Dental and Orthodontia
Provider Web Portal 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
EVS is available 24 hours a day, seven days a week except during the scheduled weekly maintenance period.

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

- 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 under “Featured Links”
Authorization Criteria, continued

- 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”
• 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)
Once registered, users may access their accounts from the PWP “Home” page by:

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

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.
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

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.
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

1. Hover over the Care Management tab
2. Click Create Authorization from the sub-menu
Submitting a PA Request, continued

3. Select the authorization type (Dental)
4. Choose an appropriate Process Type from the drop-down list
### Submitting a PA Request, continued

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

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

8. Enter Service Provider Information
Submitting a PA Request, continued

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

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

18. Click the Add button.
Submitting a PA Request, continued

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.

<table>
<thead>
<tr>
<th>Transmission Method</th>
<th>File</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>EL-Electronic Only</td>
<td>Nurse Notes.docx</td>
<td>Remove</td>
</tr>
</tbody>
</table>

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
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.
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

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

1. Hover over the Care Management tab
2. Click View Authorization Status
3. Click the ATN hyperlink of the PA you wish to view.

<table>
<thead>
<tr>
<th>Authorization Tracking Number</th>
<th>Service Date</th>
<th>Recipient Name</th>
<th>Recipient ID</th>
<th>Process Type</th>
<th>Requesting Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>45181270003</td>
<td>01/01/2018 - 01/01/2019</td>
<td>ABIEGUT, ABYNNRYP</td>
<td>43627875678</td>
<td>Home Health</td>
<td>HOSPITALIST SERV NEVADA-MANDAVIA</td>
</tr>
<tr>
<td>43180110001</td>
<td>01/11/2018 - 01/11/2019</td>
<td>QROTB, FENKTPV.</td>
<td>54409179444</td>
<td>Outpt M/S</td>
<td>HOSPITALIST SERV NEVADA-MANDAVIA</td>
</tr>
<tr>
<td>41180120002</td>
<td>01/12/2018 - 01/12/2019</td>
<td>KWLVOTRYKW, AOWPEW H</td>
<td>80335695037</td>
<td>Outpt M/S</td>
<td>HOSPITALIST SERV NEVADA-MANDAVIA</td>
</tr>
</tbody>
</table>
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

6. Review the details listed in the Decision / Date and Reason columns

<table>
<thead>
<tr>
<th>From Date</th>
<th>To Date</th>
<th>Units</th>
<th>Remaining Units</th>
<th>Amount</th>
<th>Code</th>
<th>Medical Citation</th>
<th>Decision / Date</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/12/2018</td>
<td>01/12/2019</td>
<td>10</td>
<td>10</td>
<td>-</td>
<td>CPT/HCPCS 0030F-INACTIVE TOBACCO USE, NON-SMOKING</td>
<td>01/12/2019</td>
<td>-</td>
<td></td>
</tr>
</tbody>
</table>

Certified In Total: 01/12/2019
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.

### Service Provider / Service Details Information

<table>
<thead>
<tr>
<th>Provider ID</th>
<th>ID Type</th>
<th>Name</th>
<th>From Date</th>
<th>To Date</th>
<th>Units</th>
<th>Remaining Units</th>
<th>Amount</th>
<th>Code</th>
<th>Medical Citation</th>
<th>Decision / Date</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>1831573690</td>
<td>NPI</td>
<td>HOSPITALIST SERVICES OF NEVADA-MANDAVIA</td>
<td>01/12/2018</td>
<td>01/12/2019</td>
<td>10</td>
<td>10</td>
<td></td>
<td>CPT/HCPCS 0003F-INACTIVE TOBACCO USE, NON-SMOKING</td>
<td></td>
<td>Certified In Total</td>
<td>01/12/2018</td>
</tr>
</tbody>
</table>
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).
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

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.

