

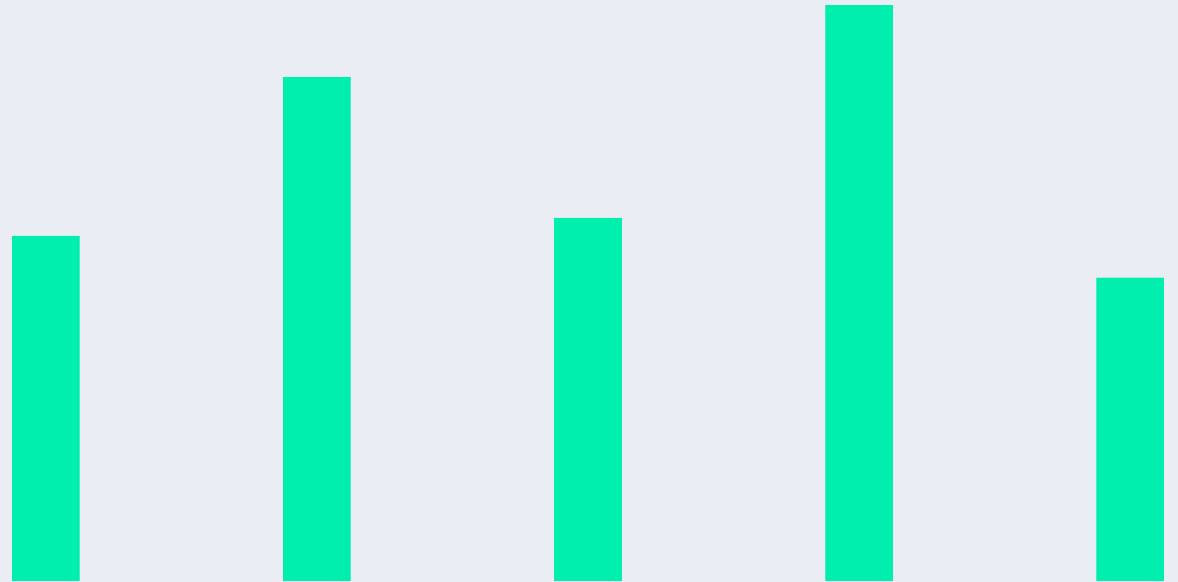
Dental and Orthodontia Provider Training



Nevada Medicaid Provider Training

2021

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

The screenshot shows the Nevada Department of Health and Human Services website. The header includes the state seal, the department name, and the Division of Health Care Financing and Policy Provider Portal. A navigation bar lists links for Providers, EVS, Pharmacy, Prior Authorization, Claims, Quick Links, and Calendar. The main content area features a 'Welcome' message and a large banner for the 'New, Modernized Medicaid Management Information System'. The banner lists three key improvements: electronic claims submission, enhanced electronic options, and implementation in early 2019. A call-to-action button says 'CLICK HERE FOR MORE DETAILS'. To the left, there are sections for 'Announcements' (listing recent web announcements) and 'Featured Links' (listing various provider resources). To the right, there are sections for 'Notifications' (claim adjustment unavailability), 'Known Modernization System Issues', 'Attention Waiver Providers', 'PASRR access link', 'Provider Links' (billing, e-prescribing, forms, enrollment, newsletters, training), and 'Scheduled Site Maintenance'.

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

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

[CLICK HERE FOR MORE DETAILS](#)

Nevada Medicaid

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

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

Notifications

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.

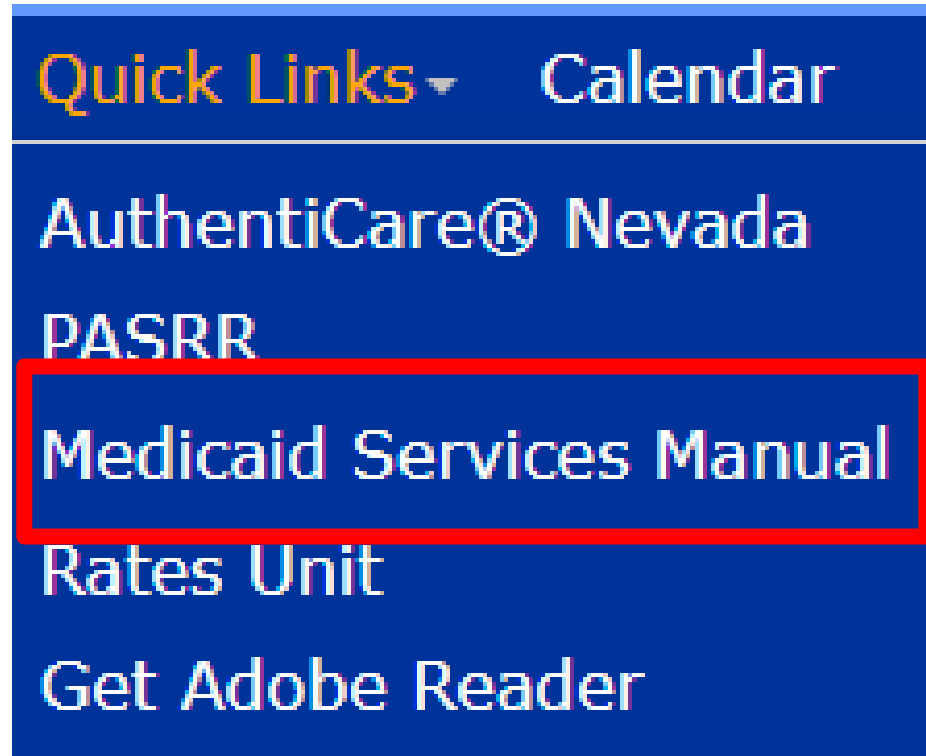
System Requirements

To access EVS, user must have internet access and a computer with a web browser.

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

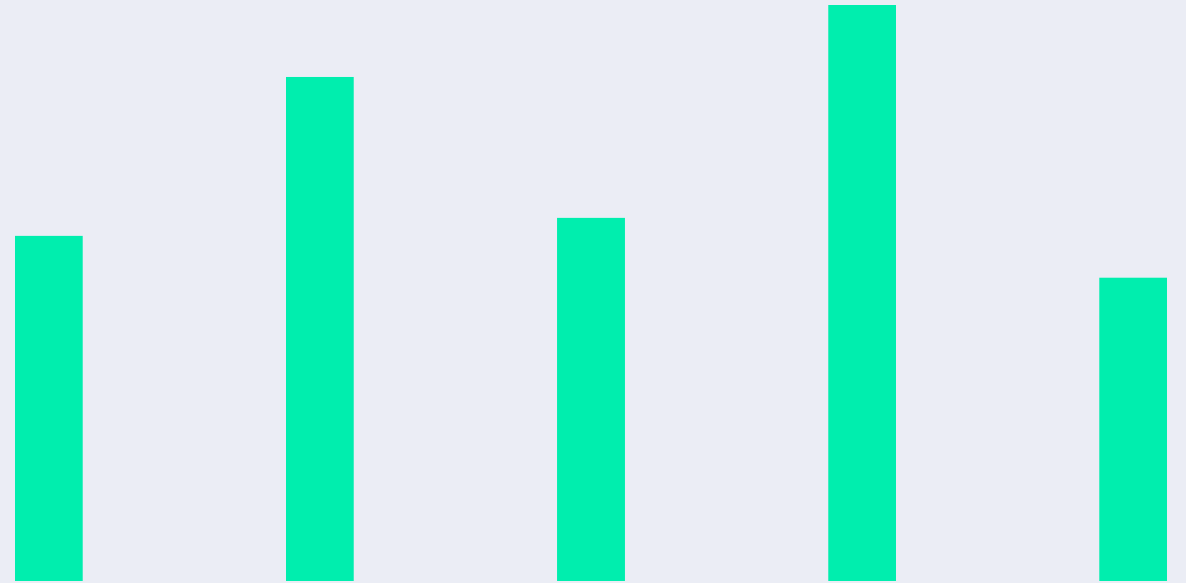
Locating the Medicaid Services Manual, continued

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 under “Featured Links”

Featured Links

- [AuthentiCare® Nevada](#)
- [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](#) [\[Review\]](#)

Nevada Medicaid – Dental and Orthodontia Provider Training

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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

Dental

*Procedure Code or Description ⓘ

D8080-COMPRE DENTAL TX ADOLESCENT

*Provider Type ⓘ

22-Dentist


Provider Specialty ⓘ

Search

Reset

- 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

Dental ▼

*Procedure Code or Description

D8080-COMPRE DENTAL TX ADOLESCENT

*Provider Type

22-Dentist

Provider Specialty

Search

Reset

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-COMPRE 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.
- For more information regarding PA Requirements, please review “[Attachment A: Fee-for-Service Coverage, Limitations and Prior Authorization Requirements](#)” located on the Billing Page

Submitting a Prior Authorization (PA)



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](#)



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

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, continue

 **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: 

7

Passphrase Answer
*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 Nevada Department of Health and Human Services Provider Portal. At the top, the header includes the Nevada state seal, the department name, and the portal title. A navigation bar contains links: My Home, Eligibility, Claims, Care Management, File Exchange, and Resources. Callout box A points to this navigation bar. Below the header, the 'My Home' section displays provider information: Name (HOSPITALIST SERVICES OF NEVADA-MANDAVIA), Provider ID (1831573690), and Location ID (100543194). Callout box B points to this information. To the right, a 'Broadcast Messages' section shows 'Hours of Availability' and a 'Contact Us' link. Callout box C points to the 'Contact Us' link. Below the provider information, there are links for 'My Profile' and 'Manage Accounts'. Callout box D points to these links. The 'Provider Services' section lists various services like 'Member Focused Viewing', 'Search Payment History', 'Revalidate-Update Provider', 'Pharmacy PA', 'PASRR', 'EHR Incentive Program', 'EPSDT', and 'Presumptive Eligibility'. Callout box E points to this list. A central image of healthcare professionals is followed by a welcome message. At the bottom, there are links for 'Prior Authorization Quick Reference Guide' and 'Provider Web Portal Quick Reference Guide'. Callout box F points to these links.

