

18

18. Click the Add button.

# Submitting a PA Request, continued

**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"/>	EL-Electronic Only	Nurse Notes.docx	<a href="#">Remove</a>

Click to collapse.

\*Transmission Method

\*Upload File

\*Attachment Type

The added attachment displays in the list.

To remove the attachment, click Remove in the Action column.

Add additional attachments by repeating steps 14-18.

**NOTE:** The total attachment file size limit before submitting a PA is 4 MB. When more attachments are needed beyond this capacity, the user will first submit the PA. Afterwards go back into the PA using the View Authorization Response page, click the edit button to open the PA and then add more attachments.

# Submitting a PA Request, continued

19. Click the Submit button

Justification

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

**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"/>	EL-Electronic Only	Nurse Notes.docx	<a href="#">Remove</a>

Click to collapse.

\*Transmission Method

\*Upload File

\*Attachment Type

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

19 [Submit](#) [Cancel](#)



# Submitting a PA Request, continued

20

**Confirm Authorization** ?

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

**Requesting Provider Information** -

<b>Provider ID</b> 1831573690	<b>ID Type</b> NPI	<b>Name</b> HOSPITALIST SERVICES OF NEVADA-MANDEAVIA
-------------------------------	--------------------	--

**Recipient Information and Process Type** -

<b>Recipient ID</b> 43827875678	<b>Recipient</b> ABYNNRYP ABIEGUT	<b>Gender</b> Female
<b>Birth Date</b> 04/10/1928	<b>Process Type</b> Home Health	

**Referring Provider Information** -

<b>Provider ID</b> 1831573690	<b>ID Type</b> NPI	<b>Name</b> HOSPITALIST SERVICES OF NEVADA-MANDEAVIA
-------------------------------	--------------------	--

**Service Provider Information** -

<b>Provider ID</b> 1831573690	<b>ID Type</b> NPI	<b>Name</b> HOSPITALIST SERVICES OF NEVADA-MANDEAVIA
<b>Location</b> _		

[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	T7500XA-Unspecified effects of lightning, initial encounter

**Service Details** -

Line #	From Date	To Date	Code	Modifiers	Units
1	01/01/2018	01/01/2019	CPT/HCPCS A6413-Adhesive bandage, first-aid		1

**Attachments** -

Transmission Method	File	Attachment Type
EL-Electronic Only	Nurse Notes.docx	NN-Nursing Notes

Back
Confirm
Cancel

21

- 20. Review the information on the PA request
- 21. Click the Confirm button to submit the PA for processing

NOTE: If updates are needed prior to clicking the Confirm button, click the Back button to return to the "Create Authorization" page.

# Submitting a PA Request, continued

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

Create Authorization | View Authorization Status | Maintain Favorite Providers | Authorization Criteria

[Care Management](#) > Authorization Receipt

**Authorization Receipt** ?

Your Authorization Tracking Number **45180650011** 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**

After you click the Confirm button, an “Authorization Tracking Number” will be created. This message signifies that the PA request has been successfully submitted.

# Submitting a PA Request, continued

**My Home** **Eligibility** **Claims** **Care Management** **File Exchange** **Resources**

Create Authorization | View Authorization Status | Maintain Favorite Providers | Authorization Criteria

[Care Management](#) > Authorization Receipt Tuesday 03/06/2018 06:01 PM EST

---

**Authorization Receipt** ?

Your Authorization Tracking Number 45180650011 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

**A** **B** **C**

**Print Preview** **Copy** **New**

- A. Print Preview: Allows you to view the PA details and receipt for printing.
- B. Copy: Allows you to copy member or authorization data for another authorization.
- C. New: Allows you to begin a new PA request for a different member.

# **Viewing the Status of PAs**

# Viewing the Status of PAs

The screenshot displays the top navigation bar of the Nevada Medicaid Provider Portal. The 'Care Management' tab is highlighted with a red box and a callout '1'. Below it, the 'View Authorization Status' link is also highlighted with a red box and a callout '2'. The main content area shows a 'Provider' profile for 'HOSPITALIST SERVICES OF NEVADA-MANDEAVIA' with details for 'Provider ID' and 'Location ID'. A 'Broadcast Messages' section contains a message about the portal's availability. A 'Welcome Health Care Professional' banner is visible at the bottom.

Tab	Sub-tab
My Home	Create Authorizations
Eligibility	
Claims	
Care Management	View Authorization Status
Exchange	Maintain Favorite Providers
Resources	Authorization

**Provider**

**Name** HOSPITALIST SERVICES OF NEVADA-MANDEAVIA

**Provider ID** 1831573690 (NPI)

**Location ID** 100543194

[My Profile](#)

[Manage Accounts](#)

**Broadcast Messages**

**Hours of Availability**  
The Nevada Provider Web Portal is unavailable AM PST Monday-Saturday and between 8 PM a

**Welcome Health Care Professional**

1. Hover over the Care Management tab
2. Click View Authorization Status

# Viewing the Status of PAs, continued

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

Create Authorization | **View Authorization Status** | Maintain Favorite Providers | Authorization Criteria

[Care Management](#) > View Authorization Status

### View Authorization Status

Prospective Authorizations

Prospective authorizations identifying you as the Requesting or Servicing Provider are listed below. These results include beginning Services Date of today or greater. Click the Authorization Tracking Number to view the authorization response or search for a different authorization.

#### Prospective Authorizations

<a href="#">Authorization Tracking Number</a>	<a href="#">Service Date</a> ▲	<a href="#">Recipient Name</a>	<a href="#">Recipient ID</a>	<a href="#">Process Type</a>	<a href="#">Requesting P</a>
<a href="#">45181270003</a>	01/01/2018 - 01/01/2019	ABIEGUT, ABYNNRYP	43827875678	Home Health	HOSPITALIST SERV NEVADA-MANDAVIA
<a href="#">43180110001</a>	01/11/2018 - 01/11/2019	QROTB, FENKTPVI	54409179444	Outpt M/S	HOSPITALIST SERV NEVADA-MANDAVIA
<a href="#">41180120002</a>	01/12/2018 - 01/12/2019	KWLVDTYRXW, AOWPEW H	80335695037	Outpt M/S	HOSPITALIST SERV NEVADA-MANDAVIA

3. Click the ATN hyperlink of the PA you wish to view.

3

# Viewing the Status of PAs, continued

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

Authorization Tracking # 41180120002 Process Type [Expand All](#) | [Collapse All](#)

Requesting Provider Information

Recipient Information

Referring Provider Information

Diagnosis Information

Service Provider / Service Details Information

**5** Provider ID 1831573690 ID Type NPI Name HOSPITALIST SERVICES OF NEVADA-MANDAVIA

From Date	To Date	Units	Remaining Units	Amount	Code	Medical Citation	Decision / Date	Reason
01/12/2018	01/12/2019	10	10	-	CPT/HCPCS 0003F-INACTIVE TOBACCO USE, NON-SMOKING	-	Certified In Total 01/12/2018	-

4. Click the plus  symbol to the right of a section to display its information
5. Review the information as needed

# Viewing the Status of PAs, continued

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

**Authorization Tracking #** 41180120002 **Process Type** [Expand All](#) | [Collapse All](#)

**Requesting Provider Information** +

**Recipient Information** +

**Referring Provider Information** +

**Diagnosis Information** +

**Service Provider / Service Details Information** -

**Provider ID** 1831573690 **ID Type** NPI **Name** HOSPITALIST SERVICES OF NEVADA-MANDAVIA

From Date	To Date	Units	Remaining Units	Amount	Code	Medical Citation	Decision / Date	Reason
01/12/2018	01/12/2019	10	10	-	CPT/HCPCS 0003F-INACTIVE TOBACCO USE, NON-SMOKING	6	Certified In Total 01/12/2018	-

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

- Review the details listed in the Decision / Date and Reason columns



# Viewing the Status of PAs, continued

Service Provider / Service Details Information								
Provider ID 1831573690			ID Type NPI		Name HOSPITALIST SERVICES OF NEVADA-MANDEAVIA			
From Date	To Date	Units	Remaining Units	Amount	Code	Medical Citation	Decision / Date	Reason
01/12/2018	01/12/2019	10	10	-	CPT/HCPCS 0003F-INACTIVE TOBACCO USE, NON-SMOKING	-	Certified In Total 01/12/2018	-

In the Decision / Date column, you may see one of the following decisions:

- Certified in Total: The PA request is approved for exactly as requested.
- Certified Partial: The PA request has been approved, but not as requested.
- Not Certified: The PA request is not approved.
- Pended: The PA request is pending approval.
- Cancel: The PA request has been canceled.

# Viewing the Status of PAs, continued

Service Provider / Service Details Information								
Provider ID 1306097878			ID Type NPI		Name KHOSSROW HAKIMPOUR			
From Date	To Date	Units	Remaining Units	Amount	Code	Medical Citation	Decision / Date	Reason
08/29/2017	08/29/2017	1	1	\$125.00	CPT/HCPCS 80061-Lipid panel	<a href="#">View</a>	Certified Partial 06/11/2018	Product/service/procedure delivery pattern (e.g., units, days, visits, weeks, hours, months)
08/30/2017	08/30/2017	1	0	-	CPT/HCPCS 36415-Routine venipuncture	<a href="#">View</a>	Not Certified 06/11/2018	Non-covered Service

When the Decision / Date column is not “Certified in Total” information will be provided in the Reason column. For example, if a PA is not certified (A), the reason why it was not certified displays (B).

# Viewing the Status of PAs, continued

Service Provider / Service Details Information								
<span>C</span> Provider <span>D</span> 1573690 <span>E</span>		ID Type NPI <span>F</span>		Name HOSPITAL SERVICES OF NEVADA- MANDATA <span>G</span>				
From Date	To Date	Units	Remaining Units	Amount	Code	Medical Citation	Decision / Date	Reason
01/12/2018	01/12/2019	10	10	-	CPT/HCPCS 0003F-INACTIVE TOBACCO USE, NON-SMOKING	-	Certified In Total 01/12/2018	-

- C. From Date and To Date: Display the start and end dates for the PA.
- D. Units: Displays the number of units originally on the PA.
- E. Remaining Units or Amount: Display the units or amount left on the PA as claims are processed.
- F. Code: Displays the CPT/HCPCS code on the PA.
- G. Medical Citation: Indicates when additional information is needed for authorizations (including denied).

# Viewing the Status of PAs, continued

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

[Edit](#)

[View Provider Request](#)

[Print Preview](#)

The Medical Citation field indicates if additional information is needed for all authorizations (including denied). Click “View” to see the details and clinical notes provided by Nevada Medicaid or click “Hide” to collapse the information panel.

# Viewing the Status of PAs, continued

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

Authorization Tracking # 41180120002 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 1831573690 ID Type NPI Name HOSPITALIST SERVICES OF NEVADA-MANDAVIA

From Date	To Date	Units	Remaining Units	Amount	Code	Medical Citation	Decision / Date	Reason
01/12/2018	01/12/2019	10	10	-	CPT/HCPCS 0003F-INACTIVE TOBACCO USE, NON-SMOKING	-	Certified In Total 01/12/2018	-

**H** **I** **J**

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

- H. Edit: Edit the PA.
- I. View Provider Request: Expand all sections to view the information.
- J. Print Preview: Display a printable version of the PA with options to print.