<table>
<thead>
<tr>
<th>From Date</th>
<th>To Date</th>
<th>Units</th>
<th>Remaining Units</th>
<th>Amount</th>
<th>Code</th>
<th>Medical Citation</th>
<th>Decision / Date</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/17/2013</td>
<td>02/17/2013</td>
<td>3</td>
<td>0</td>
<td>-</td>
<td>Revenue 0121-R&amp;B-2 BED-MED-SURG-GYN</td>
<td>Hide</td>
<td>Not Certified</td>
<td>02/21/2013</td>
</tr>
<tr>
<td>02/20/2031</td>
<td>02/20/2031</td>
<td>2</td>
<td>0</td>
<td>-</td>
<td>Revenue 0121-R&amp;B-2 BED-MED-SURG-GYN</td>
<td>View</td>
<td>Not Certified</td>
<td>02/22/2013</td>
</tr>
<tr>
<td>02/17/2013</td>
<td>02/20/2013</td>
<td>3</td>
<td>3</td>
<td>-</td>
<td>Revenue 0121-R&amp;B-2 BED-MED-SURG-GYN</td>
<td></td>
<td>Certified in Total</td>
<td>02/24/2013</td>
</tr>
</tbody>
</table>
Viewing the Status of PAs, continued

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

1. Click the Search Options tab
2. Enter search criteria into the search fields
Searching for PAs, continued

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

D. Status: Select a status from this list to narrow search results to include only the selected status.
Searching for PAs, continued

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**

<table>
<thead>
<tr>
<th>H</th>
<th>Provider ID</th>
<th>I</th>
<th>ID Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>This Provider is the</td>
<td>Servicing Provider on the Authorization</td>
<td></td>
<td>Requesting Provider on the Authorization</td>
</tr>
</tbody>
</table>

**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

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

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

---

<table>
<thead>
<tr>
<th>Diagnosis Type</th>
<th>Diagnosis Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>ICD-10-CM</td>
<td>T7500XA-Unspecified effects of lightning, initial encounter</td>
</tr>
</tbody>
</table>

---

<table>
<thead>
<tr>
<th>Line #</th>
<th>From Date</th>
<th>To Date</th>
<th>Decision</th>
<th>Code</th>
<th>Modifiers</th>
<th>Units</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>01/01/2018</td>
<td>01/01/2019</td>
<td>Pended</td>
<td>A6413-Adhesive bandage, first-aid</td>
<td></td>
<td>1</td>
<td>Copy</td>
</tr>
</tbody>
</table>

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**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.
Submitting Additional Information, continued

3. Click the Resubmit button to review the PA information
4. Review the information
5. Click the Confirm button

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.
- 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

<table>
<thead>
<tr>
<th>Featured Links</th>
</tr>
</thead>
<tbody>
<tr>
<td>Authorization Criteria</td>
</tr>
<tr>
<td>DHCFP Home</td>
</tr>
<tr>
<td>EDI Information</td>
</tr>
<tr>
<td>EVS User Manual</td>
</tr>
<tr>
<td>Modernization Project</td>
</tr>
<tr>
<td>Online Provider Enrollment</td>
</tr>
<tr>
<td>Provider Login (EVS)</td>
</tr>
<tr>
<td>Prior Authorization</td>
</tr>
<tr>
<td><strong>Search Fee Schedule</strong></td>
</tr>
<tr>
<td>Search Providers</td>
</tr>
<tr>
<td>Claims</td>
</tr>
<tr>
<td>Trading Partner</td>
</tr>
</tbody>
</table>

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

- Step 1: Click “I Accept”
- Step 2: Click “Submit”
Fee Schedule, continued

- 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

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

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Provider Type</th>
<th>Provider Specialty</th>
<th>Modifier</th>
<th>Fee Amount</th>
<th>Age Restrictions</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>DB080-COMP DENTAL TX ADOLESCENT</td>
<td>20-Physician, M.D., Osteopath, D.O.</td>
<td>170-Maxillofacial Surgery</td>
<td></td>
<td>000 - 020</td>
<td></td>
<td>7/1/2013 - 12/31/2299</td>
</tr>
<tr>
<td>DB080-COMP DENTAL TX ADOLESCENT</td>
<td>22-Dentist</td>
<td>All Specialty</td>
<td></td>
<td>000 - 020</td>
<td></td>
<td>7/1/2013 - 12/31/2299</td>
</tr>
</tbody>
</table>
DHCFP Rates Unit

• Step 1: Highlight Quick Links from tool bar at www.medicaid.nv.gov

• Step 2: Select Rates Unit

• Step 3: From new window, select Accept
DHCFP Rates Unit, continued

- 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

<table>
<thead>
<tr>
<th>Title</th>
<th>File Size</th>
<th>Last Update</th>
</tr>
</thead>
<tbody>
<tr>
<td>Billing Manual</td>
<td>1 MB</td>
<td>02/01/2019</td>
</tr>
</tbody>
</table>

• 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

- Locate the section header “Billing Guidelines (by Provider Type)”
- Select appropriate Provider Type Guideline
Submitting a Professional Claim via the EVS Secure Provider Web Portal
Understanding Claim Sub Menus
Understanding Claims Sub Menus

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.