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](#)

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.

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

Welcome Health Care Professional!

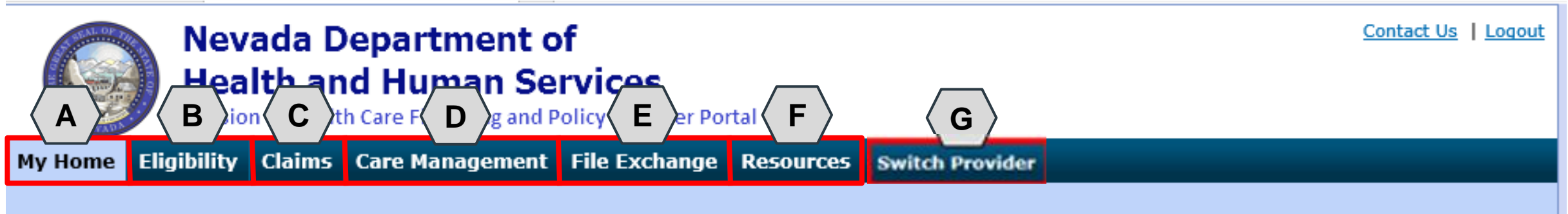
We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and search for claims, payment information, and access Remittance Advices, our secure site provides access to eligibility, answers to frequently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

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

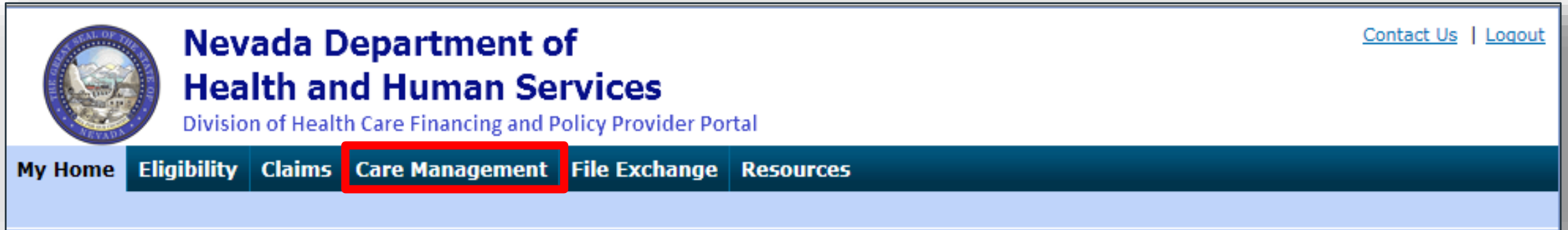
Navigating the Provider Web Portal



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



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 state seal, the department name, and the division: Division of Health Care Financing and Policy Provider Portal. Navigation tabs include My Home, Eligibility, Claims, Care Management, File Exchange, Resources, and Switch Provider. The 'Claims' tab is active, showing sub-links for Search Claims, Search Payment History, and Treatment History. The 'Treatment History' link is selected. The page title is 'Search Treatment History'. A note indicates that the search feature retrieves PAID claim records for a particular recipient ID for the timeframe submitted. The form includes fields for Recipient ID, Procedure Code, Date of Service, Tooth Number, and Tooth Surface. A 'Search' button and a 'Reset' button are at the bottom.

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

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

Search Claims | Search Payment History | Treatment History

Claims > Treatment History

Wednesday 11/15/2017 03:48 PM EST

Search Treatment History

Medical | Dental

* Indicates a required field.

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.

Enter the recipient ID, date of service, procedure code, tooth number and optional tooth surface, then click **Search**. Click **Reset** to clear all fields.

Recipient Information

*Recipient ID

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

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

Service Information

*Procedure Code *Date of Service

Tooth Number Tooth Surface

Attach the appropriate FA Form(s)

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

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 National Provider Identifier (NPI).
- Enter the recipient's full name and ID.
- Score the applicable condition.
- Date and sign the form.

Partial Denture Delivery Receipt (FA-27A)

Reminders:

- Complete the form in its entirety
- All signatures must be present.
- Do not bill Nevada Medicaid for partial dentures until delivered to recipient and the form is completed.
- Claim cannot be submitted prior to the delivery date.

Denture Delivery Receipt (FA-27B)

Reminders:

- Complete the form in its entirety.
- All signatures must be present.
- Do not bill Nevada Medicaid for dentures until delivered to recipient and the form is completed.
- Claim cannot be submitted prior to the delivery date.

ADA Dental Claim Form

Submit with all Dental and Orthodontia PA 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, continued

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

Reminder

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

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.

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.

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 | Authorization Status | Maintain Favorite Providers | Authorization Criteria

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.

Welcome Health Care Professional!

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

Submitting a PA Request



**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

4

*Process Type

DENTAL

DENTAL ORTHODONTIA

RETRO DENTAL

RETRO DENTAL ORTHODONTIA

3

Expand All

Collapse All

Requesting Provider Information

Provider ID

ID Type

NPI

Name

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

Nevada Medicaid – Dental and Orthodontia Provider Training

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Submitting a PA Request

5

Requesting Provider Information

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

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

Rendering Provider Information

8

Rendering Provider same as Requesting Provider

Select from Favorites

Provider ID

*Place of Service

No favorite providers available.

ID Type

Name

Add to Favorites

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 |
|-----------------------------|-----------------|--|
| Click to collapse. | | |
| *Diagnosis Type ICD-10-CM ▼ | *Diagnosis Code | |
| | | Add Cancel |

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 |
|---|----------------|----------------------------------|
| <input type="checkbox"/> Click to collapse. | | |
| *Diagnosis Type | ICD-10-CM | |
| *Diagnosis Code | 1234 | <input type="button" value="x"/> |

Diagnosis Code not found.


- 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 | Remove |

 Click to collapse.

***Diagnosis Type**

ICD-10-CM ▼

***Diagnosis Code** ⓘ

Add

Cancel

- 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**

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

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 |
|--|--------|------------|------------|-----------------------------------|-----------|--------------|-------|---|
| | 1 | 02/07/2019 | 02/07/2019 | D8080-COMPRE DENTAL TX ADOLESCENT | | | 1 | Copy Remove |

Click to collapse.

***From Date**

To Date

***Code Type**

CDT

***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 |
|---|---|--------|
| <input type="checkbox"/> Click to collapse. | | |
| *Transmission Method | EL-Electronic Only ▼ | |
| *Upload File | <input type="button" value="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.
- Users should review their Dental Billing Guidelines for additional information regarding prior authorizations

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.

| Transmission Method | Attachment Type |
|---|--|
| <input type="checkbox"/> Click to collapse. | 59-Benefit Letter |
| *Transmission Method | 03-Report Justifying Treatment Beyond Utilization Guidelines |
| *Upload File | 11-Chemical Analysis |
| *Attachment Type | 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 |

Current Procedural Terminology (CPT) and data are copyrighted by the American Dental Association (ADA).

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

Submitting a PA Request, continued

The screenshot shows a web form for submitting a PA Request. The form includes fields for 'From Date', 'To Date', 'Code Type' (set to 'CPT/HCPCS'), and 'Code'. There are sections for 'Modifiers', 'Units', and 'Medical Justification'. A blue 'Add Service' button is visible. The 'Attachments' section has a link for 'Prior Authorization Forms' and instructions on how to include attachments. A 'Transmission Method' dropdown is set to 'EL-Electronic Only'. The 'Upload File' section has a 'Browse...' button (labeled 15) and an 'Attachment Type' dropdown set to 'NN-Nursing Notes'. A file upload dialog box is open, showing the 'Desktop' location. The dialog lists several files, including 'Nurse Notes.docx' (labeled 16), which is selected. The 'Open' button (labeled 17) is highlighted. The 'File name' field shows 'Nurse Notes.docx' and the file type is set to 'All Files (*.*)'. The 'Add' and 'Cancel' buttons are at the bottom of the form.

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 |
|---|-----------------------|---|-----------|
| <input type="checkbox"/> Click to collapse. | | | |
| *Transmission Method | Electronic Submission | | |
| *Upload File | | C:\Users\bargera\Desktop\Nurse Notes.docx | Browse... |
| *Attachment Type | | NAL Nursing Notes | |
| 18 | Add | Cancel | |

Submit **Cancel**

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 | Remove |

☐ 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 | Remove |

☐ Click to collapse.

*Transmission Method

EL-Electronic Only

*Upload File

Browse...

*Attachment Type

Add

Cancel

19

Submit

Cancel

Submitting a PA Request, continued

20

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

Requesting Provider Information

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

Recipient Information and Process Type

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

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 | 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 |

21

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

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

The screenshot displays a web application interface for managing authorizations. At the top, a navigation bar contains links: [My Home](#), [Eligibility](#), [Claims](#), [Care Management](#) (highlighted), [File Exchange](#), and [Resources](#). Below this, a secondary bar lists actions: [Create Authorization](#), [View Authorization Status](#), [Maintain Favorite Providers](#), and [Authorization Criteria](#). The main content area shows the breadcrumb [Care Management](#) > Authorization Receipt and the timestamp Tuesday 03/06/2018 06:01 PM EST. A section titled 'Authorization Receipt' with a help icon (?) contains the message: 'Your Authorization Tracking Number 45180650011 was successfully submitted.' Below this, instructions are provided: 'Click **Print Preview** to view authorization details and receipt.', 'Click **Copy** to copy member data or authorization data.', and 'Click **New** to create a new authorization for a different member.' A link for 'General Authorization Receipt Instructions' is also present. At the bottom, three buttons are displayed: 'Print Preview', 'Copy', and '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

The screenshot displays a web application interface for managing authorizations. At the top, a navigation bar includes links for 'My Home', 'Eligibility', 'Claims', 'Care Management', 'File Exchange', and 'Resources'. Below this, a secondary bar offers options like 'Create Authorization', 'View Authorization Status', 'Maintain Favorite Providers', and 'Authorization Criteria'. The main content area is titled 'Care Management > Authorization Receipt' and shows a success message: 'Your Authorization Tracking Number 45180650011 was successfully submitted.' It then provides instructions: 'Click **Print Preview** to view authorization details and receipt.', 'Click **Copy** to copy member data or authorization data.', and 'Click **New** to create a new authorization for a different member.' Below these instructions, three buttons are shown, each with a label above it: 'A' above 'Print Preview', 'B' above 'Copy', and 'C' above 'New'. The buttons are highlighted with a red border.