# Searching for PAs

# Searching for PAs

Prospective Authorizations **Search Options** 1

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

**Authorization Information**

2 Authorization Tracking Number

Select a Day Range or specify a Service Date

Day Range  OR Service Date

**Status Information**

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

Status

**Recipient Information**

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

Recipient ID  Birth Date

Last Name  First Name

**Provider Information**

Provider ID  ID Type

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


1. Click the Search Options tab
2. Enter search criteria into the search fields

# Searching for PAs, continued

**Authorization Information**

**A** Authorization Tracking Number

Select a Day Range or specify a Service Date

**B** Day Range  **OR** **C** Service Date  

- A. Authorization Tracking Number:** Enter the ATN to locate a specific PA.
- B. Day Range:** Select an option from the list to view PA results within the selected time period.
- C. Service Date:** Enter the date of service to display PA with that date of service.

NOTE: Without an ATN, a **Day Range** or a **Service Date** must be entered. If the PA start date is more than 60 days ago, a **Service Date** must be entered.



# Searching for PAs, continued

Status Information	
Select status to return authorization service lines with the chosen status.	
<b>D</b>	<b>Status</b>
	<ul style="list-style-type: none"><li>Cancel</li><li>Certified In Total</li><li>Certified Partial</li><li>Not Certified</li><li>Pended</li></ul>
Recipient Information	
Recipient information is not mandatory. You can either enter the Recipient ID; or the Last Name, First Name, and Birth Date.	


D. Status: Select a status from this list to narrow search results to include only the selected status.

# Searching for PAs, continued

**Recipient Information**

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

**E** Recipient ID

**F** Birth Date  

**G** Last Name  First Name

**E. Recipient ID:** Enter the unique Medicaid ID of the client.


**F. Birth Date:** Enter the date of the birth for the client.

**G. Last Name and First Name:** Enter the client's first and last name.

**NOTE:** Enter only the **Recipient ID** number **or** the client's last name, first name and date of birth.

# Searching for PAs, continued

**Provider Information**

**H** Provider ID   **I** ID Type

This Provider is the **J**

Servicing Provider on the Authorization

Requesting Provider on the Authorization

**H. Provider ID:** Enter the Provider's unique NPI.

**I. ID Type:** Select the Provider's ID type from the drop-down list.

**J. This Provider is the:** Select whether the Provider is the Servicing or Requesting Provider.

# Searching for PAs, continued

**Recipient Information**

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

Recipient ID  Birth Date

Last Name  First Name

**Provider Information**

Provider ID  ID Type

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

**3**

**Search Results**

<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>
<a href="#">43180110001</a> <b>4</b>	01/11/2018 - 01/11/2019	QROTB, FENKTPVI	54409179444	Outpt M/S	HOSPITALIST SERVICES NEVADA-MANDAVIA

3. Click the Search button
4. Select an ATN hyperlink to review the PA



# **Submitting Additional Information**

# Submitting Additional Information

**View Authorization Response for ABYNNRYP ABIEGUT** [Back to View Authorization Status](#)

Authorization Tracking # 45181270003 Process Type Home Health [Expand All](#) | [Collapse All](#)

Requesting Provider Information

Recipient Information



Referring Provider Information

Diagnosis Information

Service Provider / Service Details Information

Provider ID 1831573690 ID Type NPI Name HOSPITALIST SERVICES OF NEVADA-MANDAVIA

From Date	To Date	Units	Remaining Units	Amount	Code	Medical Citation	Decision / Date	Reason
01/01/2018	01/01/2019	1	0	-	CPT/HCPCS A6413-Adhesive bandage, first-aid	-	Pended	-

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

1. Click the **Edit** button to edit a submitted PA request

Additional information may include:

- Requests for additional services
- Attachments
- “FA-29 Prior Authorization Data Correction” form
- “FA-29A Request for Termination of Service” form

# Submitting Additional Information, continued

2. Add additional diagnosis codes, service details, and/or attachments

**Diagnosis Information**

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

Diagnosis Type	Diagnosis Code	Action
ICD-10-CM	T7500XA-Unspecified effects of lightning, initial encounter	

Click to collapse.

\*Diagnosis Type  \*Diagnosis Code

---

**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	Decision	Code	Modifiers	Units	Action
1	01/01/2018	01/01/2019	Pended	A6413-Adhesive bandage, first-aid		1	<a href="#">Copy</a>

Click to collapse.

**Attachments**

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

[Prior Authorization Forms](#)

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

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

Transmission Method	File	Attachment Type	Action
Click to collapse.			

2

# Submitting Additional Information, continued

**Attachments**

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

[Prior Authorization Forms](#)

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

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

Transmission Method	File	Attachment Type	Action
EL-Electronic Only	Nurse Notes.docx	NN-Nursing Notes	<a href="#">Remove</a>
EL-Electronic Only	Benefit Letter.docx	59-Benefit Letter	<a href="#">Remove</a>

Click to collapse.

\*Transmission Method

\*Upload File

\*Attachment Type

**3**

3. Click the Resubmit button to review the PA information



# Submitting Additional Information, continued

4. Review the information
5. Click the Confirm button

The screenshot shows a web form with several sections: Referring Provider Information, Service Provider Information, Diagnosis Information, Service Details, and Attachments. A red border highlights the entire form area. A callout box with the number '4' points to the Service Provider Information section. A callout box with the number '5' points to the Confirm button at the bottom right of the form.

**Referring Provider Information**

Provider ID	1831573690	ID Type	NPI	Name	HOSPITALIST SERVICES OF NEVADA-MANDAVIA
-------------	------------	---------	-----	------	---

**Service Provider Information**

Provider ID	1831573690	ID Type	NPI	Name	HOSPITALIST SERVICES OF NEVADA-MANDAVIA
Location	_				

[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	T750XA-Unspecified effects of lightning, initial encounter

**Service Details**

Line #	From Date	To Date	Code	Modifiers	Units
1	01/01/2018	01/01/2019	CPT/HCPCS A6413-Adhesive bandage, first-aid		1

**Attachments**

Transmission Method	File	Attachment Type
EL-Electronic Only	Nurse Notes.docx	NN-Nursing Notes
EL-Electronic Only	Benefit Letter.docx	59-Benefit Letter

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

NOTE: The PA number remains the same as the original PA request when resubmitting the PA request.



**Options if a PA is not approved**



# Denied Prior Authorization

If a prior authorization is denied by Nevada Medicaid, the provider has the following options:

- Request for a Peer-to-Peer Review (avenue used in order to clarify why the request was denied or approved with modifications)
- Submit a Reconsideration Request (avenue used when the provider has additional information that was not included in the original request)
- Request a Medicaid Provider Hearing

# Peer-to-Peer Review

- The intent of a peer-to-peer review is to clarify the reason the PA request was denied or approved but modified
- This is a verbal discussion between the requesting clinician and the clinician that reviewed the request for medical necessity
- The provider is responsible for having a licensed clinician who is knowledgeable about the case participate in the peer-to-peer review
- Additional information is not allowed to be presented because all medical information must be in writing and attached to the case
- Must be requested within 10 business days of the denial
- Peer-to-peer reviews can be requested by emailing [nvpeer\\_to\\_peer@dxc.com](mailto:nvpeer_to_peer@dxc.com)
- Only available for denials related to the medical necessity of the service
  - A peer-to-peer review is not required prior to a reconsideration, but once a reconsideration is requested, a peer-to-peer review is no longer an option



# Reconsideration Request

- Reconsiderations can be uploaded via the Provider Web Portal by completing an FA-29B form and uploading to the “File Exchange” on the Provider Web Portal
- Additional medical documentation is reviewed to support the medical necessity
- The information is reviewed by a different clinician than reviewed the original documentation
- A peer-to-peer review is not required prior to a reconsideration, but once a reconsideration is requested, a peer-to-peer review is no longer an option



# Reconsideration Request, continued

- A reconsideration must be requested within 30 calendar days from the date of the denial
- The 30-day provider deadline for reconsideration is independent of the 10-day deadline for peer-to-peer review
- Give a synopsis of the medical necessity not presented previously. Include only the medical records that support the issues identified in the synopsis. Voluminous documentation will not be reviewed. It is the provider's responsibility to identify the pertinent information in the synopsis.
- Only available for denials related to the medical necessity of the service



# Medicaid Provider Hearing

- Review Chapter 3100 (Hearings) of the Medicaid Services Manual located on the DHCFP website for further information regarding the Hearing Process



# **Search Fee Schedule and DHCFP Rates Unit**



# Fee Schedule

## Featured Links

[Authorization Criteria](#)

[DHCFP Home](#)

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[EVS User Manual](#)

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[Online Provider Enrollment](#)

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

[Prior Authorization](#)

[Search Fee Schedule](#)

[Search Providers](#)

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[Trading Partner](#)

- Utilize the Search Fee Schedule to determine the Rate of Reimbursement for a Procedure Code

# Fee Schedule, continued



**Nevada Department of Health and Human Services**

Division of Health Care Financing and Policy Provider Portal

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

Home

[Resources](#) > Search Fee Schedule

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

Submit

Cancel

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

# Fee Schedule, continued

### Search Fee Schedule ?

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

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

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

\*Code Type

\*Procedure Code or Description

\*Service Category

- Step 1: Select Code Type from drop-down menu
- Step 2: Input Procedure Code or Description (See Billing Guide for Codes)
- Step 3: Select Service Category from drop-down menu
- Step 4: Click “Search” to populate results

# Fee Schedule, continued

**Search Fee Schedule** ?

\* Indicates a required field.

Select a code type, then enter the procedure code or description and provider type.

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

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

\*Code Type

\*Procedure Code or Description

\*Service Category

Note: Make sure that the Effective Date ends in 2299.

**Search Results**

Total Records: 2

Procedure	Provider Type	Provider Specialty	Modifier	Fee Amount	Age Restrictions	Effective Date ▼
D8080-COMPRE DENTAL TX ADOLESCENT	20-Physician, M.D., Osteopath, D.O.	170-Maxillofacial Surgery			000 - 020	7/1/2013 - 12/31/2299
D8080-COMPRE DENTAL TX ADOLESCENT	22-Dentist	All Specialty			000 - 020	7/1/2013 - 12/31/2299

# DHCFP Rates Unit

Quick Links ▾ Calendar

PASRR

Medicaid Services Manual

Rates Unit

Get Adobe Reader

- Step 1: Highlight **Quick Links** from tool bar at [www.medicaid.nv.gov](http://www.medicaid.nv.gov)
- Step 2: Select **Rates Unit**
- Step 3: From new window, select **Accept**



The screenshot shows the website for the Nevada Department of Health and Human Services, Division of Health Care Financing and Policy. The page features a navigation menu with links for HOME, ABOUT, PROGRAMS, PROVIDERS, MEMBERS, PUBLIC NOTICES, RESOURCES, BOARDS/COMMITTEES, and CONTACT. A search bar is visible with the text "Google" and a magnifying glass icon. Below the navigation menu, there is a section titled "POINT AND CLICK LICENSE AGREEMENT FOR AMA/CPT AND ADA/CDT". The main content area displays the text "LICENSE FOR USE OF 'CURRENT PROCEDURAL TERMINOLOGY', FOURTH EDITION ('CPT®') End User Point and Click Agreement" and two buttons: "ACCEPT" and "DECLINE".

