Chapter 3. Claims

The Nevada Medicaid and Nevada Check Up Provider Web Portal (PWP) allows providers, or their delegates, to create/submit, adjust and copy claims online. Providers, or their delegates can also use the PWP to verify claim status.

For provider specific billing information refer to the Billing Guidelines (by Provider Type).

3.1 Submit Claim

The **Claims** tab provides the ability to submit dental, institutional, and professional claims. To begin the claim submission process select one of the submit claim options from the **Claims** submenu, or click on the **Claims** tab to be directed to the claims landing page.

Claims submenu options:



Claims landing page:



Navigation Notes

Do not use the links that appear at the top of the page to navigate between steps of the claims submission process. This could cause data to be lost. Always use the Back to Step buttons at the bottom of the pages to move between steps. If you have successfully updated any information on a step and return to the previous step, your information is not lost.

Example:

You completed Step 1 and continued to Step 2, where you successfully added or updated the diagnosis code information. You return to Step 1 to indicate that the claim is the result of an accident. When you return to Step 2, the diagnosis information you added previously still appears.

If you add or modify information on a step and click "Continue" button without saving the information, a warning message will display.

Example:

You added a diagnosis code, but did not click Add. You click Continue to proceed to Step 3. You are prompted with a warning that you will lose unsaved data by navigating away from the page.

3.1.1 Submit Claim Dental

Select Submit Claim Dental to create and submit a dental claim.

Claim submission is a three step process, click on the "Continue" button at the bottom of each page to continue on to the next step. Click on the "Cancel" button to cancel the creation of the claim.

- Step 1-Provider, Patient and Claim Information
- Step 2-Diagnosis Codes and Other Insurance Details
- Step 3-Service Details and Attachments

Submit Dental Claim: Step 1

Submit Dental Claim: Step 1				8
* Indicates a required field.				
Provider Information				
Billing Provider ID	1215	ID Type	NPI	
*Billing Provider Service	22-DENTAL CENTER-321	N MALL DR STE P10	1,LAS VEGAS,NEVADA,890	30 🗸
Location Rendering Provider ID		ID Type	×	
-	4	ID Type	•	
Rendering Provider Service Location	-			
Referring Provider ID	Q	ID Type	~	
Service Facility Location ID	Q	ID Type	×	
Patient Information		•		
*Recipient ID				
Last Name	-		First Name	-
Birth Date	-			
Claim Information				
Accident Related	×		Accident Date	X
*Place of Treatment	11-Physician's Office	~		
*Patient Number	11 mysician's onice			
Authorization Number				
Autorization Number				
Include Other Insurance				Total Charged Amount \$0.00
				Continue Cancel

All of the fields marked with a red asterisk (*) are required fields.

Provider Information

The Billing Provider Information is automatically populated with the Billing Provider ID and ID Type of the provider that the signed-in user is associated with.

Submit Dental Claim: Step 1	7
* Indicates a required field.	
Provider Information	
Billing Provider ID	1215 ID Type NPI
*Billing Provider Service Location	22-DENTAL CENTER-321 N MALL DR STE P101,LAS VEGAS,NEVADA,89030
Rendering Provider ID	1730 ID Type NPI V
*Rendering Provider Service Location	22-DENTAL CENTER321 N MALL DR STE P101, LAS VEGAS, NEVADA, 89030
Referring Provider ID	1169 ID Type NPI V
Service Facility Location ID	1205 ID Type NPI V

The following fields can be completed as follows:

- Billing Provider Service Location Select the appropriate provider type/service location for the type of service being billed
- Rendering Provider ID If applicable enter the rendering provider NPI
 - ID Type –Select NPI from the drop-down list
- Rendering Provider Service Location If a rendering provider ID is entered, a rendering provider service location is required; Select the appropriate provider type/service location for rendering provider
- Referring Provider ID If applicable enter the referring provider NPI
 - ID Type –Select NPI from the drop-down list
- Service Facility Location ID If applicable enter the service facility NPI
 ID Tune Select NPI from the dram down list
 - \circ ~ ID Type Select NPI from the drop-down list

Patient Information

Enter the 11-digit recipient ID in the Recipient ID field. The Last Name, First Name, and Birth Date will be automatically populated based for the recipient ID that is entered.