- 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 shows the Nevada Provider Web Portal interface. At the top, there is a navigation bar with tabs: My Home, Eligibility, Claims, Care Management, Exchange, and Resources. The 'Care Management' tab is highlighted with a red box and a callout '1'. Below this, there is a sub-navigation bar with links: Create Authorization, View Authorization Status, Maintain Favorite Providers, and Authorization. The 'View Authorization Status' link is highlighted with a red box and a callout '2'. The main content area is divided into two columns. The left column is titled 'Provider' and contains the following information: Name: HOSPITALIST SERVICES OF NEVADA-MANDAVIA, Provider ID: 1831573690 (NPI), and Location ID: 100543194. Below this information are two links: My Profile and Manage Accounts. The right column is titled 'Broadcast Messages' and contains a message about the portal's availability: 'Hours of Availability: The Nevada Provider Web Portal is unavailable AM PST Monday-Saturday and between 8 PM a'. Below the broadcast messages is a 'Welcome Health Care Professionals' banner with a photo of a person.

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

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

Provider

Name HOSPITALIST SERVICES OF NEVADA-MANDAVIA

Provider ID 1831573690 (NPI)

Location ID 100543194

► [My Profile](#)

► [Manage Accounts](#)

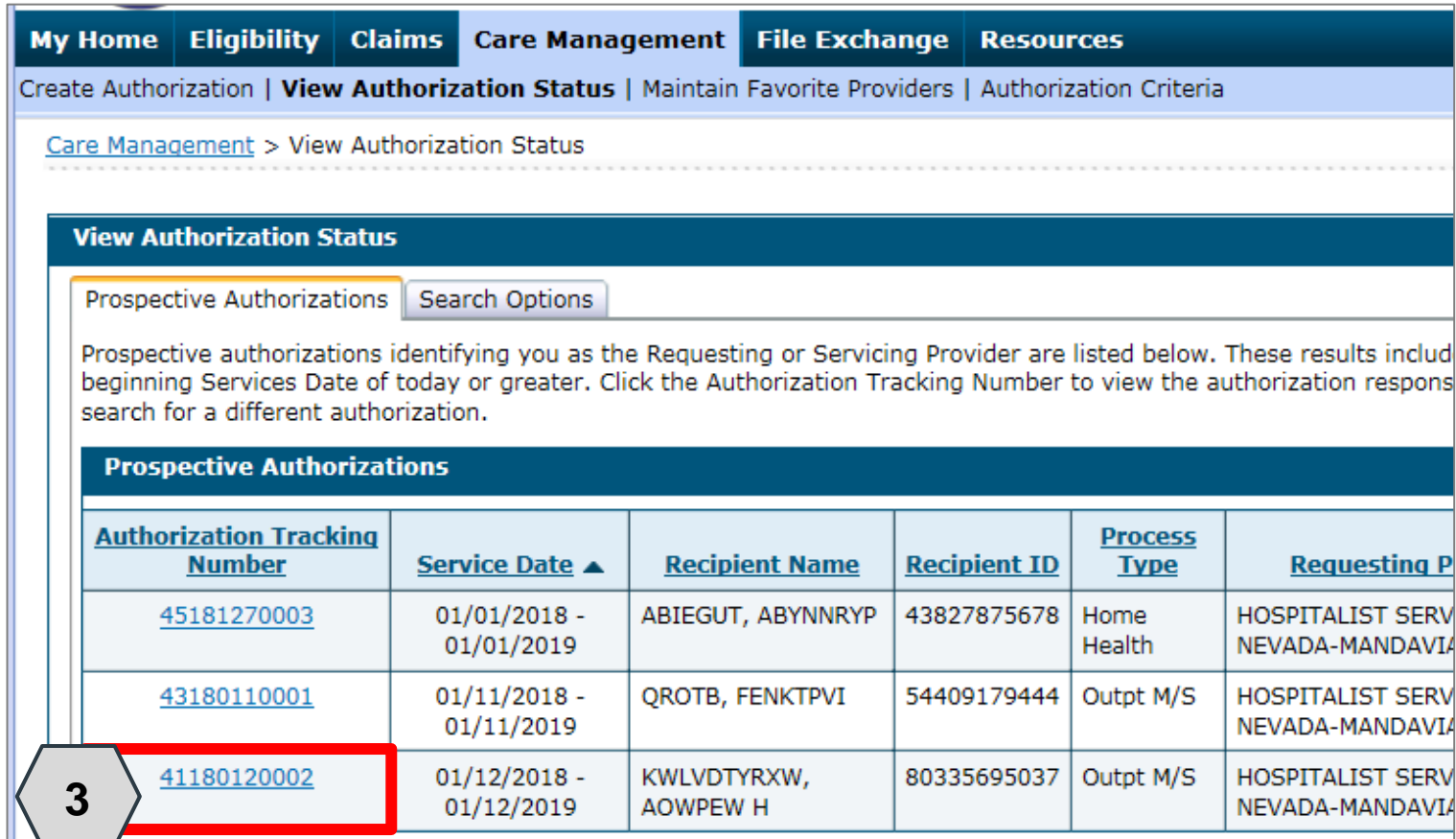
Broadcast Messages

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

Welcome Health Care Professionals

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

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

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

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 | - |

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

- Click the plus  symbol to the right of a section to display its information
- 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 |  | 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-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 | — |

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 | View | 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 | View | 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 | | | | | | | | | |
|--|------------|----------|-----------------|----------|--|-----|------------------|-------------------------------------|---------------------------------------|
| C | Provider | D | 15736 | E | ID Type | NPI | F | Name | HOSPITAL SERVICES OF NEVADA- MANDA |
| G | | | | | | | | | |
| 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: Remaining dollar amount.
- F. Code: Displays the CDT/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 | Hide | Not Certified 02/21/2013 | — |
| Medical Citation 7002 - Information provided does not support medical necessity as defined by Nevada Medicaid. Notes To Provider Inpatient admission criteria not met. Intensity of service was not supported in the documentation submitted. Inpatient admission criteria not met. Intensity of service was not supported in the documentation submitted. Inpatient admission criteria not met. Intensity of service was not supported in the documentation submitted. | | | | | | | | |
| 02/20/2031 | 02/20/2031 | 2 | 0 | — | Revenue 0121-R&B-2 BED-MED-SURG-GYN | View | Not Certified 02/22/2013 | — |
| 02/17/2013 | 02/20/2013 | 3 | 3 | — | Revenue 0121-R&B-2 BED-MED-SURG-GYN | — | Certified In Total 02/24/2013 | — |

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

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

View Authorization Status ?

Prospective Authorizations | **Search Options**

Prospective authorizations identifying you as the Requesting or Servicing Provider are listed below. These results include the first (20) authorizations with a beginning Services Date of today or greater. Click the Authorization Tracking Number to view the authorization response details or select the Search Options tab to search for a different authorization.

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

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

Searching for PAs, continued

The screenshot shows a web application interface for searching prospective authorizations. At the top, there are two tabs: "Prospective Authorizations" and "Search Options". A red box highlights the "Search Options" tab, with a callout "1" pointing to it. Below the tabs, a text prompt says "Enter at least one of the following fields to search for an authorization." A large red box encompasses the entire search form, with a callout "2" pointing to it. The form is divided into several sections: "Authorization Information" with a text input for "Authorization Tracking Number" (containing "43180110001") and a section for "Day Range" or "Service Date"; "Status Information" with a "Status" dropdown; "Recipient Information" with fields for "Recipient ID", "Last Name", "Birth Date", and "First Name"; and "Provider Information" with a "Provider ID" field, an "ID Type" dropdown, and radio buttons for "This Provider is the" (either "Servicing Provider on the Authorization" or "Requesting Provider on the Authorization"). At the bottom of the form are "Search" and "Reset" buttons.

Prospective Authorizations Search Options 1

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

Authorization Information

Authorization Tracking Number 43180110001

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

Search Reset

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

Searching for PAs, continued

The screenshot shows a web form titled "Authorization Information" with a light blue header. Below the header, there are three main input areas highlighted with red boxes and labeled with callouts A, B, and C. Callout A points to a text input field for "Authorization Tracking Number". Callout B points to a dropdown menu for "Day Range" with "Last 30 days" selected. Callout C points to a date input field for "Service Date" with a calendar icon. Above the "Day Range" and "Service Date" fields is the text "Select a Day Range or specify a Service Date". The word "OR" is placed between the "Day Range" and "Service Date" fields.

Authorization Information

A Authorization Tracking Number

Select a Day Range or specify a Service Date

B Day Range Last 30 days ▼

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. | |
| <div>D</div> | <div>Status<ul style="list-style-type: none">CancelCertified In TotalCertified PartialNot CertifiedPended</div> |
| 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 | <input type="text"/> | F | Birth Date | <input type="text"/> |  |
| G | Last Name | <input type="text"/> | First Name | <input type="text"/> | | |


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 | <input type="text"/>  |
| I ID Type | <input type="text"/> |
| J This Provider is the | <input checked="" type="radio"/> Servicing Provider on the Authorization <input type="radio"/> Requesting Provider on the Authorization |
| <input type="button" value="Search"/> | <input type="button" value="Reset"/> |

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> |
|--------------------------------------|-------------------------|-----------------------|---------------------|---------------------|--------------------------------------|
| 4 43180110001 | 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

1

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

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

ICD-10-CM

*Diagnosis Code

Add

Cancel

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 | Copy |

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

Note: Existing information in the field cannot be updated. A Data Correction form must be submitted for changes to any previously submitted information.