# DHCFP Rates Unit, continued

## ▶ RATE ANALYSIS & DEVELOPMENT

### Nevada Medicaid

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

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

- [How Medicaid Financing and Reimbursement Work](#)

### New Codes for 2019

- [Annual New Code Update Process](#) &
- [2019 Annual Update](#) &
- [Update on the 2019 New Codes](#) &
- [2019 Covered Codes](#) &
- [2019 ASC Covered Codes](#) &

### Fee Schedule Search

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

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

### Fee Schedules

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

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

- [Managed Care Capitation Rates](#) & - Pending CMS Approval
- [Fee for Service PDF Fee Schedules](#)

### Contact

[rates@dhcfp.nv.gov](mailto:rates@dhcfp.nv.gov)

### Rate Recycles

Rate Recycle Reports will be posted here weekly. Please check this section regularly to stay informed.

[Pending Recycles](#) &

• Locate the "Fee-for-Service PDF Fee Schedules" from the Fee Schedules section

# DHCFP Rates Unit, continued

## FEE SCHEDULES

---

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

- [Provider Type 22 Dentists](#) 

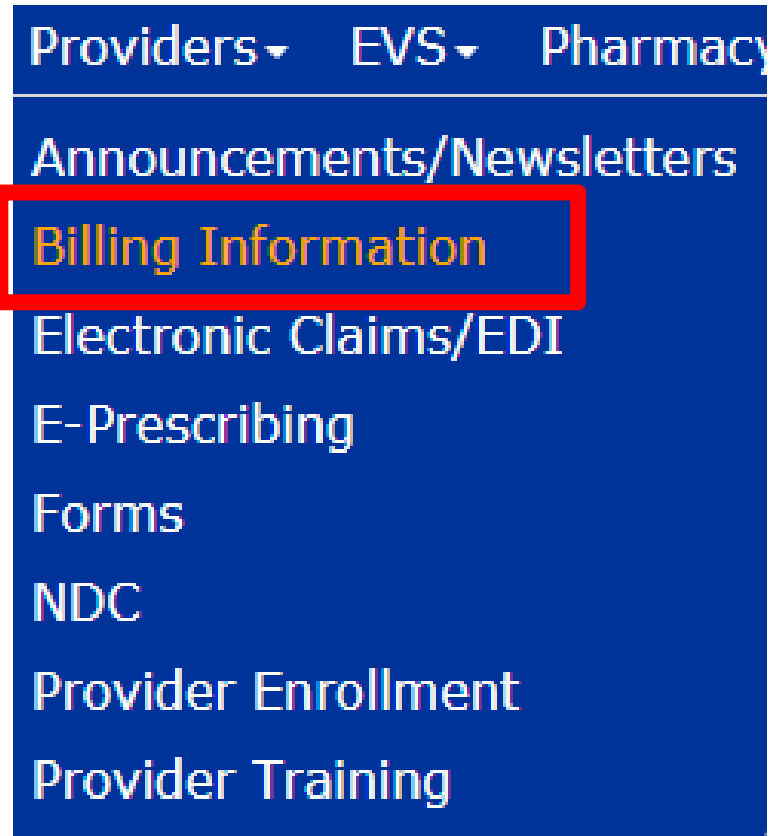
- Select Appropriate Title to open the PDF pertaining to the Reimbursement Schedule



# Medicaid Billing Information



# Locating Medicaid Billing Information



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

# Locating Medicaid Billing Information, continued

## Billing Information

Effective February 1, 2019, all providers will be required to submit their claims electronically (using Trading Partners or Direct Data Entry [DDE]), as paper claims submission will no longer be accepted with the go-live of the new modernized Medicaid Management Information System (MMIS). Please continue to review the modernization-related web announcements at <https://www.medicaid.nv.gov/providers/Modernization.aspx> for further details.

**Attention All Providers:** Requirements on When to Use the National Provider Identifier (NPI) of an Ordering, Prescribing or Referring (OPR) Provider on Claims [[Web Announcement 1711](#)]

FAQs: National Correct Coding Initiative (NCCI) Claim Review Edits [[Review Now](#)]

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

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

## Billing Manual

For Archives [Click here](#)

Title	File Size	Last Update
Billing Manual	1 MB	02/01/2019

- Review the Billing Manual for more information regarding:
  - Introduction to Medicaid
  - Contact Information
  - Recipient Eligibility
  - PA
  - Third Party Liability (TPL)
  - Electronic Data Interchange (EDI)
  - Frequently Asked Questions (FAQs)
  - Claims Processing and Beyond

# Locating Medicaid Billing Information, continued

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

Centers, Outpatient Hospitals and Durable Medical Equipment Providers: Reminder Regarding National Correct Coding Initiative (NCCI) Medically Unlikely Edits (MUEs)  
[View All Web Announcements](#)

**Featured Links**

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

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

**Billing Manual**  
 For Archives [Click here](#)

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

**Billing Guidelines (by Provider Type)**  
 For Archives [Click here](#)

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

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

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

22	Dentist   Attachment A: Fee-for-Service Coverage, Limitations and Prior Authorization Requirements	02/01/19
----	--	----------



# **Submitting a Professional Claim via the EVS Secure Provider Web Portal**



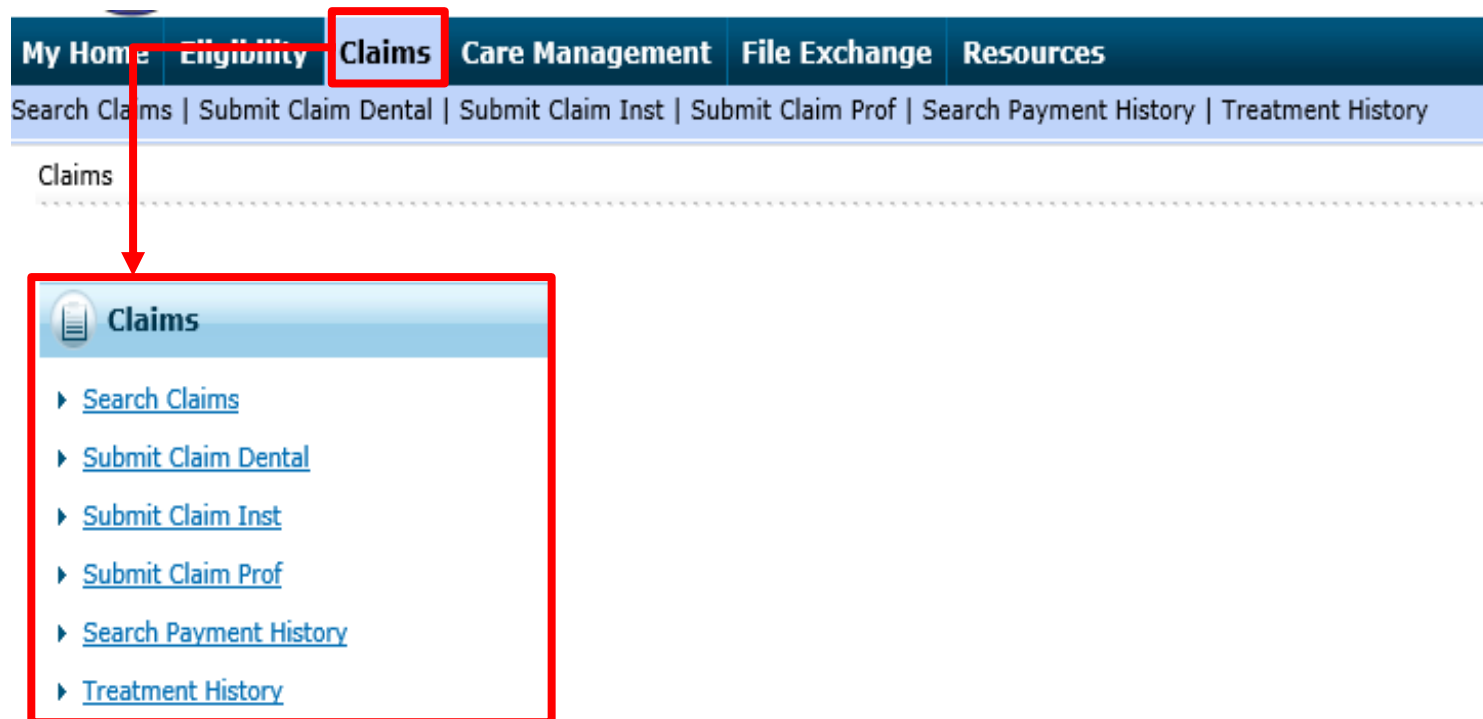
# **Understanding Claim Sub Menus**

# Understanding Claims Sub Menu

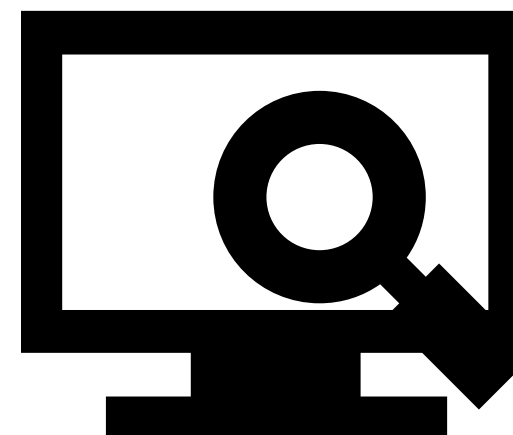


1. Hover over **Claims**
2. Select the appropriate sub menu from the options

# Understanding Claims Sub Menus, continued



The page displays a listing of Claim activities for the user to choose from.





# **Submitting a Dental Claim**



# Submitting a Dental Claim

The Dental Claim submission process is broken out into three main steps:

- **Step 1** - Provider, Patient and Claim Information plus an option to add Other Insurance details
- **Step 2** - Diagnosis Codes
- **Step 3** - Service Details and Attachments



# Submitting a Dental Claim: Step 1



The screenshot shows the Nevada Department of Health and Human Services website. The header includes the state seal and the text "Nevada Department of Health and Human Services" and "Division of Health Financing and Policy Provider Portal". A navigation bar contains tabs for "My Home", "Eligibility", "Claims", "Care Management", "File Exchange", and "Resources". The "Claims" tab is highlighted with a red box and a callout box labeled "1". Below the navigation bar, a sub-menu is visible with options: "Search Claims", "Submit Claim Dental", "Submit Claim Inst", "Submit Claim Prof", and "Search Payment His". The "Submit Claim Dental" option is highlighted with a red box and a callout box labeled "2". Below the sub-menu, a "Claims" section is visible with a list of links: "Search Claims", "Submit Claim Dental", "Submit Claim Inst", "Submit Claim Prof", "Search Payment History", and "Treatment History".

