If Medicare Part A does not make a payment or does not cover the service, then the provider will need to submit the claim to Nevada Medicaid through the Provider Web Portal (EVS) as a regular Fee-for-Service (FFS) claim. Please following these steps to submit an Institutional claim with Medicare Part B coverage.

**Step 1:** Select type of claim being submitted (Institutional).

**Step 2:** Select the Claim Type from the drop-down menu (Inpatient).

**Step 3:** Complete Provider Information, Patient Information and Claims Information as needed.

**Step 4:** Complete the Claim Information section and select the **Include Other Insurance** checkbox.

**Step 5:** Complete Diagnosis Codes and External Cause of Injury Diagnosis Codes, as necessary.

**Step 6:** Complete the Other Insurance Details to reflect the payment received by Medicare Part B for any Ancillary Services provided.

- Please note: The policy information will not auto populate in the Other Insurance Details panel. Other Insurance can be added by completing the following fields:
  - Carrier Name – Enter the other insurance carrier name
  - Carrier ID – Enter the other insurance carrier ID; this is also known as the electronic payer ID
  - Policy Holder Last Name – Enter the last name of the policy holder
  - First Name – Enter the first name of the policy holder
  - MI – Enter the middle initial of the policy holder
  - Policy ID – Enter the policy ID
  - Insurance Type – Select the insurance type from the drop-down list
  - Responsibility – Select the responsibility type from the drop-down list
  - Patient Relationship to Insured – Select the patient relationship to insured from the drop-down list
  - Payer Paid Amount – Enter the amount paid by the other insurance
  - Paid Date – Enter the date the other insurance paid
  - Remaining Patient Liability – Enter the remaining patient liability
  - Claim Filing Indicator – Select the claim filing indicator from the drop-down list
• All fields marked with a red asterisk are required fields. Fields that are not marked with a red asterisk may be required depending on the situation.

• Click “Add Insurance” to add the Other Insurance Details to the claim.

• Click the sequence number of any other insurance line item to add the Claim Adjustment Details as reflected on the Medicare Part B Explanation of Benefits (EOB).

Step 7: Complete Condition Codes, Occurrence Codes, Value Codes, Surgical Procedures as necessary.
- For Medicare Part A exhaust claims, the Occurrence Code portion of the claim is required.
- For Medicare Part B only claims (recipient does not have Medicare Part A on file), the Value Codes portion of the claim is required.

Step 8: Add Service Details.
- Up to 50 service details can be added to an institutional claim
- Revenue Codes, Procedure Codes and Modifiers are searchable
- Click “Add” button to add each service detail
- Click “Remove” link to remove any service detail added to the claim in error
Step 9: Add Attachments as necessary. Note: It is not necessary to upload the EOB.

Step 10: Select “Submit” to submit the claim to Nevada Medicaid for processing.