Submitting Additional Information, continued

3. Click the Resubmit button to review the PA information

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 | Remove |
| EL-Electronic Only | Benefit Letter.docx | 59-Benefit Letter | Remove |

☐ Click to collapse.

***Transmission Method**

***Upload File**

***Attachment Type**

3

Submitting Additional Information, continued

4

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 | 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 |
| EL-Electronic Only | Benefit Letter.docx | 59-Benefit Letter |

Back

5

Confirm

Cancel

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@gainwelltechnologies.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

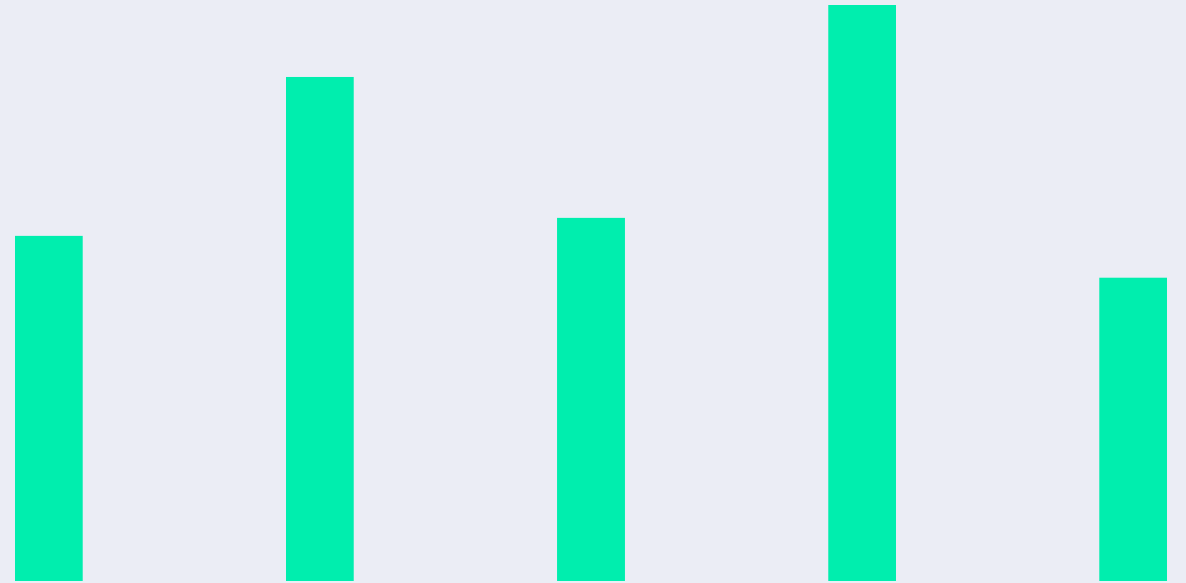
Reconsideration Request, continued

- 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

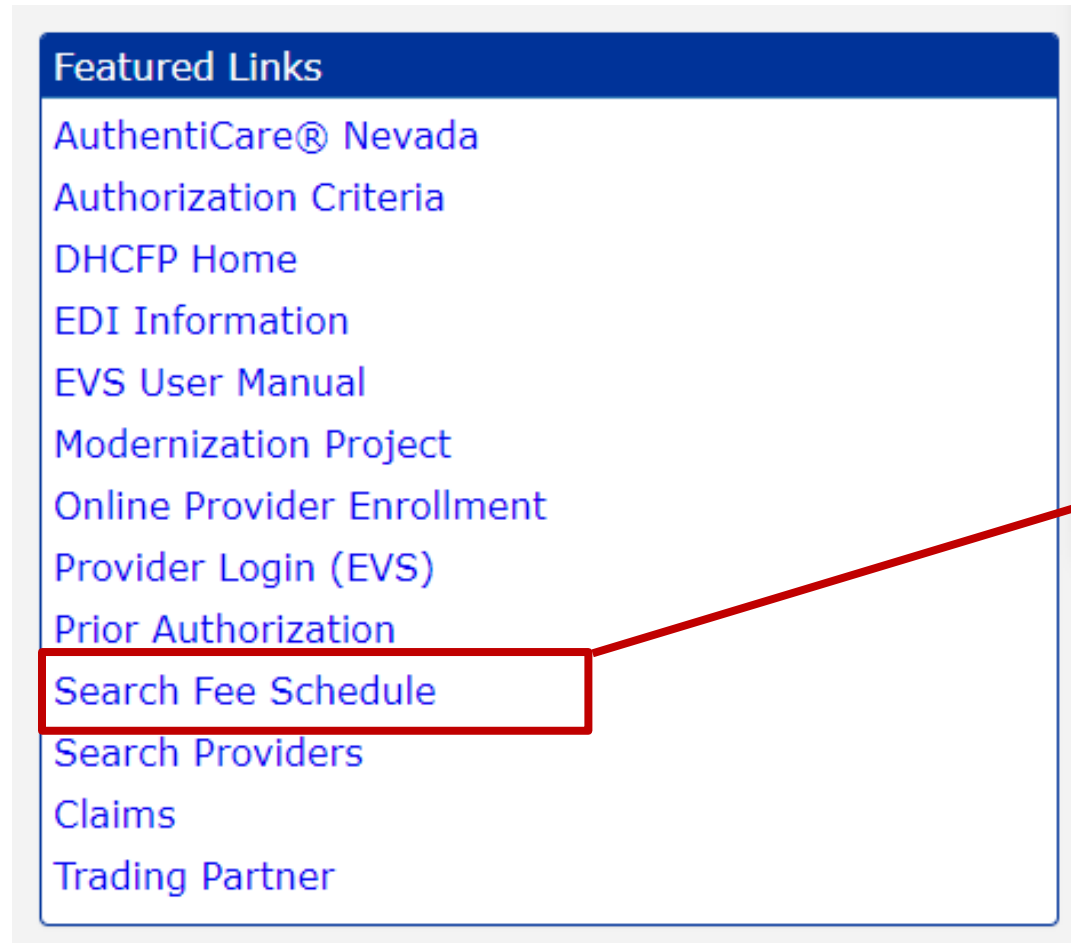
Medicaid Provider Hearing

- 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



- 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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AMA Disclaimer of Warranties and Liabilities

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

SubmitCancel

- 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

Select ▼

*Procedure Code or Description ⓘ

*Service Category

Select ▼

Search

Reset

- Step 1: Select Code Type from drop-down menu
- Step 2: Input Procedure Code or Description
- 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.

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

*Procedure Code or Description

D8080-COMPRE DENTAL TX ADOLESCENT

*Service Category

Dental - Child

Search

Reset

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 |

Make sure that when the results have populated, that the correct Procedure and Provider Type are the same as what was originally selected. Verify the Effective Date column to ensure that the code is still payable.

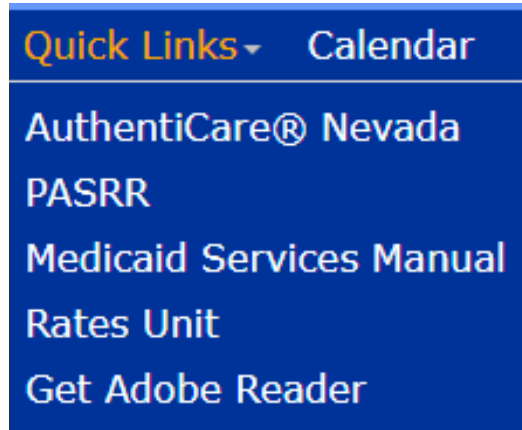
Review the Age Restrictions to make sure that the recipient falls within that age range.

Review the modifier when billing Nevada Medicaid.

Nevada Medicaid – Dental and Orthodontia Provider Training

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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

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](#)  - 2019
- [Managed Care Capitation Rates](#)  - 2018
- [Fee-for-Service xls Fee Schedules](#)

- Locate the “Fee Schedules”

DHCFP Rates Unit, continued

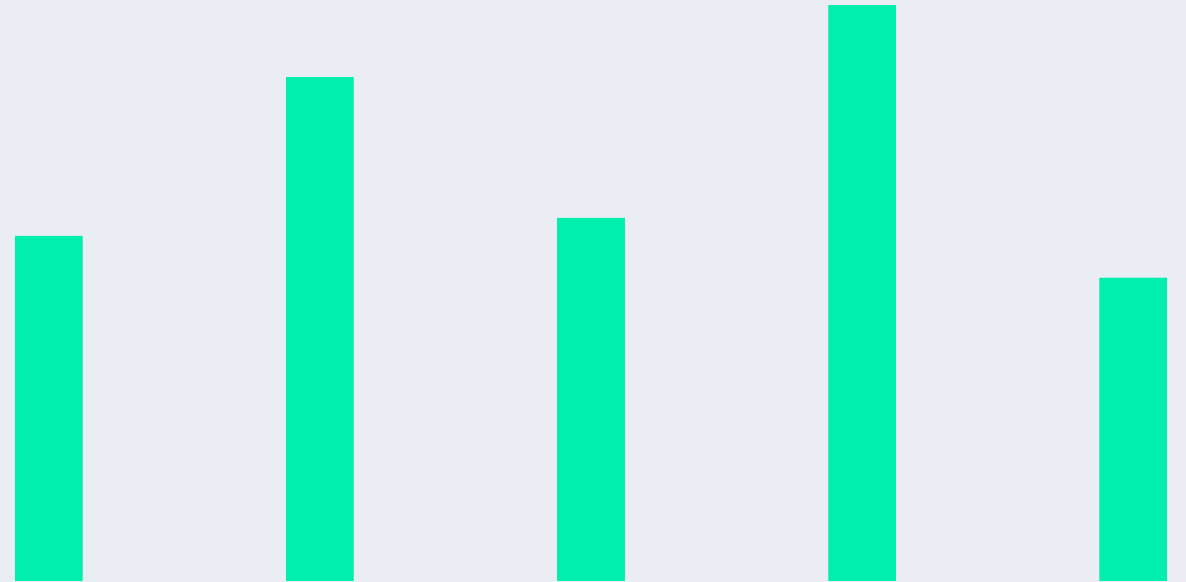
FEE SCHEDULES

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.