1. Hover over the **Claims** tab
2. Select **Submit Claim Dental**

# Submitting a Dental Claim: Step 1, continued

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

Search Claims | **Submit Claim Dental** | Submit Claim Inst | Submit Claim Prof | Search Payment History | Treatment History

[Claims](#) > Submit Claim Dental

---

**Submit Dental Claim: Step 1** ?

\* Indicates a required field.

**Provider Information**

Billing Provider ID	1407146111	ID Type	NPI
*Billing Provider Service Location	22-SMILES TODAY DENTAL GROUP LLC-1580 E DESERT INN RD,LAS VEGAS,NEVADA,89169		
Rendering Provider ID	<input type="text"/>	ID Type	<input type="text"/>
Rendering Provider Service Location	-		
Referring Provider ID	<input type="text"/>	ID Type	<input type="text"/>
Service Facility Location ID	<input type="text"/>	ID Type	<input type="text"/>

“Submit Dental Claim: Step 1” page sub-sections to complete:

## A. Provider Information

# Submitting a Dental Claim: Step 1, continued

**B**

**Patient Information**

\*Recipient ID

Last Name  First Name

Birth Date

**C**

**Claim Information**

Accident Related

Accident Date

\*Place of Treatment

\*Patient Number

Authorization Number

Include Other Insurance

Total Charged Amount \$0.00

**B. Patient Information**

**C. Claims Information**

# Submitting a Dental Claim: Step 1, continued

## Provider Information

Submit Dental Claim: Step 1 ?

\* Indicates a required field.

**Provider Information** 3

Billing Provider ID	1407146111	ID Type	NPI
*Billing Provider Service Location	22-SMILES TODAY DENTAL GROUP LLC-1580 E DESERT INN RD,LAS VEGAS,NEVADA,89169 <span>▼</span>		
Rendering Provider ID	<input type="text"/> <span>🔍</span>	ID Type	<input type="text"/> <span>▼</span>
Rendering Provider Service Location	-		
Referring Provider ID	<input type="text"/> <span>🔍</span>	ID Type	<input type="text"/> <span>▼</span>
Service Facility Location ID	<input type="text"/> <span>🔍</span>	ID Type	<input type="text"/> <span>▼</span>

3. Select the appropriate provider type/service location being billed from the **Billing Provider Service Location** drop-down option
4. Enter the Rendering ID and ID Type. If the Rendering ID is unknown, click the 🔍 button adjacent to the **Rendering Provider ID** field

# Submitting a Dental Claim: Step 1, continued

**Provider ID Search**

5 **Search By ID** Search By Name Search By Organization

\* Indicates a required field.

\*Provider ID 1043400534 6 Provider ID Type NPI

7 Search Cancel

**Search Results: NPI 1043400534**

Duplicate providers may appear in the results since a unique row is created for each specialty.

8

<u>Provider ID</u> ▼	<u>Provider Name</u>	<u>Provider Type</u>	<u>Address</u>	<u>City</u>	<u>State</u>
<a href="#">1043400534 (NPI)</a>	JOHN F MACK	Dentist	1580 E DESERT INN RD	LAS VEGAS	NEVAD

5. Select the desired search tab
6. Enter **Provider ID** and **Provider ID Type**
7. Click the **Search** button, and the search results will populate at the bottom
8. Click the [blue](#) link in the **Provider ID** column with correct Provider ID

NOTE: This example uses the **Search By ID** tab. Users can also search by the **Search By Organization** or **Search By Name** tabs.

# Submitting a Dental Claim: Step 1, continued

Submit Dental Claim: Step 1	
* Indicates a required field.	
<b>Provider Information</b>	
Billing Provider ID	1407146111 ID Type NPI
*Billing Provider Service Location	22-SMILES TODAY DENTAL GROUP LLC-1580 E DESERT INN RD,LAS VEGAS,NEVADA,891692548
Rendering Provider ID	1043400534 ID Type NPI
*Rendering Provider Service Location	22-MACK, JOHN F-1580 E DESERT INN RD,LAS VEGAS,NEVADA,891692548
Referring Provider ID	ID Type

Once the user clicks the Provider ID, it will populate in the **Rendering Provider ID** field.

NOTE: If needed, the user may enter a referring, supervising, or service facility location the same way the **Rendering Provider ID** was entered.

# Submitting a Dental Claim: Step 1, continued

## Patient Information

Patient Information	
<b>*Recipient ID</b> 97338188081	9
<b>Last Name</b> MUZAE	<b>First Name</b> WXEBVG
<b>Birth Date</b> 05/02/1967	

9. Enter the 11-digit **Recipient ID** and click outside of the field to populate **Last Name, First Name** and **Birth Date**



# Submitting a Dental Claim: Step 1, continued

## Claim Information

Claim Information

10 Accident Related  Accident Date

\*Place of Treatment

\*Patient Number  11

Authorization Number

Include Other Insurance  Total Charged Amount

12

The following fields with a red asterisk (\*) must be completed as follows:

10. Select the **Place of Treatment** from the drop-down list
11. Enter the **Patient Number**
12. Click the **Continue** button

NOTE: Other optional fields can be completed based on additional details known about the claim.

# Submitting a Dental Claim: Step 2

**Submit Dental Claim: Step 2** ?

\* Indicates a required field.

**Provider Information**

Billing Provider ID 1407146111 ID Type NPI

**Patient and Claim Information**

Recipient ID 97338188081  
Recipient WXE BVG MUZAE Gender Female  
Birth Date 05/02/1967 Total Charged Amount \$0.00

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

**Diagnosis Codes**

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

#	Diagnosis Type	Diagnosis Code	Action
<u>1</u>			

1 \*Diagnosis Type ICD-10-CM ▼ \*Diagnosis Code

[Add](#) [Reset](#)

Once the user clicks the **Continue** button, the “Submit Dental Claim: Step 2” page is first displayed with all panels are expanded.

# Submitting a Dental Claim: Step 2, continued

**Submit Dental Claim: Step 2** ?

\* Indicates a required field.

**Provider Information**

Billing Provider ID 1407146111 ID Type NPI

**Patient and Claim Information**

Recipient ID 97338188081  
Recipient WXE BVG MUZAE Gender Female  
Birth Date 05/02/1967 Total Charged Amount \$0.00

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

**Diagnosis Codes**

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

#	Diagnosis Type	Diagnosis Code	Action
<u>1</u>			
1	*Diagnosis Type ICD-10-CM <span>1</span>	*Diagnosis Code <input type="text" value="K03"/> <span>2</span>	

3

1. Choose a **Diagnosis Type** (Auto-populates as “ICD-10-CM”)
2. Enter the **Diagnosis Code**. Diagnosis codes are searchable by entering the first three letters or the first three numbers of the code to use a predictive search feature.
3. Click the **Add** button

# Submitting a Dental Claim: Step 2, continued

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

**Diagnosis Codes** -

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

#	Diagnosis Type	Diagnosis Code	Action
<u>1</u>	ICD-10-CM	K0381-Cracked tooth	<a href="#">Remove</a>
<u>2</u>			

2    \*Diagnosis Type     \*Diagnosis Code

   4      

[Go to Top](#)

Click the **Remove** link to remove a diagnosis code from the claim.

Once all the diagnosis codes have been entered, the user will:

4. Click the **Continue** button

# Submitting a Dental Claim: Step 3

**Service Details**

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

Svc #	Svc Date	Oral Cavity Area	Tooth Number	Procedure Code	Units	Charge Amount	Action
1							

1 \*Svc Date 08/21/2018 Oral Cavity Area 6 Tooth Number 14-1st Molar -UL-Permanent

Tooth Surface

2 \*Procedure Code D0191-Assessment of a pati Modifiers

3 \*Units 1 \*Charge Amount 225.35 4

5 Diagnosis Pointers 1

7 Add Reset

Enter the following service details for the claim:

1. The date - **Svc Date** field
2. The **Procedure Code**
3. **Units**
4. **Charge Amount**
5. **Diagnosis Pointers**
6. **Tooth Number** from the drop-down (if applicable)
7. Click the **Add** button to add each service detail

# Submitting a Dental Claim: Step 3, continued

**Service Details**

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

Svc #	Svc Date	Oral Cavity Area	Tooth Number	Procedure Code	Units	Charge Amount	Action
<a href="#">1</a>	08/21/2018		14-1st Molar -UL-Permanent	D0191	1	\$225.35	<a href="#">Remove</a>
2							

2

\*Svc Date  Oral Cavity Area  Tooth Number

Tooth Surface

\*Procedure Code  Modifiers

\*Units  \*Charge Amount  Diagnosis Pointers

Rendering Provider ID  ID Type

Rendering Provider Service Location

**Attachments**

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

#	Transmission Method	File	Control #	Attachment Type	Action
<input type="button" value="+"/>	Click to add attachment.				

8

8. Click the **Submit** button

# Submitting a Dental Claim: Step 3, continued

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

**Diagnosis Codes**

**Service Details**

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

Svc #	Svc Date	Oral Cavity Area	Tooth Number	Tooth Surface	Procedure Code	Mod	Units	Charge Amount
<u>1</u>	08/21/2018		14-1st Molar -UL-Permanent		D0191		1	\$225.

**No Other Insurance Details exist for this claim**

**No Attachments exist for this claim**

[Back to Step 1](#) [Back to Step 2](#) [Back to Step 3](#) [Print Preview](#) **9** [Confirm](#) [Cancel](#)

9. Click the **Confirm** button

# Submitting a Dental Claim: Step 3, continued

**Submit Dental Claim: Confirmation**

**Dental Claim Receipt**

Your Dental Claim was successfully submitted. The claim status is Finalized Payment.  
The Claim ID is **2218267000014**.

Click **Print Preview** to view the claim details as they have been saved on the payer's system.  
Click **Copy** to copy member or claim data.  
Click **Adjust** to resubmit the claim.  
Click **New** to submit a new claim.  
Click **View** to view the details of the submitted claim.

**Print Preview** **Copy** **Adjust** **New** **View**

The “Submit Dental Claim: Confirmation” page will appear after the claim has been submitted. It will display the claim status and Claim ID.

The user may then:


- Click the **Print Preview** button to view the claim details
- Click the **Copy** button to copy claim data
- Click the **Adjust** button to adjust the claim
- Click the **New** button to submit a new claim
- Click the **View** button to view the details of the submitted claim





# **Submitting a Dental Claim: Attachments**

# Submitting a Dental Claim: Attachments

Attachments					
Click the <b>Remove</b> link to remove the entire row.					
#	Transmission Method	File	Control #	Attachment Type	A
	Click to add attachment.				