**Claim activities:**
- Search Claims
- Submit Claim Dental
- Submit Claim Inst
- Submit Claim Prof
- Search Payment History
- Treatment History

Nevada Medicaid Dental and Orthodontia Provider Training
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

1. Hover over the Claims tab
2. Select Submit Claim Dental
"Submit Dental Claim: Step 1" page sub-sections to complete:

A. Provider Information
Submitting a Dental Claim: Step 1, continued

B. Patient Information

C. Claims Information
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

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

<table>
<thead>
<tr>
<th>Provider ID</th>
<th>Provider Name</th>
<th>Provider Type</th>
<th>Address</th>
<th>City</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td>1043400534 (NPI)</td>
<td>JOHN F MACK</td>
<td>Dentist</td>
<td>1580 E DESERT INN RD</td>
<td>LAS VEGAS</td>
<td>NEVAD</td>
</tr>
</tbody>
</table>

**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

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.

<table>
<thead>
<tr>
<th>Provider Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Billing Provider ID</td>
</tr>
<tr>
<td>*Billing Provider Service Location</td>
</tr>
<tr>
<td>Rendering Provider ID</td>
</tr>
<tr>
<td>*Rendering Provider Service Location</td>
</tr>
<tr>
<td>Referring Provider ID</td>
</tr>
</tbody>
</table>
Submitting a Dental Claim: Step 1, continued

Patient Information

<table>
<thead>
<tr>
<th>Patient Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Recipient ID</td>
</tr>
<tr>
<td>Last Name</td>
</tr>
<tr>
<td>Birth Date</td>
</tr>
<tr>
<td>First Name</td>
</tr>
</tbody>
</table>

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**

<table>
<thead>
<tr>
<th>Step</th>
<th>Field Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Accident Related</td>
</tr>
<tr>
<td>11</td>
<td>Place of Treatment: Physician's Office</td>
</tr>
<tr>
<td>11</td>
<td>Patient Number: 12345</td>
</tr>
<tr>
<td></td>
<td>Authorization Number</td>
</tr>
<tr>
<td></td>
<td>Include Other Insurance</td>
</tr>
<tr>
<td></td>
<td>Accident Date</td>
</tr>
<tr>
<td></td>
<td>Total Charged Amount</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>#</th>
<th>Diagnosis Type</th>
<th>Diagnosis Code</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>*Diagnosis Type</td>
<td>ICD-10-CN</td>
<td></td>
</tr>
<tr>
<td></td>
<td>*Diagnosis Code</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Provider Information**

<table>
<thead>
<tr>
<th>Billing Provider ID</th>
<th>1407145111</th>
</tr>
</thead>
<tbody>
<tr>
<td>ID Type</td>
<td>NPI</td>
</tr>
</tbody>
</table>

**Patient and Claim Information**

<table>
<thead>
<tr>
<th>Recipient ID</th>
<th>97338188081</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recipient</td>
<td>WXEBVU MUZAE</td>
</tr>
<tr>
<td>Gender</td>
<td>Female</td>
</tr>
<tr>
<td>Birth Date</td>
<td>05/02/1957</td>
</tr>
<tr>
<td>Total Charged Amount</td>
<td>$0.00</td>
</tr>
</tbody>
</table>
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
Submit a Dental Claim: Step 2, continued

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

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

---

<table>
<thead>
<tr>
<th>Svc #</th>
<th>Svc Date</th>
<th>Oral Cavity Area</th>
<th>Tooth Number</th>
<th>Procedure Code</th>
<th>Units</th>
<th>Charge Amount</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>08/31/2018</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Procedure Code**

**D0191-Assessment of a path**

**Diagnosis Pointers**

**14-1st Molar -UL-Permanent**

---

Nevada Medicaid Dental and Orthodontia Provider Training
Submitting a Dental Claim: Step 3, continued

8. Click the **Submit** button
Submitting a Dental Claim: Step 3, continued

<table>
<thead>
<tr>
<th>Svc #</th>
<th>Svc Date</th>
<th>Oral Cavity Area</th>
<th>Tooth Number</th>
<th>Tooth Surface</th>
<th>Procedure Code</th>
<th>Mod</th>
<th>Units</th>
<th>Charge Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>08/21/2019</td>
<td>14-1st Molar -UL- Permanent</td>
<td></td>
<td></td>
<td>D0191</td>
<td></td>
<td>1</td>
<td>$225.</td>
</tr>
</tbody>
</table>