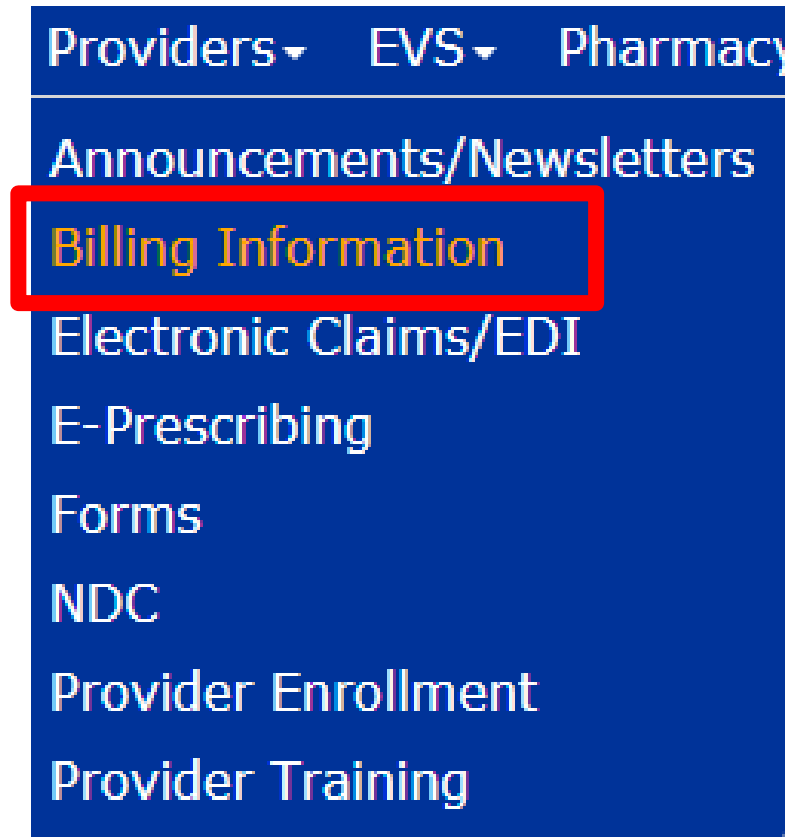
- [Provider Type 22 Dentists](#) 

- 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](#)

Billing Manual
For Archives [Click here](#)

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

Billing 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 Dental Claim via the EVS Secure Provider Web Portal



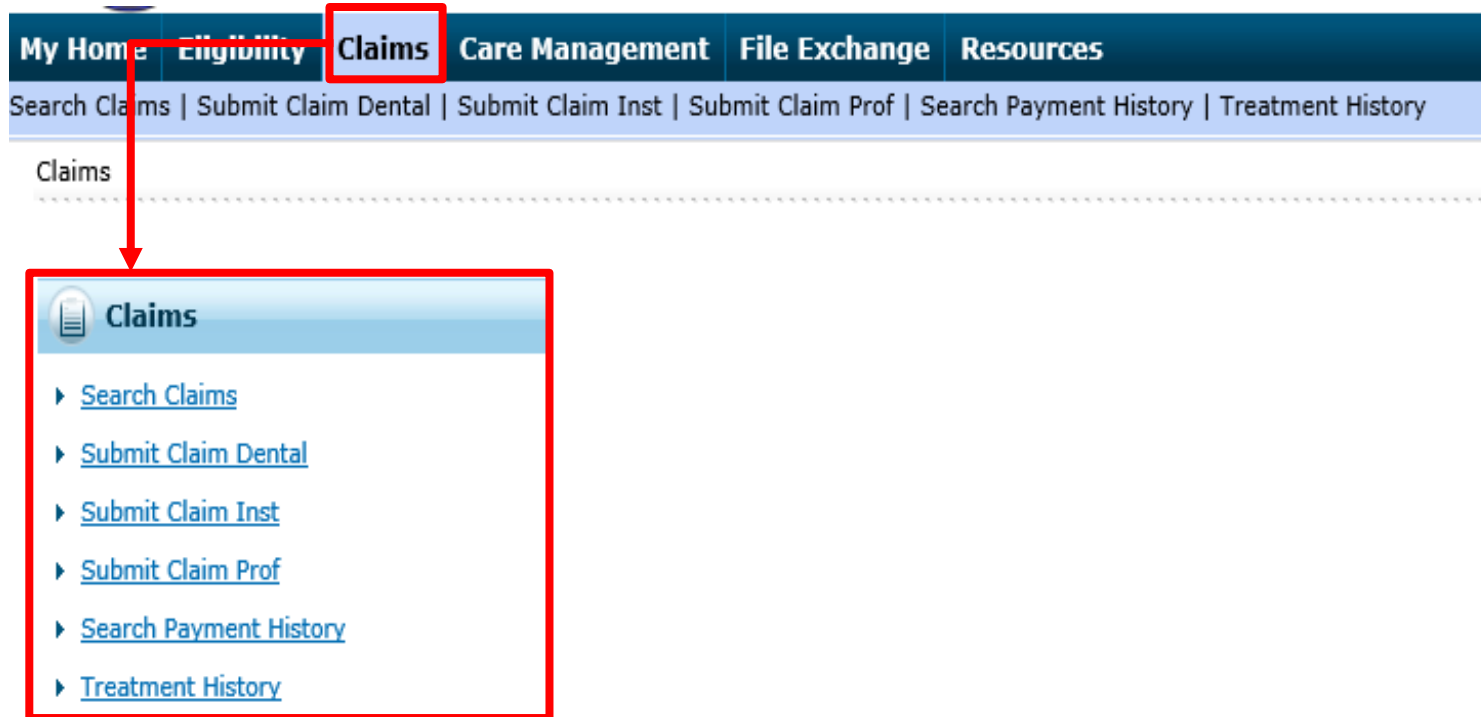
Understanding Claim Sub Menus

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.

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: "My Home", "Eligibility", "Claims", "Care Management", "File Exchange", and "Resources". The "Claims" tab is highlighted with a red box and a callout "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 "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

2

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

Submitting a Dental Claim: Step 1, continued

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

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](#) Wednesday 12/23/2020 12:04 PM PST

Submit Dental Claim: Step 1 ?

* Indicates a required field.

Provider Information

Billing Provider ID 1780694620 ID Type NPI

*Billing Provider Service Location

Rendering Provider ID ID Type

Rendering Provider Service Location -

Referring Provider ID ID Type

Service Facility Location ID ID Type

Patient Information

*Recipient ID

Last Name First Name

Birth Date

Claim Information

Accident Related Accident Date

*Place of Treatment 11-Physician's Office

*Patient Number

Authorization Number

Include Other Insurance ☐ Total Charged Amount \$0.00


[Continue](#) [Cancel](#)

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


- A. Provider Information
- B. Patient Information
- C. Claim Information






Submitting a Dental Claim: Step 1, continued


Provider Information

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"/> |

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.

6 *Provider ID 1043400534 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

| Provider ID ▼ | Provider Name | Provider Type | Address | City | State |
|----------------------------------|---------------|---------------|----------------------|-----------|--------|
| 1043400534 (NPI) | JOHN F MACK | Dentist | 1580 E DESERT INN RD | LAS VEGAS | NEVADA |

- 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. | |
| 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,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 | |
|---------------------|-------------|
| *Recipient ID | 97338188081 |
| Last Name | MUZAE |
| Birth Date | 05/02/1967 |
| First Name | WXEBVG |

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 11-Physician's Office

*Patient Number 12345 11

Authorization Number

Include Other Insurance ☐ Total Charged Amount \$

12 Continue Cancel

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

WXEBVG MUZAE

Birth Date

05/02/1967

Gender

Female

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 expanded.

Nevada Medicaid – Dental and Orthodontia Provider Training

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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 1 | *Diagnosis Code 2 K03 | |
| | 3 Add Reset | | |
| Back to Step 1 | | | |


Diagnosis Code dropdown list:

- K030-Excessive attrition of teeth
- K031-Abrasion of teeth
- K032-Erosion of teeth
- K033-Pathological resorption of teeth
- K034-Hypercementosis
- K035-Ankylosis of teeth
- K036-Deposits [accretions] on teeth
- K037-Post-eruptive color changes of dental hard tissues
- K0381-Cracked tooth
- K0389-Other specified diseases of hard tissues of teeth

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 | Remove |
| <u>2</u> | | | |

2

*Diagnosis Type

ICD-10-CM ▼

*Diagnosis Code ⓘ

Add

Reset

Back to Step 1

4

Continue

Cancel

[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 Date08/21/2018

Oral Cavity Area

6

Tooth Number14-1st Molar -UL-Permanent

Tooth Surface

2

*Procedure CodeD0191-Assessment of a pati

Modifiers

3

*Units1

*Charge Amount225.35

4

Diagnosis Pointers1

5

Rendering Provider ID

ID Type

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 |
|----------|------------|------------------|----------------------------|----------------|-------|---------------|------------------------|
| <u>1</u> | 08/21/2018 | | 14-1st Molar -UL-Permanent | D0191 | 1 | \$225.35 | Remove |
| 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

Add

Reset

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

Back to Step 1

Back to Step 2

8

Submit

Cancel

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

| # | Transmission Method | File | Control # | Attachment Type | A |
|---|---------------------|------|-----------|-----------------|---|
| <div><div>+</div>Click to add attachment.</div> | | | | | |

1

Back to Step 1

Back to Step 2

Submit

Cancel

To upload attachments in Step 3 to a dental claim:

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

Submitting a Dental Claim: Attachments, continued

Attachments

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

| # | Transmission Method |
|--------------------|---------------------|
| Click to collapse. | |

This PC

3D Objects

Desktop

Documents

Downloads

Music

Pictures

Videos

3

nv mmis modernization member operati...