1

[Back to Step 1](#) [Back to Step 2](#) [Submit](#) [Cancel](#)

To upload attachments to a dental claim:

1. Click the (+) sign on the **Attachments** panel

# Submitting a Dental Claim: Attachments, continued

The screenshot shows a web application interface for submitting dental claim attachments. The interface is divided into several sections:

- Attachments Table:** A table with columns for '#', 'Transmission Method', and a 'Remove' link. A message above the table says "Click the **Remove** link to remove the entire row." Below the table is a "Click to collapse" option.
- File Explorer:** A window showing the user's file system. The file "nv mmis modernization member operati..." is selected and highlighted with a red box and a callout '3'. The "Open" button is also highlighted with a red box and a callout '4'.
- Attachment Form:** A form with the following fields:
  - \*Transmission Method:** A dropdown menu set to "FT-File Transfer", highlighted with a red box.
  - \*Upload File:** A text input field with a "Browse..." button next to it, highlighted with a red box and callout '2'.
  - \*Attachment Type:** A dropdown menu.
  - Description:** A text input field.
- Buttons:** "Add" and "Cancel" buttons are located below the form. At the bottom of the page, there are "Back to Step 1", "Back to Step 2", "Submit", and "Cancel" buttons.

2. Click the **Browse** button and locate the file on the user's computer to attach

A window will then pop up. From there the user will:

3. Locate and select the file
4. Click the **Open** button

**NOTE:** The **Transmission Method** field will populate with "FT - File Transfer" by default and does not need to be changed.

# Submitting a Dental Claim: Attachments, continued

**Attachments**

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

#	Transmission Method	File	Control #	Attachment Type	Action
---	---------------------	------	-----------	-----------------	--------

Click to collapse.

\*Transmission Method: FT-File Transfer

\*Upload File: C:\Users\scarson8\Desktop\nv mmis modernization n Browse...

5 \*Attachment Type: [Dropdown Menu]

Description: [Text Field]

6 Add Cancel

Back to Step 1 Back to Step 2 Submit Cancel

5. Select the type of attachment from the **Attachment Type** drop-down list
6. Click the **Add** button to attach the file or click the **Cancel** button to cancel and close the attachment line

NOTE: A description of the attachment may be entered into the **Description** field, but it is not required.

# Submitting a Dental Claim: Attachments, continued

Attachments					
Click the <b>Remove</b> link to remove the entire row.					
#	Transmission Method	File	Control #	Attachment Type	Action
<a href="#">1</a>	FT-File Transfer	nv mmis modernization member operations training qa review v2.docx (124K)	20180924721523	DA-Dental Models	<a href="#">Remove</a>
+ Click to add attachment.					
<a href="#">Back to Step 1</a> <a href="#">Back to Step 2</a>		7		<a href="#">Submit</a>	<a href="#">Cancel</a>

7. Click the **Submit** button to proceed

NOTE: To view an attachment the user will click the number in the # column and the attachment will open in a new window. To remove any attachments that were attached incorrectly, use the **Remove** link.



# **Submitting a Dental Claim: Other Insurance Details**

# Submitting a Dental Claim: Other Insurance Details

Rendering Provider ID	1043400534	ID Type	INP1
*Rendering Provider Service Location	22-MACK, JOHN F-1580 E DESERT INN RD,LAS VEGAS,NEVADA,891692548		
Referring Provider ID		ID Type	
Service Facility Location ID		ID Type	
<b>Patient Information</b>			
*Recipient ID	00000000004		
Last Name	CLMGLZ	First Name	ALEJANDRA
Birth Date	01/01/1995		
<b>Claim Information</b>			
Accident Related		Accident Date	
*Place of Treatment	11-Physician's Office		
*Patient Number	12345		
Authorization Number			
Include Other Insurance	<input checked="" type="checkbox"/>	Total Charged Amount	\$300.25
		<b>2</b>	<input checked="" type="button" value="Continue"/> <input type="button" value="Cancel"/>

1. Check the **Include Other Insurance** checkbox located at the bottom of the Step 1 page
2. Click the **Continue** button

# Submitting a Dental Claim: Other Insurance Details, continued

<u>1</u>	ICD-10-CM	K030-Excessive attrition of teeth
<u>2</u>		

2      \*Diagnosis Type       \*Diagnosis Code

**Other Insurance Details**

Enter the carrier and policy holder information below.

Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjusted payment details, such as reason code details section.

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

#	Carrier Name	Carrier ID	Policy ID	Payer Paid Amount
<input type="button" value="+"/>	Click to add a new other insurance.			

To add a policy or other insurance carrier information:

- Click (+) in the **Other Insurance Details** panel at the bottom of the Step 2 page

**NOTE:** If the recipient has other insurance carrier information on file with Nevada Medicaid, the policy information will auto-populate in the **Other Insurance Details** panel.



# Submitting a Dental Claim: Other Insurance Details, continued

After clicking the (+):

#	Carrier Name	Carrier ID	Policy ID	Payer Paid Amount	Paid Date	Action
<input type="checkbox"/> Click to collapse.						
4	*Carrier Name	Cigna Healthcare	*Carrier ID	00526		
	*Policy Holder Last Name	TWGQFBZ	*First Name	PJOL	MI	C
	*Policy ID	12345				
	Insurance Type					
	*Responsibility	P-Primary	*Patient Relationship to Insured	18-Self		
	Payer Paid Amount		*Paid Date	09/24/2018		
	Remaining Patient Liability					
	*Claim Filing Indicator	CI-Commercial Insurance Co.				
5	<input type="button" value="Add Insurance"/>	<input type="button" value="Cancel Insurance"/>				
	<input type="button" value="Back to Step 1"/>	<input type="button" value="Continue"/>	<input type="button" value="Cancel"/>			

4. The user must complete all required fields
5. Click the **Add Insurance** button to add the Other Insurance details to the claim

NOTE: Click the **Cancel Insurance** button to cancel any updates to the claims adjustment details.

# Submitting a Dental Claim: Other Insurance Details, continued

**Other Insurance Details** [-]

Enter the carrier and policy holder information below.

Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjusted payment details, such as reason codes, in the Claim Adjustment Details section.

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

[Refresh Other Insurance](#)

#	Carrier Name	Carrier ID	Policy ID	Payer Paid Amount	Paid Date	Action
<a href="#">1</a>	Cigna Healthcare	00526	12345		09/24/2018	<a href="#">Remove</a>

Click to add a new other insurance.

[Back to Step 1](#) 6 [Continue](#) [Cancel](#)

Continue to Step 3 of the submission process:

6. Click the **Continue** button

NOTE: Click the **Remove** link to remove any other insurance details unrelated to the claim.



# **Searching for a Dental Claim**

# Searching for a Dental Claim

The screenshot shows the 'Search Claims' page. At the top, a navigation bar contains 'My Home', 'Eligibility', 'Claims', 'Management', 'File Exchange', and 'Resources'. The 'Claims' tab is highlighted with a red box and a callout '1'. Below it, a secondary navigation bar contains 'Search Claims', 'Claim Dental', 'Claim Inst', 'Submit Claim Prof', 'Search Payment History', and 'Treatment History'. The 'Search Claims' link is highlighted with a red box and a callout '2'. The main content area is titled 'Search Claims' and includes a search filter dropdown set to 'Medical/Dental'. Below the filter, there are instructions: 'A minimum one field is required. Recipient ID, Service From and To Date are required fields for the search when Claim ID is not entered. Claim searches are limited to a maximum range of 45 days.' The form is divided into three sections: 'Claim Information' with a 'Claim ID' field; 'Recipient Information' with a 'Recipient ID' field; and 'Service Information' with fields for 'Rendering Provider ID', 'ID Type' (dropdown), 'Claim Type' (dropdown), 'Service From' (calendar), 'To' (calendar), and 'Claim Status' (dropdown). At the bottom are 'Search' and 'Reset' buttons.

To search for a specific Claim, the user will:

1. Hover over **Claims**
2. Select **Search Claims**

# Searching for a Dental Claim, continued

**Search Claims** ?

Medical/Dental

A minimum one field is required.  
Recipient ID, Service From and To Date are required fields for the search when Claim ID is not entered.

Claim searches are limited to a maximum range of 45 days.

**Claim Information**

Claim ID

**Recipient Information**

3 **Recipient ID**

**Service Information**

4 **Rendering Provider ID**  **ID Type**  **Claim Type**

5 **Service From**  **To**  **Claim Status**

The fastest way to locate a claim is by entering the **Claim ID**.

To search without using the **Claim ID**:

3. Enter **Recipient ID**
4. Enter the **Service From** and **To** date range
5. Click the **Search** button

NOTE: When searching for a claim without using the **Claim ID**, the user must enter the **Recipient ID** along with the **Service From** and **To** date range as shown in this example.

# Searching for a Dental Claim, continued

6. Click the [blue](#) link of the desired claim to access

### Search Claims

Medical/Dental

A minimum one field is required.  
Recipient ID, Service From and To Date are required fields for the search when Claim ID is not entered.

Claim searches are limited to a maximum range of 45 days.

**Claim Information**

Claim ID

**Recipient Information**

Recipient ID

**Service Information**

Rendering Provider ID  ID Type  Claim Type

Service From  To  Claim Status

### Search Results

To see service line information, or to view the remittance advice, click on the '+' next to the claims ID.

Total Records: 1


	Claim ID	TCN	Claim Type	Claim Status	Service Date	Recipient ID	Rendering Provider ID	Medicaid Paid Amount	Paid Date	Recipient Responsibility
6	<a href="#">+ 221823500007</a>		Dental	Finalized Denied	08/21/2018	97338188081	1407146111	\$0.00	-	

# Searching for a Dental Claim, continued

View Dental Claim - ID 2218235000007		Back to Search Results ?	
<b>Provider Information</b>			
Billing Provider ID			
Billing Provider Service Location			
Rendering Provider ID			
Rendering Provider Service Location			
Referring Provider ID	_	ID Type	_
Service Facility Location ID	_	ID Type	_
<b>Patient Information</b>			
Claim Status	Finalized Denied		
Recipient ID	97338188081		
Recipient	WXEBVG MUZAE	Gender	Female
Birth Date	05/02/1967		
<b>Claim Information</b>			
Accident Related	_	Accident Date	_
Place of Treatment	11-Physician's Office		
Patient Number	12345		
Authorization Number	_		
Related Claim ICN	_		
Previous Claim ICN	_		
Note	_		
Total Allowed Amount	\$0.00	Total Co-pay Amount	\$0.00
		Total Charged Amount	\$725.25
		Total Paid Amount	\$0.00
		<a href="#">Expand All</a>   <a href="#">Collapse All</a>	
<b>Adjudication Errors</b> +			

The user can view the **Status** of the claim and the **Adjudication Errors**.