No Other Insurance Details exist for this claim

No Attachments exist for this claim

9. Click the **Confirm** button
Submitting a Dental Claim: Step 3, continued

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

To upload attachments to a dental claim:

1. Click the (+) sign on the Attachments panel
Submitting a Dental Claim: Attachments, continued

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.
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

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

<table>
<thead>
<tr>
<th>#</th>
<th>Transmission Method</th>
<th>File</th>
<th>Control #</th>
<th>Attachment Type</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>FT-File Transfer</td>
<td><em>nv:mmis modernization member operations training qa review v2.docx (124K)</em></td>
<td>20180924721523</td>
<td>DA-Dental Models</td>
<td>Remove</td>
</tr>
</tbody>
</table>

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
1. Check the Include Other Insurance checkbox located at the bottom of the Step 1 page
2. Click the Continue button
To add a policy or other insurance carrier information:
3. 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

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

<table>
<thead>
<tr>
<th>#</th>
<th>Carrier Name</th>
<th>Carrier ID</th>
<th>Policy ID</th>
<th>Payer Paid Amount</th>
<th>Paid Date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cigna Healthcare</td>
<td>00526</td>
<td>12345</td>
<td></td>
<td>09/24/2018</td>
<td>Remove</td>
</tr>
</tbody>
</table>

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

Continue to Step 3 of the submission process:

6. Click the Continue button
Searching for a Dental Claim
Searching for a Dental Claim

To search for a specific Claim, the user will:

1. Hover over **Claims**
2. Select **Search Claims**
Searching for a Dental Claim, continued

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
Searching for a Dental Claim, continued

The user can view the **Status** of the claim and the **Adjudication Errors**.
Searching for a Dental Claim, continued

7. Click Expand All on the Adjudication Errors panel to view the EOB codes

---

**View Dental Claim - ID: 22107250008007**

<table>
<thead>
<tr>
<th>Provider Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Billing Provider ID</td>
<td></td>
</tr>
<tr>
<td>Billing Provider Service Location</td>
<td></td>
</tr>
<tr>
<td>Rendering Provider ID</td>
<td></td>
</tr>
<tr>
<td>Rendering Provider Service Location</td>
<td></td>
</tr>
<tr>
<td>Referring Provider ID</td>
<td></td>
</tr>
<tr>
<td>Service Facility Location ID</td>
<td></td>
</tr>
<tr>
<td>ID Type</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Claim Status</td>
<td>Finalized Denied</td>
</tr>
<tr>
<td>Recipient ID</td>
<td>97220188001</td>
</tr>
<tr>
<td>Recipient Name</td>
<td>WXBING MUCAE</td>
</tr>
<tr>
<td>Gender</td>
<td>Female</td>
</tr>
<tr>
<td>Birth Date</td>
<td>06/09/1967</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Claim Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Accident Related</td>
<td></td>
</tr>
<tr>
<td>Place of Treatment</td>
<td>11-Physician's Office</td>
</tr>
<tr>
<td>Patient Number</td>
<td>224245</td>
</tr>
<tr>
<td>Authorization Number</td>
<td></td>
</tr>
<tr>
<td>Related Claim ICN</td>
<td></td>
</tr>
<tr>
<td>Previous Claim ICN</td>
<td></td>
</tr>
<tr>
<td>Total Allowed Amount</td>
<td>$0.00</td>
</tr>
<tr>
<td>Total Co-pay Amount</td>
<td>$0.00</td>
</tr>
<tr>
<td>Total Charged Amount</td>
<td>$725.25</td>
</tr>
<tr>
<td>Total Paid Amount</td>
<td>$0.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Adjudication Errors</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Claim / Service #</td>
<td>HIPAA Adj</td>
</tr>
<tr>
<td>Service # 1</td>
<td>257</td>
</tr>
<tr>
<td>Service # 2</td>
<td>257</td>
</tr>
</tbody>
</table>

---

Nevada Medicaid Dental and Orthodontia Provider Training
Searching for a Dental Claim, continued

8. User will select the service number in the **Svc #** column to view
Viewing Dental Claim Remittance Advice (RA)
Viewing Dental Claims: RA

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.