File name:

nv mmis modernization member

All Files (*.*)

4

Open

Cancel

*Transmission Method

FT-File Transfer

*Upload File

Browse...

*Attachment Type

2

Description

Add

Cancel

Back to Step 1

Back to Step 2

Submit

Cancel

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 |
|---|--|--|-----------|-----------------|--------|
| <input type="checkbox"/> Click to collapse. | | | | | |
| | *Transmission Method | FT-File Transfer ▼ | | | |
| | *Upload File | C:\Users\scarson8\Desktop\nv mmis modernization n Browse... | | | |
| 5 | *Attachment Type | <div><div>Description</div><div>B4-Referral Form DA-Dental Models DG-Diagnostic Report EB-Explanation of Benefits (Coordination of Benefits or Medicare Secondary Payor) OZ-Support Data for Claim P6-Periodontal Charts RB-Radiology Films RR-Radiology Reports</div></div> | | | |
| 6 | <div><div>Add</div><div>Cancel</div></div> | | | | |
| <div><div>Back to Step 1</div><div>Back to Step 2</div></div> | | <div><div>Submit</div><div>Cancel</div></div> | | | |

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

| # | Transmission Method | File | Control # | Attachment Type | Action |
|-------------------|---------------------|---|----------------|------------------|------------------------|
| 1 | FT-File Transfer | nv mmis modernization member operations training qa review v2.docx (124K) | 20180924721523 | DA-Dental Models | Remove |

+ Click to add attachment.

Back to Step 1

Back to Step 2

7

Submit

Cancel

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 ID1043400534ID TypeINPT

*Rendering Provider Service Location22-MACK, JOHN F-1580 E DESERT INN RD,LAS VEGAS,NEVADA,891692548

Referring Provider IDID Type

Service Facility Location IDID Type

Patient Information

*Recipient ID00000000004

Last NameCLMGLZFirst NameALEJANDRA

Birth Date01/01/1995

Claim Information

Accident RelatedAccident Date

*Place of Treatment11-Physician's Office

*Patient Number12345

Authorization Number

Include Other Insurance☒

Total Charged Amount\$300.25

1

2ContinueCancel

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

| | | |
|-------------------|-----------|-----------------------------------|
| 1 | ICD-10-CM | K030-Excessive attrition of teeth |
| 2 | | |

2

*Diagnosis Type

ICD-10-CM

*Diagnosis Code

Add

Reset

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 |
|---|--------------|------------|-----------|-------------------|
| <div><div>+</div> Click to add a new other insurance.</div> | | | | |

Back to Step 1

Continue

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

Refresh Other Insurance

| # | Carrier Name | Carrier ID | Policy ID | Payer Paid Amount | Paid Date | Action |
|---|--------------|------------|-----------|-------------------|-----------|--------|
|---|--------------|------------|-----------|-------------------|-----------|--------|

☐ 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

Add Insurance

Cancel Insurance

Back to Step 1

Continue

Cancel

After clicking the (+):

- 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 |
|-------------------|------------------|------------|-----------|-------------------|------------|------------------------|
| 1 | Cigna Healthcare | 00526 | 12345 | | 09/24/2018 | Remove |

+

Click to add a new other insurance.

Back to Step 1

Continue

Cancel

After the additional insurance information has been added, select the Sequence Number to open the Claim Adjustment Details section

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

Submitting a Dental Claim: Other Insurance Details, continued

Claim Adjustment Details

You can enter up to five unique group codes. You can repeat six combinations of reason code and adjustment amount with each group code.

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

| # | Claim Adjustment Group Code | Reason Code | Adjustment Amount | Adjusted Units | Action |
|--------------------|------------------------------|--------------------------|--------------------|----------------|--------|
| Click to collapse. | | | | | |
| 6 | *Claim Adjustment Group Code | *Reason Code | *Adjustment Amount | Adjusted Units | |
| 7 | Add Adjustment | Cancel Adjustment | | | |
| | Save Insurance | Cancel Insurance | | | |

Click to add a new other insurance.

Back to Step 1 **Continue** **Cancel**

6. Complete all sections marked with an asterisk

7. Select Add Adjustment

Submitting a Dental Claim: Other Insurance Details, continued

Claim Adjustment Details

You can enter up to five unique group codes. You can repeat six combinations of reason code and adjustment amount with each group code.

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

| # | Claim Adjustment Group Code | Reason Code | Adjustment Amount | Adjusted Units | Action |
|---|-----------------------------|----------------------------------|-------------------|----------------|------------------------|
| 1 | CO-Contractual Obligations | 127-Coinsurance -- Major Medical | \$1.00 | | Remove |

Click to add a new adjustment.

Save Insurance

Cancel Insurance

Click to add a new other insurance.

8. Select Save Insurance

Submitting a Dental Claim: Other Insurance Details, continued

Submit Dental Claim: Step 2 ?

* Indicates a required field.

Provider Information

Billing Provider ID 1780694620 ID Type NPI

Patient and Claim Information

Recipient ID 70311721784
Recipient VNYCOO J SZIAA Gender Male
Birth Date 02/11/2000 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 |
|---|----------------|-----------------------------------|--------|
| 1 | ICD-10-CM | K030-Excessive attrition of teeth | Remove |
| 2 | | | |

2 *Diagnosis Type ICD-10-CM *Diagnosis Code

Add Reset

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 |
|---|-----------------|------------|-----------|-------------------|------------|--------|
| 1 | Other Insurance | 2020 | 12345 | | 12/20/2020 | Remove |

+ Click to add a new other insurance.

Back to Step 1

9

Continue Cancel

[Go to Top](#)

9. Select Continue from the bottom of the page to continue to Step 3 of the claim submission process

Searching for a Dental Claim

Searching for a Dental Claim

The screenshot shows the Nevada Medicaid portal navigation bar with the following items: My Home, Eligibility, **Claims** (labeled 1), Management, File Exchange, and Resources. Below the navigation bar, the 'Search Claims' link is highlighted with a red box and labeled 2. The breadcrumb trail shows 'Claims > Search Claims'. The date and time 'Thursday 08/23/2018 06:14 PM EST' are displayed on the right.

The 'Search Claims' form is titled 'Search Claims' and includes a tab for 'Medical/Dental'. It contains the following instructions and fields:

- 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**: Contains a 'Claim ID' text input field.
- Recipient Information**: Contains a 'Recipient ID' text input field.
- Service Information**: Contains the following fields:
 - Rendering Provider ID (text input)
 - ID Type (dropdown menu)
 - Claim Type (dropdown menu)
 - Service From (text input)
 - To (text input)
 - Claim Status (dropdown menu)

At the bottom of the form 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

Search Reset

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 the 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

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 |
|---|-------------------------------|-----|------------|------------------|--------------|--------------|-----------------------|----------------------|-----------|--------------------------|
|  | 2218235000007 | | Dental | Finalized Denied | 08/21/2018 | 97338188081 | 1407146111 | \$0.00 | — | |

6

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 WXE BVG 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 + | | | |

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

Service Facility Location ID

ID Type

ID Type

Patient Information

Claim Status

Recipient ID

Recipient

Birth Date

Finalized Denied

97338188081

WXEBVG MUZAE

05/02/1967

Gender

Female

Claim Information

Accident Related

Place of Treatment

Patient Number

Authorization Number

Related Claim ICN

Previous Claim ICN

Note

Accident Date

11-Physician's Office

12345

Total Charged Amount

\$725.25

Total Allowed Amount

\$0.00

Total Co-pay Amount

\$0.00

Total Paid Amount

\$0.00

7

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 |

7. Click **Expand All** on the **Adjudication Errors** panel to view the **Explanation of Benefits (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

[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 |

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 |
|-------------------|------------|------------------|---------------------------------|---------------|----------------|-----|-------|---------------|----------------|---------------|-------------|
| 1 | 08/21/2018 | | 2-2nd Molar-UR-Permanent | | D1110 | | 1 | \$500.25 | \$0.00 | \$0.00 | \$0.00 |
| | 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 the Provider Web Portal. The interface includes a top navigation bar with tabs: My Home, Eligibility, **Claims** (highlighted with callout 1), Care Management, File Exchange, and Resources. Below this is a sub-navigation bar with links: Search Claims, Submit Claim Dental, Submit Claim Inst, Submit Claim Prof, **Search Payment History** (highlighted with callout 2), and Treatment History. The breadcrumb trail shows 'Claims > Search Payment History'. The date and time 'Tuesday 08/28/2018 10:11 AM PST' are displayed in the top right. The form itself is titled 'Search Payment History' and contains a 'Provider Information' section with fields for 'Provider ID' (1407146111), 'ID Type' (NPI), 'Name' (SMILES TODAY DENTAL GROUP LLC), and 'Location ID' (100522270). Below this is a search criteria section with a red border, containing a note '* Indicates a required field.', a placeholder for configurable text, and fields for 'Payment Method' (All), 'Payment Type' (All), 'Check # / RA #' (empty), 'Issue Date' (05/30/2018), and '*To' (08/28/2018). At the bottom of the form, there is a 'Search' button (highlighted with callout 4) and a 'Reset' button. Callout 3 points to the search criteria section.