# Searching for a Dental Claim, continued

**View Dental Claim - ID 2218235000007** [Back to Search Results](#) 

---

**Provider Information**

**Billing Provider ID**  
**Billing Provider Service Location**  
**Rendering Provider ID**  
**Rendering Provider Service Location**  
**Referring Provider ID** \_ **ID Type** \_  
**Service Facility Location ID** \_ **ID Type** \_

---

**Patient Information**


**Claim Status** Finalized Denied  
**Recipient ID** 97338188081  
**Recipient** WXEBVG MUZAE **Gender** Female  
**Birth Date** 05/02/1967

---


**Claim Information**

**Accident Related** \_ **Accident Date** \_  
**Place of Treatment** 11-Physician's Office  
**Patient Number** 12345  
**Authorization Number** \_  
**Related Claim ICN** \_  
**Previous Claim ICN** \_  
**Note** \_

**Total Allowed Amount** \$0.00    **Total Co-pay Amount** \$0.00    **Total Charged Amount** \$725.25    **Total Paid Amount** \$0.00


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

---

**Adjudication Errors** 

Claim / Service #	HIPAA Adj	Description	EOB
Service # 1	257	PRIMARY DIAGNOSIS CODE MISSING - DETAIL	1630
Service # 2	257	PRIMARY DIAGNOSIS CODE MISSING - DETAIL	1630

- Click **Expand All** on the **Adjudication Errors** panel to view the **EOB** codes



# Searching for a Dental Claim, continued

Claim Information											
Accident Related		_		Accident Date		_					
Place of Treatment		11-Physician's Office									
Patient Number		12345									
Authorization Number		_									
Related Claim ICN		_									
Previous Claim ICN		_									
Note		_									
Total Allowed Amount		\$0.00		Total Co-pay Amount		\$0.00		Total Charged Amount		\$725.25	
								Total Paid Amount		\$0.00	
											<a href="#">Expand All</a>   <a href="#">Collapse All</a>
Adjudication Errors											
Claim / Service #	HIPAA Adj	Description									EOB
Service # 1	257	PRIMARY DIAGNOSIS CODE MISSING - DETAIL									1630
Service # 2	257	PRIMARY DIAGNOSIS CODE MISSING - DETAIL									1630
Diagnosis Codes											
Service Details											
Select the row number to edit the row. Click the <b>Remove</b> link to remove the entire row.											
Svc #	Svc Date	Oral Cavity Area	Tooth Number	Tooth Surface	Procedure Code	Mod	Units	Charge Amount	Allowed Amount	Co-pay Amount	Paid Amount
<u>1</u>	08/21/2018		2-2nd Molar-UR-Permanent		D1110		1	\$500.25	\$0.00	\$0.00	\$0.00
8	08/21/2018		10-Lateral Incisor-UL-Permanent		D1351		1	\$225.00	\$0.00	\$0.00	\$0.00

8. User will select the service number in the **Svc #** column to view

# **Viewing Dental Claim Remittance Advice (RA)**

# Viewing Dental Claims: RA

The screenshot displays the 'Search Payment History' form in a web portal. The navigation bar at the top includes 'My Home', 'Eligibility', 'Claims', 'Care Management', 'File Exchange', and 'Resources'. The 'Claims' tab is highlighted. Below the navigation bar, there are links for 'Search Claims', 'Submit Claim Dental', 'Submit Claim Inst', 'Submit Claim Prof', 'Search Payment History', and 'Treatment History'. The 'Search Payment History' link is highlighted with a red box and labeled '2'. The breadcrumb trail shows 'Claims > Search Payment History'. The form title is 'Search Payment History'. The provider information section includes 'Provider ID 1407146111', 'ID Type NPI', 'Name SMILES TODAY DENTAL GROUP LLC', and 'Location ID 100522270'. The search filters section includes a placeholder for configurable text, 'Payment Method' (All), 'Payment Type' (All), 'Check # / RA #' (text input), 'Issue Date \*From' (05/30/2018), and '\*To' (08/28/2018). The 'Search' button is highlighted with a red box and labeled '4'. The 'Reset' button is also visible.

To begin locating an RA, the user will:

1. Hover over **Claims**
2. Select **Search Payment History**
3. Enter search criteria to refine the search results
4. Click the **Search** button

NOTE: Users can only search for RAs on the Provider Web Portal for the past 6 months. The default search range is for the past 90 days.






# Viewing Dental Claims: RA, continued

## Search Results

To access a copy of the Remittance Advice, select the 'RA' icon. Access to the RA will require PDF software.

If the RA is too large to display, you will get an error message instead of downloaded RA. You will need to contact Customer Service for assistance.

Total Record

Issue Date	Payment Method	Payment Type	Check # / RA #	Total Paid Amount	RA Copy (PDF)
08/10/2018	CHK	C	000000000/100005164	\$0.00	
08/03/2018	CHK	C	000000000/100005122	\$0.00	
06/15/2018	CHK	C	000000000/100004758	\$0.00	
06/08/2018	CHK	C	000000000/100004686	\$0.00	
06/08/2018	CHK	C	000000000/100004601	\$0.00	






5

5. Click on the RA Copy (PDF) icon



PDF Files require [Adobe Acrobat Reader](#)

# Viewing Dental Claims: RA, continued

Search Results					
To access a copy of the Remittance Advice, select the 'RA' icon. Access to the RA will require PDF software.					
If the RA is too large to display, you will get an error message instead of downloaded RA. You will need to contact Customer Service for assistance.					
					Total Records: 5
Issue Date	Payment Method	Payment Type	Check # / RA #	Total Paid Amount	RA Copy (PDF)
08/10/2018	CHK	C	000000000/100005164	\$0.00	
08/03/2018	CHK	C	000000000/100005122	\$0.00	
06/15/2018	CHK	C	000000000/100004758	\$0.00	
06/08/2018	CHK	C	000000000/100004686	\$0.00	
06/08/2018	CHK	C	000000000/100004601	\$0.00	

PDF Files require [Adobe Acrobat Reader](#)

6. User will select Open

urrent Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes, descriptions and data are copyrighted by the American Medical Association (AMA) and the American Dental Association (ADA), respectively, all rights reserved. AMA and ADA assume no liability for data contained or not contained on this website and on documents posted herein.

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Do you want to open or save RA 100004601.pdf (4.78 KB) from portalmod.nvad.xnv.dcs-usps.com?

6

# Viewing Dental Claims: RA, continued

1580 E DESERT INN RD				NPI		1407146111	
LAS VEGAS, NV 89169-2548				CHECK/EFT NUMBER		000000000	
				PAYMENT DATE		09/21/2018	
REPORT: CRA-DNDN-R	NEVADA DIVISION OF HEALTH CARE FINANCING AND POLICY			DATE:		09/14/2018	
RA#: 100005481	NEVADA MEDICAID (TXIX)			PAGE:		3	
PAYER: TXIX	PROVIDER REMITTANCE ADVICE						
				DENTAL CLAIMS DENIED			
MILES TODAY DENTAL GROUP LLC				PAYEE ID		100522270 MCD	
	RENDERING	SERVICE DATES		BILLED	OTH INS	SPENDDOWN	
--ICN--	PROVIDER	FROM	TO	AMOUNT	AMOUNT	AMOUNT	
MEMBER NAME: ALEJANDRA CLMGLZ		MEMBER NO.: 000000000004					
	2218257000018 MCD 100513255	082818	082818	300.25	0.00	0.00	
PROC CD	TOOTH	SURFACE	AREA OF	SERVICE	PA NUMBER	BILLED	
			ORAL CAV	DATE		AMOUNT	
D2140	14	FFFFF		082818		300.25	0192
	RENDERING	SERVICE DATES		BILLED	OTH INS	SPENDDOWN	
--ICN--	PROVIDER	FROM	TO	AMOUNT	AMOUNT	AMOUNT	
MEMBER NAME: ALEJANDRA CLMGLZ		MEMBER NO.: 000000000004					
	2218257000019 MCD 100513255	082818	082818	300.25	0.00	0.00	
PROC CD	TOOTH	SURFACE	AREA OF	SERVICE	PA NUMBER	BILLED	
			ORAL CAV	DATE		AMOUNT	
D2140	14	FFFFF		082818		300.25	0192

The user can then print or save the RA to his/her computer.



# **Copying Dental Claims**

# Copying Dental Claims

The screenshot shows the Nevada Department of Health and Human Services Provider Portal. The navigation menu includes 'My Home', 'Eligibility', 'Claims', 'Case Management', 'File Exchange', and 'Resources'. The 'Claims' menu item is highlighted with a red box and a callout '1'. Below the navigation, there is a 'Search Claims' link, also highlighted with a red box. A callout '2' points to the search instructions: 'Minimum one field is required. Recipient ID, Service From and To Date are required fields for the search when Claim ID is not entered. Claim searches are limited to a maximum range of 45 days.' The form has two sections: 'Claim Information' with a 'Claim ID' field, and 'Recipient Information' with a 'Recipient ID' field containing the value '97338188081'. A red box highlights the 'Recipient ID' field with a callout '3'.

To copy a claim, the user will:


1. Hover over **Claims**
2. Select **Search Claims**
3. Enter the **Recipient ID**



NOTE: The **To** date will automatically populate to the same date as **Service From**.



# Copying Dental Claims, continued

**Service Information**

Rendering Provider ID   ID Type  Claim Type

4 **Service From**   **To**   Claim Status

5

4. Enter the **Service From**
5. Click the **Search** button

NOTE: The **To** date will automatically populate to the same date as **Service From**.

# Copying Dental Claims, continued

**Search Claims** ?

Medical/Dental

A minimum one field is required.  
 Recipient ID, Service From and To Date are required fields for the search when Claim ID is not entered.

Claim searches are limited to a maximum range of 45 days.

**Claim Information**

Claim ID

**Recipient Information**

Recipient ID

**Service Information**

Rendering Provider ID    ID Type  Claim Type

Service From  To  Claim Status

6. Click the [blue](#) link under **Claim ID**

**Search Results**

To see service line information, or to view the remittance advice, click on the '+' next to the claims ID.

Total Records: 1

	Claim ID	Claim Type	Claim Status	Service Date	Recipient ID	Rendering Provider ID	Medicaid Paid Amount	Paid Date	Recipient Responsibility
<a href="#">+</a>	<a href="#">2218239000005</a>	Dental	Finalized Denied	08/27/2018	97338188081	1073539177	\$0.00	-	



# Copying Dental Claims, continued

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

Adjudication Errors											
Claim / Service #	HIPAA Adj	Description									EOB
Service # 1	257	PRIMARY DIAGNOSIS CODE MISSING - DETAIL									1630
Service # 1	261	TOOTH NUMBER MISSING									1800
Service # 1	1010	RENDERING PROV NOT MEMBER OF BILLING PROV GROUP									3110
Service # 2	257	PRIMARY DIAGNOSIS CODE MISSING - DETAIL									1630
Service # 2	1010	RENDERING PROV NOT MEMBER OF BILLING PROV GROUP									3110
Diagnosis Codes											
Service Details											
Select the row number to edit the row. Click the <b>Remove</b> link to remove the entire row.											
Svc #	Svc Date	Oral Cavity Area	Tooth Number	Tooth Surface	Procedure Code	Mod	Units	Charge Amount	Allowed Amount	Co-pay Amount	Paid Amount
<u>1</u>	08/27/2018				D1351		1	\$275.25	\$0.00	\$0.00	\$0.00
<u>2</u>	08/27/2018				D1354		1	\$1,275.00	\$0.00	\$0.00	\$0.00
No Other Insurance Details exist for this claim											
No Attachments exist for this claim											
<span>8</span> <span>Copy</span> <span>Print Preview</span>											

7. Scroll down and expand:
  - **Adjudication Errors**
  - **Service Details**
8. Click the **Copy** button at the bottom of the page

# Copying Dental Claims, continued

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

Search Claims | Submit Claim Dental | Submit Claim Inst | Submit Claim Prof | Search Payment History | Treatment History

[Claims](#) > [Search Claims](#) > [View Dental Claim](#) > Copy Claim

---

### Copy Dental Claim ?

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

<input type="radio"/> <b>Recipient Information</b> Recipient ID Last Name First Name Birth Date Patient Number Address	<input type="radio"/> <b>Service Information</b> Service Facility Location Place of Treatment Procedure Code(s) Modifier(s) Units Detail Charge Amount(s) Rendering Provider(s)	<input type="radio"/> <b>Recipient and Service Information</b> Copies data listed in previous 2 columns.	<input checked="" type="radio"/> <b>Entire Claim</b> Copies data listed in columns 1 and 2 PLUS:  Referring Provider Accident Related Accident State Accident Country Oral Cavity Area(s) Tooth Number(s) Tooth Surface(s) Other Insurance Details All Dates
--	--	---	---

**10**

9. The user will select what portion to copy

For this example the user has selected **Entire Claim.**

10. Click **Copy**

# Copying Dental Claims, continued

**Submit Dental Claim: Step 1** ?

\* Indicates a required field.