<table>
<thead>
<tr>
<th>Issue Date</th>
<th>Payment Method</th>
<th>Payment Type</th>
<th>Check # / RA #</th>
<th>Total Paid Amount</th>
<th>RA Copy (PDF)</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/10/2018</td>
<td>CHK</td>
<td>C</td>
<td>000000000/100005164</td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>08/03/2018</td>
<td>CHK</td>
<td>C</td>
<td>000000000/100005122</td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>06/15/2018</td>
<td>CHK</td>
<td>C</td>
<td>000000000/100004758</td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>05/08/2018</td>
<td>CHK</td>
<td>C</td>
<td>000000000/100004685</td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>05/08/2018</td>
<td>CHK</td>
<td>C</td>
<td>000000000/100004601</td>
<td>$0.00</td>
<td></td>
</tr>
</tbody>
</table>

PDF Files require Adobe Acrobat Reader
Viewing Dental Claims: RA, continued

6. User will select Open
The user can then print or save the RA to his/her computer.
Copying Dental Claims
Copying Dental Claims

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

4. Enter the **Service From**

5. Click the **Search** button

**NOTE:** The **To** date will automatically populate to the same date as **Service From**.
6. Click the blue link under Claim ID
7. Scroll down and expand:
   - Adjudication Errors
   - Service Details

8. Click the Copy button at the bottom of the page
9. The user will select what portion to copy. For this example the user has selected **Entire Claim**.

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

11. Click **Continue**
12. Click the **Confirm** button

### Service Details

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

<table>
<thead>
<tr>
<th>Svc #</th>
<th>Svc Date</th>
<th>Oral Cavity Area</th>
<th>Tooth Number</th>
<th>Tooth Surface</th>
<th>Procedure Code</th>
<th>Mod</th>
<th>Units</th>
<th>Charge Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>08/27/2018</td>
<td></td>
<td>D1351</td>
<td></td>
<td></td>
<td>1</td>
<td>$275.25</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>08/27/2018</td>
<td></td>
<td>D1354</td>
<td></td>
<td></td>
<td>1</td>
<td>$1,275.00</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>08/28/2018</td>
<td></td>
<td>D1110</td>
<td></td>
<td></td>
<td>1</td>
<td>$500.25</td>
<td></td>
</tr>
</tbody>
</table>

No Other Insurance Details exist for this claim

No Attachments exist for this claim
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

To begin the claim adjustment process:

1. Enter a Claim ID
2. Click the Search button
Adapting a Dental Claim, continued

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.
Adjusting a Dental Claim, continued

4. Make any necessary adjustments to your claim fields.

5. Once all changes have been made, click **Save**.
Adjusting a Dental Claim, continued

6. Click the Resubmit button
Adjusting a Dental Claim, continued

7. Click the **Confirm** button

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

### Patient Information

<table>
<thead>
<tr>
<th>Claim Status</th>
<th>Finalized Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recipient ID</td>
<td>000000000004</td>
</tr>
<tr>
<td>Recipient</td>
<td>ALEJANDRO CLMGZ</td>
</tr>
<tr>
<td>Birth Date</td>
<td>05/01/1995</td>
</tr>
<tr>
<td>Gender</td>
<td>Female</td>
</tr>
</tbody>
</table>

### Claim Information

<table>
<thead>
<tr>
<th>Accident Related</th>
<th>Accident Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Place of Treatment</td>
<td>Physician's Office</td>
</tr>
<tr>
<td>Patient Number</td>
<td>12345</td>
</tr>
<tr>
<td>Authorization Number</td>
<td>789012</td>
</tr>
<tr>
<td>Related Claim ICN</td>
<td>1234567890</td>
</tr>
<tr>
<td>Previous Claim ICN</td>
<td>12345678901</td>
</tr>
<tr>
<td>NOTE</td>
<td></td>
</tr>
<tr>
<td>Total Charged Amount</td>
<td>$295.33</td>
</tr>
</tbody>
</table>

### Diagnostic Codes

### Service Details

| No Adjudication Errors exist for this claim |
| No Other Insurance Details exist for this claim |
| No Attachments exist for this claim |