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 search for RAs on the Provider Web Portal only 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 Records |
| Issue Date | Payment Method | Payment Type | Check # / RA # | Total Paid Amount | | RA Copy (PDF) |
| 08/10/2018 | CHK | C | 000000000/100005164 | \$0.00 | 5 |  |
| 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](#)

5. Click on the
RA Copy (PDF)
icon



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

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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

Open

Save

Cancel

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 | | DETAIL EOBS | | | | | | | | | | | |
| 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 | | DETAIL EOBS | | | | | | | | | | | |
| 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 header includes the state seal and the text 'Nevada Department of Health and Human Services' and 'Division of Health Insurance and Policy Provider Portal'. A navigation bar contains links: 'My Home', 'Eligibility', 'Claims', 'Case Management', 'File Exchange', and 'Resources'. Below this is a sub-navigation bar with 'Search Claims', 'Submit Claim Dental', 'Submit Claim Inst', 'Submit Claim Prof', 'Search Payment History', and 'Treatment History'. A red box highlights the 'Claims' link in the navigation bar, with a callout '1' pointing to it. Below the navigation bar, a section titled 'Claim Information' contains a 'Claim ID' field. Below that, a section titled 'Recipient Information' contains a 'Recipient ID' field with the value '97338188081'. A red box highlights the 'Recipient ID' field, with a callout '3' pointing to it. A callout '2' points to the text '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.'

1

2

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 ID97338188081

Service Information

Rendering Provider ID

ID Type

Claim Type

Service From08/27/2018

To08/27/2018

Claim Status

Search

Reset

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 |
|-------------------------|-------------------------------|------------|------------------|--------------|--------------|-----------------------|----------------------|-----------|--------------------------|
| <div><div>+</div></div> | 2218239000005 | 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 **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 |
|-------------------|------------|------------------|--------------|---------------|----------------|-----|-------|---------------|----------------|---------------|-------------|
| 1 | 08/27/2018 | | | | D1351 | | 1 | \$275.25 | \$0.00 | \$0.00 | \$0.00 |
| 2 | 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

 **8**  **Copy**  **Print Preview**

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 HomeEligibilityClaimsCare ManagementFile ExchangeResources

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.

☐ Recipient Information
Recipient ID
Last Name
First Name
Birth Date
Patient Number
Address

☐ Service Information
Service Facility Location
Place of Treatment
Procedure Code(s)
Modifier(s)
Units
Detail Charge Amount(s)
Rendering Provider(s)

☐ Recipient and Service Information
Copies data listed in previous 2 columns.

☒ Entire Claim
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

CopyCancel

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

☐

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 Remove link to remove the entire row. | | | | | | | | |
| Svc # | Svc Date | Oral Cavity Area | Tooth Number | Tooth Surface | Procedure Code | Mod | Units | Charge Amount |
| 1 | 08/27/2018 | | | | D1351 | | 1 | \$275.25 |
| 2 | 08/27/2018 | | | | D1354 | | 1 | \$1,275.00 |
| 3 | 08/28/2018 | | | | D1110 | | 1 | \$500.25 |
| No Other Insurance Details exist for this claim | | | | | | | | |
| No Attachments exist for this claim | | | | | | | | |
| <div>Back to Step 1 Back to Step 2 Back to Step 3 Print Preview 12 Confirm Cancel</div> | | | | | | | | |

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 **2218240000007**.

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](#)

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

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

Search

Reset

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 |
| <div><div>+</div></div> | 5918261000001 | 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

Add

Reset

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

Back to Step 1

Back to Step 2

6

Resubmit

Cancel

6. Click the **Resubmit** button

Adjusting a Dental Claim, continued

| Patient Information | | | | | | | | |
|---|------------|------------------|--------------------------------|---------------|----------------|-----|-------|---------------|
| Claim Status Finalized Payment | | | | | | | | |
| Recipient ID 00000000004 | | | | | | | | |
| Recipient ALEJANDRA CLMGLZ Gender Female | | | | | | | | |
| Birth Date 01/01/1995 | | | | | | | | |
| Claim Information | | | | | | | | |
| Accident Related _ Accident Date _ | | | | | | | | |
| Place of Treatment 11-Physician's Office | | | | | | | | |
| Patient Number 12345 | | | | | | | | |
| Authorization Number _ | | | | | | | | |
| Related Claim ICN _ | | | | | | | | |
| Previous Claim ICN 5918261000001 | | | | | | | | |
| Note _ | | | | | | | | |
| Total Charged Amount \$295.23 | | | | | | | | |
| 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> | 08/14/2018 | | 14-1st Molar -UL-Permanent | | D0190 | | 1 | \$220.23 |
| <u>2</u> | 08/28/2018 | | 7-Lateral Incisor-UR-Permanent | | D0191 | | 1 | \$75.00 |
| No Adjudication Errors exist for this claim | | | | | | | | |
| No Other Insurance Details exist for this claim | | | | | | | | |
| No Attachments exist for this claim | | | | | | | | |
| 7 | | | | | | | | |
| Back to Step 1 Back to Step 2 Back to Step 3 Print Preview Confirm Cancel | | | | | | | | |

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 homepage, 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** drop-down and fill out all required fields.

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](#) > [Secure Correspondence](#) > Create Message

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

Enter your correspondence information below and click the **Send** button to send the correspondence to the plan or click **Cancel** to go back.

Technical Support will accept Provider Web Portal usage issues submitted through this page except for those relating to prior authorization. For pharmacy prior authorization questions call 855-455-3311. For non-pharmacy prior authorization questions, call 800-525-2395. For non-technical support related issues, please go to www.medicaid.nv.gov or call 1-877-638-3472.

* Indicates a required field.

* **Subject**

* **Message Category**

Email

Confirm Email

Phone Number

* **Preferred Method of Communication**

* **Service Provider ID**

* **Provider Type**

* **Denial Reason**

* **Message**

Submitting an Appeal for a Claim, continued

The screenshot shows a web form titled "Attachments". At the top, it says "Click the **Remove** link to remove the entire row." Below this is a table with columns: #, Transmission Method, File, Control #, Attachment Type, and Action. A "Click to collapse" link is visible. Below the table, a red box highlights a form section with a callout "3". This section includes a "Transmission Method" dropdown menu (set to "EL-Electronic Only"), an "Upload File" field with a "Browse..." button, an "Attachment Type" dropdown menu, and a "Description" text field. Below this section are "Add" and "Cancel" buttons. At the bottom of the form, a red box highlights a "Send" button with a callout "4", next to a "Cancel" button.

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 information, contact us.

| Status | CTN # | Subject | Opened | Last |
|--------|-------|------------------------------------|------------|------|
| Open | 4256 | Appeal of a denial | 09/18/2018 | |
| Open | 4255 | testing | 09/18/2018 | |
| Open | 4253 | Testing from MO | 09/18/2018 | |
| Open | 4252 | Testing 6268 in MO | 09/18/2018 | |
| Open | 4251 | Testing 6268 | 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 | Appeal of a denied claim | Claims - Appeals | 10/02/2018 | 10/02/2018 |
| Open | 4255 | testing | Claims - Appeals | 09/27/2018 | 09/27/2018 |
| Open | 4253 | Testing from MO | Level 2 Support - Account Issues | 09/19/2018 | 09/19/2018 |
| Open | 4252 | Testing 6268 in MO | Level 2 Support - Account Issues | 09/18/2018 | 09/18/2018 |
| Open | 4251 | Testing 6268 | Claims - Appeals | 09/06/2018 | 09/06/2018 |
| Open | 4227 | Testing sample for 5916 | Level 2 Support - Account Issues | 08/14/2018 | 08/14/2018 |
| Closed | 4217 | Help | Other | 07/08/2018 | 08/03/2018 |
| Open | 4218 | Testing Help | Other | 07/08/2018 | 07/08/2018 |
| Open | 4219 | Testing help.. | Other | 07/08/2018 | 07/08/2018 |
| Open | 4188 | Testing in Model | 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 displays the Nevada Medicaid portal interface. At the top, a navigation bar includes links for 'My Home', 'Eligibility', 'Claims', 'Management', 'File Exchange', and 'Resources'. The 'Claims' link is highlighted with a red box and a callout '1'. Below this, a secondary navigation bar contains 'Search Claims' (highlighted with a red box and callout '2'), 'Claim Dental', 'Submit Claim Inst', 'Submit Claim Prof', 'Search Payment History', and 'Treatment History'. The main content area is titled 'Search Claims' and includes a dropdown menu set to 'Medical/Dental'. Below this, instructional text states: '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 features a 'Claim ID' field with the value '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' (with a search icon), 'ID Type' (a dropdown menu), 'Claim Type', 'Service From' (with a calendar icon), 'To' (with a calendar icon), and 'Claim Status'. At the bottom, a 'Search' button (highlighted with a red box and callout '4') and a 'Reset' button are visible.