**Provider Information**

Billing Provider ID	1407146111	ID Type	NPI
*Billing Provider Service Location	22-SMILES TODAY DENTAL GROUP LLC-1580 E DESERT INN RD,LAS VEGAS,NEVADA,89169		
Rendering Provider ID	1073539177	ID Type	NPI
*Rendering Provider Service Location	20-SMITH, JASON C-11234 ANDERSON ST,LOMA LINDA,CALIFORNIA,92354		
Referring Provider ID		ID Type	
Service Facility Location ID		ID Type	

**Patient Information**

*Recipient ID	97338188081		
Last Name	MUZAE	First Name	WXEBVG
Birth Date	05/02/1967		

**Claim Information**

Accident Related		Accident Date	
*Place of Treatment	11-Physician's Office		
*Patient Number	12345		
Authorization Number			
Include Other Insurance	<input type="checkbox"/>	Total Charged Amount	\$1,550.25

**11** Continue Cancel

Fields will be populated with the information selected to copy. Additional changes can be made as needed.

11. Click **Continue**

# Copying Dental Claims, continued

Service Details								
Select the row number to edit the row. Click the <b>Remove</b> link to remove the entire row.								
Svc #	Svc Date	Oral Cavity Area	Tooth Number	Tooth Surface	Procedure Code	Mod	Units	Charge Amount
<a href="#">1</a>	08/27/2018				D1351		1	\$275.25
<a href="#">2</a>	08/27/2018				D1354		1	\$1,275.00
<a href="#">3</a>	08/28/2018				D1110		1	\$500.25

No Other Insurance Details exist for this claim

No Attachments exist for this claim

[Back to Step 1](#) [Back to Step 2](#) [Back to Step 3](#) [Print Preview](#) **12** [Confirm](#) [Cancel](#)

12. Click the **Confirm** button

# Copying Dental Claims, continued

## Submit Dental Claim: Confirmation

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

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

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

[Search Claims](#) | [Submit Claim Dental](#) | [Submit Claim Inst](#) | [Submit Claim Prof](#) | [Search Payment History](#) | [Treatment History](#)

[Claims](#) > Claim Receipt Tuesday 08/28/2018 09:22 AM PST

**Submit Dental Claim: Confirmation** ?

**Dental Claim Receipt**

Your Dental Claim was successfully submitted. The claim status is Finalized Denied.

The Claim ID is **221824000007**. 13

Click **Print Preview** to view the claim details as they have been saved on the payer's system.  
Click **Copy** to copy member or claim data.  
Click **New** to submit a new claim.  
Click **View** to view the details of the submitted claim.

[Print Preview](#) [Copy](#) [New](#) [View](#) 14

13. Note the Claim ID, under the **Submit Dental Claim: Confirmation** section

14. May also use the provided buttons to:

- Print Preview
- Copy Claim Information
- Create new claim
- View the details of the submitted claim



# **Adjusting a Dental Claim**



# Adjusting a Dental Claim

**Search Claims** ?

Medical/Dental

A minimum one field is required.  
Recipient ID, Service From and To Date are required fields for the search when Claim ID is not entered.

Claim searches are limited to a maximum range of 45 days.

**Claim Information**

Claim ID  x **1**

**Recipient Information**

Recipient ID

**Service Information**

Rendering Provider ID    ID Type  Claim Type

Service From   To   Claim Status

**2**

To begin the claim adjustment process:

1. Enter a **Claim ID**
2. Click the **Search** button

# Adjusting a Dental Claim, continued

**Claim Information**

Claim ID

**Recipient Information**

Recipient ID

**Service Information**

Rendering Provider ID  ID Type  Claim Type

Service From  To  Claim Status

3. Click the [blue Claim ID](#) link

NOTE: Denied Claims cannot be adjusted. The **Claim Status** column will indicate “Finalized Payment” if a claim is paid.

**Search Results**

To see service line information, or to view the remittance advice, click on the '+' next to the claims ID. Total Records: 1

+	Claim ID	TCN	Claim Type	Claim Status	Service Date	Recipient ID	Rendering Provider ID	Medicaid Paid Amount	Paid Date	Recipient Responsibility
+	<a href="#">5918261000001</a>	3	Dental	Finalized Payment	08/14/2018 - 08/28/2018	000000000004	1043400534	\$24.58	-	

# Adjusting a Dental Claim, continued

**Diagnosis Codes**

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

#	Diagnosis Type	Diagnosis Code
1	ICD-10-CM	K029-Dental caries, unspecified

**Service Details**

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

Svc #	Svc Date	Oral Cavity Area	Tooth Number	Procedure Code	Units	Charge Amount	Action
<u>1</u>	12/12/2018			D0210	2	\$34.90	

1 \*Svc Date 12/12/2018 Oral Cavity Area Tooth Number

Tooth Surface

\*Procedure Code D0210-Intraor complete film Modifiers

\*Units 2 \*Charge Amount 34.90 \*Diagnosis Pointers 1 Authorization Number

Rendering Provider ID ID Type NPI

\*Rendering Provider Service Location

5 Save Reset Cancel

4. Make any necessary adjustments to your claim fields.

5. Once all changes have been made, click **Save**.

# Adjusting a Dental Claim, continued

**Service Details**

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

Svc #	Svc Date	Oral Cavity Area	Tooth Number	Procedure Code	Units	Charge Amount	Action
<u>1</u>	12/12/2018			D0210	2	\$34.90	
2							

2

\*Svc Date  Oral Cavity Area  Tooth Number

Tooth Surface

\*Procedure Code  Modifiers

\*Units  \*Charge Amount  \*Diagnosis Pointers  Authorization Number

Rendering Provider ID  ID Type

Rendering Provider Service Location

**Attachments**

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

#	Transmission Method	File	Control #	Attachment Type	Action
Click to add attachment.					

**6**

6. Click the **Resubmit** button

[Go to Top](#)

# Adjusting a Dental Claim, continued

Patient Information									
<b>Claim Status</b>	Finalized Payment								
<b>Recipient ID</b>	00000000004								
<b>Recipient</b>	ALEJANDRA CLMGLZ				<b>Gender</b>	Female			
<b>Birth Date</b>	01/01/1995								
Claim Information									
<b>Accident Related</b>	_				<b>Accident Date</b>	_			
<b>Place of Treatment</b>	11-Physician's Office								
<b>Patient Number</b>	12345								
<b>Authorization Number</b>	_								
<b>Related Claim ICN</b>	_								
<b>Previous Claim ICN</b>	5918261000001								
<b>Note</b>	_								
							<b>Total Charged Amount</b>	\$295.23	
								<a href="#">Expand All</a>	<a href="#">Collapse All</a>
Diagnosis Codes									
Service Details									
Select the row number to edit the row. Click the <b>Remove</b> link to remove the entire row.									
Svc #	Svc Date	Oral Cavity Area	Tooth Number	Tooth Surface	Procedure Code	Mod	Units	Charge Amount	
<u>1</u>	08/14/2018		14-1st Molar -UL-Permanent		D0190		1	\$220.23	
<u>2</u>	08/28/2018		7-Lateral Incisor-UR-Permanent		D0191		1	\$75.00	
<b>No Adjudication Errors exist for this claim</b>									
<b>No Other Insurance Details exist for this claim</b>									
<b>No Attachments exist for this claim</b>									
<a href="#">Back to Step 1</a> <a href="#">Back to Step 2</a> <a href="#">Back to Step 3</a> <a href="#">Print Preview</a>				<div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">7</div>		<a href="#">Confirm</a> <a href="#">Cancel</a>			

7. Click the **Confirm** button

NOTE: Click the **Cancel** button to cancel the adjustment.

# Adjusting a Dental Claim, continued

**Resubmit Dental Claim: Confirmation**

**Dental Claim Receipt**

Your Dental Claim was successfully resubmitted. The claim status is **Finalized Payment**.

The Claim ID is **5918261000002**.

Click **Print Preview** to view the claim details as they have been saved on the payer's system.  
Click **Copy** to copy member or claim data.  
Click **Adjust** to resubmit the claim.  
Click **View** to view the details of the submitted claim.

[Print Preview](#) [Copy](#) [Adjust](#) [View](#)

The **Resubmit Claim: Confirmation** message will appear after the claim has been submitted. It will display the claim status and new Claim ID.



# **Submitting an Appeal for a Claim**

# Submitting an Appeal for a Claim

Delegate for Carson      Role IDs Provider - In Network -      (NPI)      Location

---

**Provider**  
Welcome Carson  
Name  
Provider ID  
Location ID

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


**Provider Services**

- ▶ [Member Focused Viewing](#)
- ▶ [Search Payment History](#)
- ▶ [Revalidate-Update Provider](#)
- ▶ [Pharmacy PA](#)
- ▶ [PASRR](#)
- ▶ [EHR Incentive Program](#)
- ▶ [EPSDT](#)
- ▶ [Presumptive Eligibility](#)

**Broadcast Messages**

**Hours of Availability**  
The Nevada Provider Web Portal is unavailable between midnight and 12:25 AM PST Monday-Saturday and between 8 PM and 12:25 AM PST on Sunday.

**Welcome Health Care Professional!**



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

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

[Contact Us](#) **1**

**Secure Correspondence**

All Claim Inquiries should be submitted to the following Address:

Nevada Medicaid Administration  
P.O.Box 30042  
Reno, NV 89520-3042

From the home page, the user will:

1. Select **Secure Correspondence** to start the Appeal process



# Submitting an Appeal for a Claim, continued

The screenshot shows the 'Secure Correspondence - Create Message' form. The form includes the following fields:

- \*Subject:** Appeal of a denied claim
- \*Message Category:** Claims - Appeals (highlighted with a red box and a callout bubble containing the number '2')
- Email:** john.doe@myhealth.com
- Confirm Email:** john.doe@myhealth.com
- Phone Number:** [Empty field]
- \*Preferred Method of Communication:** Email
- \*Service Provider ID:** 1234567890
- \*Provider Type:** 20 - Physician
- \*Denial Reason:** Denied with EOB 0245.
- \*Message:** Claim was Denied. Please review additional documentation.