<table>
<thead>
<tr>
<th>Service</th>
<th>Doc Date</th>
<th>Oral Cavity Area</th>
<th>Tooth Number</th>
<th>Tooth Surface</th>
<th>Procedure Code</th>
<th>Mod</th>
<th>Dates</th>
<th>Charge Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>08/14/2018</td>
<td>14-1st Molar - UL</td>
<td>310</td>
<td>Permanantentine</td>
<td>D0190</td>
<td>1</td>
<td>$220.23</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>09/28/2018</td>
<td>7-Lateral Incisor - UL</td>
<td>310</td>
<td>Permanantentine</td>
<td>D0191</td>
<td>1</td>
<td>$78.00</td>
<td></td>
</tr>
</tbody>
</table>
# Adjusting a Dental Claim, continued

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

---

## Resubmit Dental Claim: Confirmation

<table>
<thead>
<tr>
<th><strong>Dental Claim Receipt</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Your Dental Claim was successfully resubmitted. The claim status is Finalized Payment.</strong></td>
</tr>
<tr>
<td>The Claim ID is <strong>591826100002</strong>.</td>
</tr>
</tbody>
</table>

- 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.
Submitting an Appeal for a Claim
Submitting an Appeal for a Claim

From the home page, the user will:

1. Select **Secure Correspondence** to start the Appeal process.
Submitting an Appeal for a Claim, continued

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

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

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

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

<table>
<thead>
<tr>
<th>Status</th>
<th>CTN #</th>
<th>Subject</th>
<th>Message Category</th>
<th>Date Opened</th>
<th>Last Activity Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open</td>
<td>4256</td>
<td>Appeal of a denied claim</td>
<td>Claims - Appeals</td>
<td>10/02/2018</td>
<td>10/02/2018</td>
</tr>
<tr>
<td>Open</td>
<td>4255</td>
<td>Testing</td>
<td>Claims - Appeals</td>
<td>09/27/2018</td>
<td>09/27/2018</td>
</tr>
<tr>
<td>Open</td>
<td>4253</td>
<td>Testing from MO</td>
<td>Level 2 Support - Account Issues</td>
<td>09/19/2018</td>
<td>09/19/2018</td>
</tr>
<tr>
<td>Open</td>
<td>4252</td>
<td>Testing 6268 in MO</td>
<td>Level 2 Support - Account Issues</td>
<td>09/19/2018</td>
<td>09/19/2018</td>
</tr>
<tr>
<td>Open</td>
<td>4251</td>
<td>Testing 5263</td>
<td>Claims - Appeals</td>
<td>09/06/2018</td>
<td>09/06/2018</td>
</tr>
<tr>
<td>Open</td>
<td>4227</td>
<td>Testing sample for 5916</td>
<td>Level 2 Support - Account Issues</td>
<td>08/14/2018</td>
<td>08/14/2018</td>
</tr>
<tr>
<td>Closed</td>
<td>4217</td>
<td>Help</td>
<td>Other</td>
<td>07/08/2018</td>
<td>06/03/2018</td>
</tr>
<tr>
<td>Open</td>
<td>4218</td>
<td>Testing Help</td>
<td>Other</td>
<td>07/08/2018</td>
<td>07/08/2018</td>
</tr>
<tr>
<td>Open</td>
<td>4219</td>
<td>Testing help</td>
<td>Other</td>
<td>07/08/2018</td>
<td>07/08/2018</td>
</tr>
<tr>
<td>Open</td>
<td>4138</td>
<td>Testing in Model</td>
<td>Level 2 Support - Account Issues</td>
<td>04/29/2018</td>
<td>04/29/2018</td>
</tr>
</tbody>
</table>
Voiding a Dental Claim
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

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.

<table>
<thead>
<tr>
<th>Claim ID</th>
<th>Claim Type</th>
<th>Claim Status</th>
<th>Service Date</th>
<th>Recipient ID</th>
<th>Rendering Provider ID</th>
<th>Medicaid Paid Amount</th>
<th>Paid Date</th>
<th>Recipient Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>5918261000002</td>
<td>Dental</td>
<td>Finalized Payment</td>
<td>08/14/2018 - 08/28/2018</td>
<td>00000000004</td>
<td>1043400534</td>
<td>$24.58</td>
<td>09/21/2018</td>
<td></td>
</tr>
</tbody>
</table>
To void the claim, the user will:

6. Click the **Void** button
Voiding a Dental Claim, continued

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 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

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

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

- For Forms: www.medicaid.nv.gov/providers/forms/forms.aspx
- For EVS General Information: www.medicaid.nv.gov/providers/evsusermanual.aspx

DHCFP Contact Information

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