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 ID5918261000002

Recipient Information

Recipient ID

Service Information

Rendering Provider ID

ID Type

Claim Type

Service From

To

Claim Status

Search

Reset

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 |
|--------------|-------------------------------|---|------------|-------------------|-------------------------|--------------|-----------------------|----------------------|------------|--------------------------|
| <div>+</div> | 5918261000002 | 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 |
| 1 | 08/14/2018 | | 14-1st Molar -UL-Permanent | | D0190 | | 1 | \$220.23 | \$14.34 | \$0.00 | \$14.34 |
| 2 | 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 | | | | | | | | | | | |
| <div><div>6</div><div>Adjust Copy Void Print Preview RA Copy (PDF)</div></div> | | | | | | | | | | | |

To void the claim, the user will:

6. Click the **Void** button

Voiding a Dental Claim, continued

the row. Click

| | | | | | | |
|----------|------------------------------------|--|-------|--|---|---------|
| Activity | To | | | | | |
| | 14- | | | | | 23 |
| | 7-Lateral Incisor- UR-Permanent | | D0191 | | 1 | \$75.00 |

st for this claim

s exist for this claim

his claim

Copy Void Print Preview RA Copy (PDF)

Confirmation

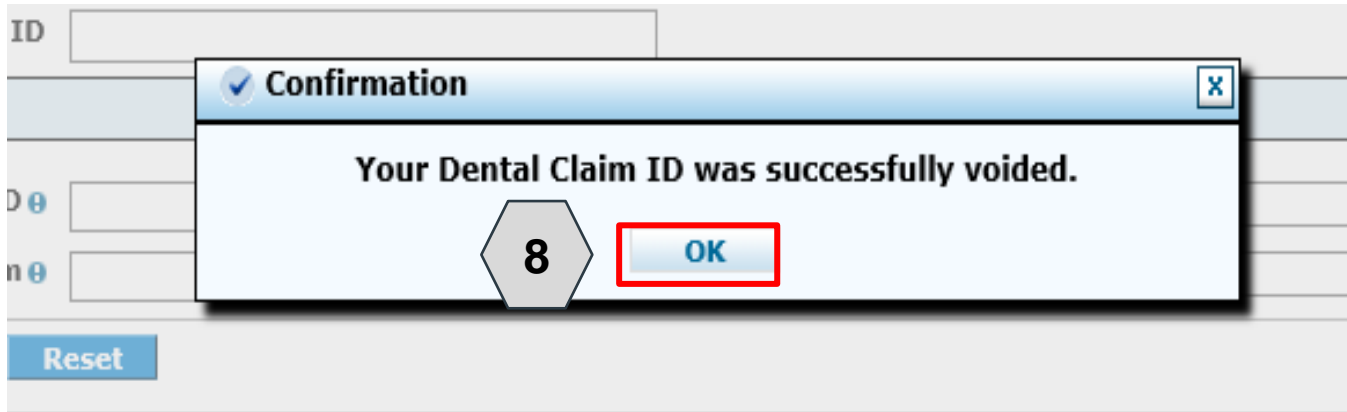
Are you sure you want to void this Dental Claim ID
5918261000002?

7

OK Cancel

7. Click the OK button

Voiding a Dental Claim, continued



8. Click the **OK** button

Web Announcements



Web Announcement 2361



If submitting a PA for an outpatient request, please review Web Announcement 2361 for more information.

Please note that service details must use Procedure Code 41899, and the claim form must reflect the appropriate CDT code.

November 24, 2020

Web Announcement 2361

Prior Authorization Requirements for Outpatient Facility Services for Recipients Ages Five and Below Updated in Medicaid Services Manual Chapter 1000 - Dental

Effective with the April 1, 2020, update of Medicaid Services Manual (MSM) Chapter 1000 - Dental, prior authorization (PA) is required for recipients ages five and below for outpatient surgery facility services.

Providers must submit a completed ADA Dental form when a recipient requires dental procedures in the outpatient surgery facility setting. The ADA Dental form should include all requested dental code procedures accompanied with a letter of medical necessity. The letter of medical necessity will need to clearly identify as to why the procedure(s) could not be completed in the office setting. In the letter of medical necessity please include the National Provider Identifier (NPI) along with the name of the outpatient facility. Please remember that prior authorization is still required for recipients ages 21 and older.

The rendering dental provider must submit all PA requests through the Provider Web Portal. Please ensure that all medical documentation attachments (ADA form, chart notes and letter of medical necessity) are included with the request. Additionally, please submit PA requests 1-2 weeks before the recipient's appointment.

Please access the following links for resources regarding PA requests and claims submission:

- https://www.medicaid.nv.gov/Downloads/provider/Dental_PA_Instructions.pdf
- <https://www.medicaid.nv.gov/providers/training/training.aspx>

Web Announcement 1951



August 19, 2019
Announcement 1951

Attention Provider Type 22 (Dentist):

Dental Radiology and Exam Codes

Some claims submitted by provider type 22 (Dentist) for bitewing images are being denied in error with error code 6126 (Dental services not allowed within six rolling months) when billed within six months of periapical images. Effective August 19, 2019, error code 6126 will be inactivated and the claims will no longer deny in error.

The impacted claims processed on or after February 1, 2019, and before August 19, 2019, that denied in error will be automatically reprocessed. Providers do not need to resubmit or appeal the denied claims. A future remittance advice message will notify providers when the claims are reprocessed. The impacted procedure codes are listed in the following table:

| Bitewing Images Procedure Codes: | |
|------------------------------------|---|
| D0270 | Bitewing - Single Radiographic Image |
| D0272 | Bitewings - Two Radiographic Images |
| D0274 | Bitewings - Four Radiographic Images |
| D0277 | Vertical Bitewings - Seven to Eight Radiographic Images |
| Periapical Images Procedure Codes: | |
| D0210 | Intraoral - Complete Series of Radiographic Images |
| D0220 | Intraoral Periapical First Radiographic Image |

Effective August 19, 2019, error code 6136 (Dental services not allowed on the same date of service) will deny multiple procedure codes for bitewings billed with the same date of service.

Effective August 19, 2019, new error code 6508 (Paid dental exam code not on file) will deny radiology codes if no exam code is billed for the same date of service. The impacted procedure codes are listed in the following table:

| | |
|-------|---|
| D0210 | Intraoral - Complete Series of Radiographic Images |
| D0220 | Intraoral - Periapical First Radiographic Image |
| D0230 | Intraoral - Periapical each additional Radiographic Image |
| D0240 | Intraoral - Occlusal Radiographic Image |
| D0270 | Bitewing - Single Radiographic Image |
| D0272 | Bitewings - Two Radiographic Images |
| D0273 | Bitewings - Three Radiographic Images |
| D0274 | Bitewings - Four Radiographic Images |
| D0330 | Panoramic Radiographic Image |

Effective August 19, 2019, exam codes and radiology codes will be linked as listed in the following table:

| Exam Code | Associated Radiology Code |
|-----------------------------|--|
| D0120 POE | D0220, D0230, and either D0270, D0272, D0273 or D0274 |
| D0140 Limited Prob. Focused | D0220, D0230 and either D0270, D0272, D0273 or D0274 |
| D0145 Oral Eval. <3 yrs | D0240 and D0220, D0230 |
| D0150 Comp. Exam | D0210 and D0330 or D0220, D0230 and either D0270, D0272, D0273 or D0274 |
| D0160 Exten. Prob Focused | D0220, D0230 and either D0270, D0272, D0273 or D0274 |
| D0170 Re-eval | D0220, D0230 and either D0270, D0272, D0273 or D0274 |
| D0190 Screening | D0330 |
| D0191 Assessment | D0330 |

Web Announcement 1705



October 9, 2018

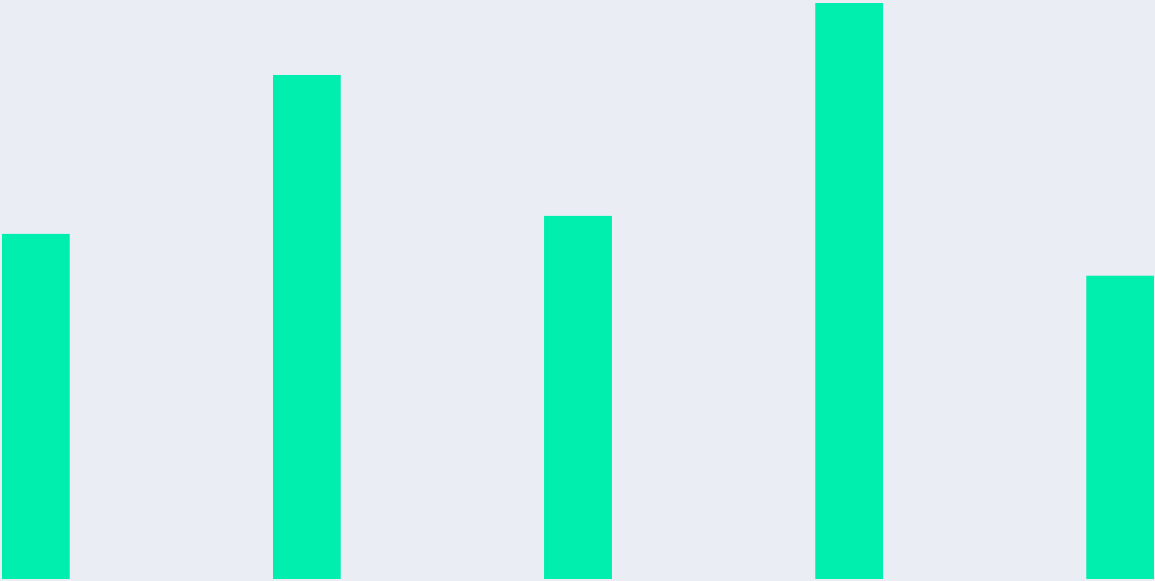
Web Announcement 1705

Attention Provider Type 22 (Dentist):

Bill Tooth Surface Codes in Alphabetical Order

Provider type 22 (Dentist) providers are instructed to submit dental claims with tooth surface codes indicated in alphabetical order. If claims with tooth surface codes have been denied with edit code 0163 (Surface code does not match authorization), providers are instructed to resubmit the denied claims with the tooth surface codes in alphabetical order. Please resubmit the claims following timely filing guidelines.

Resources



Additional Resources

- For Forms: www.medicaid.nv.gov/providers/forms/forms.aspx
- For EVS General Information: www.medicaid.nv.gov/providers/evsusermanual.aspx
- For Secure EVS Provider Web Portal:
www.medicaid.nv.gov/hcp/provider/Home/tabid/135/Default.aspx
- Billing Manual and Guides: www.medicaid.nv.gov/providers/BillingInfo.aspx
- Web Announcements: <https://www.medicaid.nv.gov/providers/newsannounce/default.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 a.m. to 5 p.m. Pacific Time)

Prior Authorization Department: 800-525-2395

Provider Field Representative: NevadaProviderTraining@gainwelltechnologies.com

Thank you