The user will then:

2. Select “Claims – Appeals” from the **Message Category** dropdown and fill out all of the required fields.

# Submitting an Appeal for a Claim, continued

The screenshot shows a web form titled "Attachments" with a table header containing columns for "#", "Transmission Method", "File", "Control #", "Attachment Type", and "Action". Below the table is a form area with a "Click to collapse" link. A red box labeled "3" highlights the "Transmission Method" dropdown (set to "EL-Electronic Only"), the "Upload File" field with a "Browse..." button, and the "Attachment Type" dropdown. Below this is a "Description" text field and "Add" and "Cancel" buttons. A second red box labeled "4" highlights the "Send" and "Cancel" buttons at the bottom of the form.

Next, the user will:

3. Click the **Browse** button and locate the file supporting the appeal request and select **Add**
4. Click the **Send** button

NOTE: Once the user clicks **Send** and the appeal has been created, the system will create a Contact Tracking Number (CTN). The user can use the CTN to check on the status of the appeal.

# Submitting an Appeal for a Claim, continued

Secure Correspondence - Message Box

Access your messages by selecting the individual subject line. Whenever a new message is sent, a confirmation e-mail precedes the request. For additional contact us.

Status	CTN #	Subject	Opened	Last
Open	4256	<a href="#">Appeal of a denial</a>	/2018	
Open	4255	<a href="#">testing</a>	/2018	
Open	4253	<a href="#">Testing from MO</a>	/2018	
Open	4252	<a href="#">Testing 6268 in MO</a>	09/18/2018	
Open	4251	<a href="#">Testing 6268</a>	09/06/2018	

**Confirmation**

5 Your secure message was successfully sent.

OK

After clicking **Send**, a confirmation message will populate with “Your secure message was successfully sent”

User will then need to:  
5. Click the **OK** button

# Submitting an Appeal for a Claim, continued

Secure Correspondence - Message Box [Back to My Home](#) ?

Access your messages by selecting the individual subject line. Whenever a new message is sent, a confirmation e-mail precedes the request. For additional queries please contact us. [Create New Message](#)

Total Records: 13

Status	CTN #	Subject	Message Category	Date Opened	Last Activity Date
Open	4256	<a href="#">Appeal of a denied claim</a>	Claims - Appeals	10/02/2018	10/02/2018
Open	4255	<a href="#">testing</a>	Claims - Appeals	09/27/2018	09/27/2018
Open	4253	<a href="#">Testing from MO</a>	Level 2 Support - Account Issues	09/19/2018	09/19/2018
Open	4252	<a href="#">Testing 6268 in MO</a>	Level 2 Support - Account Issues	09/18/2018	09/18/2018
Open	4251	<a href="#">Testing 6268</a>	Claims - Appeals	09/06/2018	09/06/2018
Open	4227	<a href="#">Testing sample for 5916</a>	Level 2 Support - Account Issues	08/14/2018	08/14/2018
Closed	4217	<a href="#">Help</a>	Other	07/08/2018	08/03/2018
Open	4218	<a href="#">Testing Help</a>	Other	07/08/2018	07/08/2018
Open	4219	<a href="#">Testing help..</a>	Other	07/08/2018	07/08/2018
Open	4188	<a href="#">Testing in Model</a>	Level 2 Support - Account Issues	04/09/2018	04/09/2018

1 2

After the user clicks the **OK** button, they will be directed to the **Secure Correspondence - Message Box**, where the new CTN can be seen.



# **Voiding a Dental Claim**

# Voiding a Dental Claim

The screenshot shows a web application interface for searching claims. At the top, a navigation bar contains 'My Home', 'Eligibility', 'Claims', 'Management', 'File Exchange', and 'Resources'. The 'Claims' tab is highlighted with a red box and a callout '1'. Below the navigation bar, a secondary menu includes 'Search Claims', 'Claim Dental', 'Submit Claim Inst', 'Submit Claim Prof', 'Search Payment History', and 'Treatment History'. The 'Search Claims' link is highlighted with a red box and a callout '2'. The main content area is titled 'Search Claims' and includes a dropdown menu set to 'Medical/Dental'. Below this, there is a note: 'A minimum one field is required. Recipient ID, Service From and To Date are required fields for the search when Claim ID is not entered. Claim searches are limited to a maximum range of 45 days.' The 'Claim Information' section has a 'Claim ID' field containing '5918261000002', highlighted with a red box and callout '3'. The 'Recipient Information' section has a 'Recipient ID' field. The 'Service Information' section includes 'Rendering Provider ID', 'ID Type' (a dropdown menu), 'Claim Type', 'Service From', 'To', and 'Claim Status' fields. At the bottom, there are 'Search' and 'Reset' buttons. The 'Search' button is highlighted with a red box and callout '4'.

To search for a claim the user will need to:

1. Hover over **Claims**
2. Select **Search Claims**
3. Enter **Claim ID**
4. Click the **Search** button

# Voiding a Dental Claim, continued

**Search Claims** ?

Medical/Dental

A minimum one field is required.  
 Recipient ID, Service From and To Date are required fields for the search when Claim ID is not entered.

Claim searches are limited to a maximum range of 45 days.

**Claim Information**

Claim ID

**Recipient Information**

Recipient ID

**Service Information**

Rendering Provider ID    ID Type  Claim Type

Service From   To  Claim Status

5. Click the [blue Claim ID](#) link to open the claim

NOTE: Denied Claims cannot be voided. The **Claim Status** column will indicate “Finalized Payment” if a claim is paid.

**Search Results**

To see service line information, or to view the remittance advice, click on the '+' next to the claims ID.

Total Records: 1

	Claim ID		Claim Type	Claim Status	Service Date	Recipient ID	Rendering Provider ID	Medicaid Paid Amount	Paid Date	Recipient Responsibility
<input type="button" value="+"/>	<a href="#">5918261000002</a>	5	Dental	Finalized Payment	08/14/2018 - 08/28/2018	000000000004	1043400534	\$24.58	09/21/2018	

PDF Files require [Adobe Acrobat Reader](#)

# Voiding a Dental Claim, continued

Total Allowed Amount \$24.58      Total Co-pay Amount \$0.00      Total Paid Amount \$24.58

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

**Diagnosis Codes** +

**Service Details** -

Select the row number to edit the row. Click the **Remove** link to remove the entire row.

Svc #	Svc Date	Oral Cavity Area	Tooth Number	Tooth Surface	Procedure Code	Mod	Units	Charge Amount	Allowed Amount	Co-pay Amount	Paid Amount
<a href="#">1</a>	08/14/2018		14-1st Molar -UL-Permanent		D0190		1	\$220.23	\$14.34	\$0.00	\$14.34
<a href="#">2</a>	08/28/2018		7-Lateral Incisor-UR-Permanent		D0191		1	\$75.00	\$10.24	\$0.00	\$10.24

**No Adjudication Errors exist for this claim**

**No Other Insurance Details exist for this claim**

**No Attachments exist for this claim**

**6**

[Adjust](#) [Copy](#) [Void](#) [Print Preview](#) [RA Copy \(PDF\)](#)

To void the claim, the user will:

6. Click the **Void** button



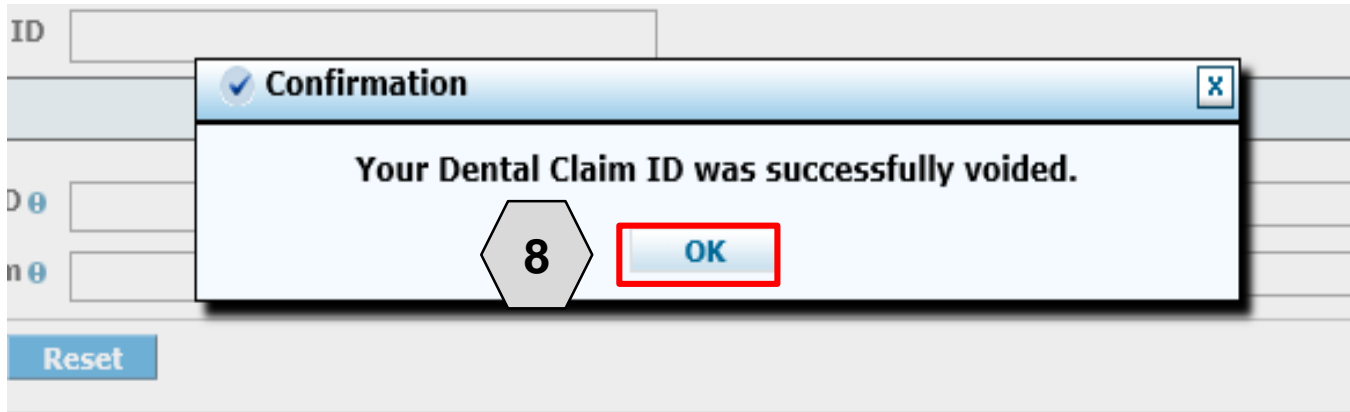
# Voiding a Dental Claim, continued

The screenshot shows a software interface with a confirmation dialog box overlaid. The dialog box is titled "Confirmation" and contains the text: "Are you sure you want to void this Dental Claim ID 5918261000002?". Below the text is a hexagonal icon containing the number "7". To the right of the icon are two buttons: "OK" and "Cancel". The "OK" button is highlighted with a red rectangular border. In the background, a table is visible with columns for "Activity", "To", "7-Lateral Incisor-UR-Permanent", "D0191", "1", and "\$75.00". Below the table, there are buttons for "Copy", "Void", "Print Preview", and "RA Copy (PDF)".

Activity	To	7-Lateral Incisor-UR-Permanent	D0191	1	\$75.00
----------	----	--------------------------------	-------	---	---------

7. Click the OK button

# Voiding a Dental Claim, continued



8. Click the **OK** button



**Forms**

# Attach the appropriate FA Form(s)

- 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) for orthodontic prior authorization requests
- 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

Submit with all dental and orthodontia prior authorization requests

## 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

**Submit with all dental and orthodontia prior authorization requests**

## **Reminders:**

- Recipients age 21 and older may receive emergency extractions, palliative care and dentures/prosthetic care under certain guidelines and limitations.
- 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													
										<b>CDT Code</b>		<b>CDT Code Description</b>				<b>Fee</b>															
												Banding \$ ____.																			
												Periodic Adjustment																			
												__ months x \$ ____.																			
												Retention \$ ____.																			
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	
32		31		30		29		28		27		26		25		24		23		22		21		20		19		18		17	
34a. Diagnosis Code(s)										A _____		C _____				32. Total Fee		<b>Total Fee</b>													
(Primary diagnosis in 'A')										B _____		D _____																			

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://dhcftp.nv.gov/>
- Medicaid Services Manuals, MSM Chapters:  
<http://dhcftp.nv.gov/Resources/AdminSupport/Manuals/MSM/MSMHome/>



**Contact Nevada Medicaid**



# Contact Us — Nevada Medicaid

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

Prior Authorization Department: 800-525-2395

Provider Field Representative: [NevadaProviderTraining@dxc.com](mailto:NevadaProviderTraining@dxc.com)



**Thank You**