Patient Information					
*Recipient ID	0000000001				
Last Name	CLMGLZ	First Name ISAAC			
Birth Date	01/01/1999				

Claim Information

Claim Information									
Accident Related	Auto Accident 🗸	Accident Date 0	03/28/2018						
Please Select at least one option from the Accident State or Accident Country dropdowns below.									
Accident State	NEVADA V	Accident Country	UNITED STATES						
*Place of Treatment	11-Physician's Office 🗸								
*Patient Number	1234]							
Authorization Number	20181234567]							
Include Other Insurance			Total Charged Amount \$0.00						
			Continue Cancel						

The following fields can be completed as follows:

- Accident Related If the claim is related to accident, select the accident type from the dropdown list
- Accident Date Enter the date of the accident
- Accident State Displays if Auto Accident is selected in the Accident Related drop-down list
- Accident Country Displays if Auto Accident is selected in the Accident Related drop-down list
- Place of Treatment Select the place of treatment from the drop-down list
- Patient Number Enter a patient number
- Authorization Number If applicable, enter the prior authorization number for the service(s) being billed on the claim
- Include Other Insurance If the recipient has other insurance that paid as primary, check this box; When this box is checked the Other Insurance Information panel will appear on the Submit Dental Claim: Step 2
- Total Charged Amount Read only and displays the total charge amount associated with the claim

Submit Dental Claim: Step 2

When the Submit Dental Claim: Step 2 page is first displayed all of the panels are expanded. Click "Collapse All" to close all panels, or click minus icons on each panel to close only that panel.

Submit Den	tal Claim: Step 2						?	
* Indicates a	required field.							
Provider In	formation							
	Billing Provider ID	1215	ID Type NPI					
Patient and	Claim Information							
	Recipient ID	0000000001						
	Recipient	ISAAC E CLMGLZ		Gender Ma	le			
	Birth Date	01/01/1999	Total Charged /	Amount \$0.	.00			
						Expand All	Collapse All	
Diagnosis C	odes						-	
		Click the Remove link to re ered is considered to be the p	move the entire row. rincipal (primary) Diagnosis Code.					
#	Diagr	nosis Type		Diagnos	is Code		Action	
1								
1	*Diagnosis Type	ICD-10-CM 🗸	*Diagnosis Code 🛛 🏾					
	Add Reset							
Other Insur	ance Details						-	
Enter the car	rier and policy holder info	ormation 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 Rer	nove link to remove the	entire row.						
	Refresh Other Insurance							
#	Carrier Name	Carrier ID	Policy ID		Payer Paid Amount	Paid Date	Action	
🛨 Click to a	dd a new other insurance							
	Back to Step 1				Conti	inue Cancel		

Submit Dent	al Claim: Step 2								?
* Indicates a	required field.								
Provider Info	ormation								
	Billing Provider ID	1215	ID Type	NPI					
Patient and	Claim Information								
	Recipient ID	00000000001 ISAAC E CLMGLZ			Gender	Mala			
		01/01/1999		Total Charged A					
								Expand All	Collapse All
Diagnosis Co	odes								E
		Click the Remove link to re ered is considered to be the p							
#	Diagr	nosis Type			Diag	nosis Code			Action
1									
1	*Diagnosis Type	ICD-10-CM 🗸	*Dia	jnosis Code 🛛 🗌					
	Add Reset								
Other Insura	ance Details								÷
	Back to Step 1						Continue	Cancel	

Diagnosis Codes

The first diagnosis entered is considered to be the principal or primary diagnosis code.

- The PWP allows for up to 8 diagnosis codes
- Diagnosis codes are searchable
 - Enter the first three letters or the first three numbers of the code to use the predictive search
- Click the "Add" button to add each diagnosis code
- Click the "Remove" link to remove any diagnosis codes added to the claim in error

Submit Dent	al Claim: Step 2				?
* Indicates a	required field.				
Provider Info	ormation				
	Billing Provider ID	1215	ID Type	NPI	
Patient and	Claim Information				
	Recipient ID	0000000001			
	Recipient	ISAAC E CLMGLZ		Gender Male	
	Birth Date	01/01/1999		Total Charged Amount \$0.00	
				Expan	All Collapse All
Diagnosis Co	odes				-
		r. Click the Remove link to re ered is considered to be the p			
#	Diagr	nosis Type		Diagnosis Code	Action
<u>1</u>	ICE	D-10-CM		K0381-Cracked tooth	Remove
2					
2	*Diagnosis Type	ICD-10-CM 🗸	*Dia	gnosis Code 9	
	Add Reset				

All of the fields marked with a red asterisk (*) are required fields.

Other Insurance Details

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. Other Insurance Details fields are required only if you are adding other insurance payment information.

Othe	r Insurance Details						=		
Enter	Enter the carrier and policy holder information below.								
Detai	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.								
Circk	the Remove link to remove the e					Refresh Other	r Insurance		
#	Carrier Name	Carrier ID	Policy ID		Payer Paid Amount	Paid Date	Action		
1	VISION SERVICE PLAN	07643	195065490			_	Remove		
2	RX WEST	07285	70343675B00			-	Remove		
3	ANTHEM BLUE CROSS BLUE SHIELD CA	08242	VZZ96769242H			-	Remove		
4	DELTA HEALTH SYSTEMS	02324	50998842			-	Remove		
	Carrier Name DE Policy Holder Last Name MZ Policy ID 509 Insurance Type _ Responsibility U-V Payer Paid Amount Remaining Patient Liability *Claim Filing Indicator	998842	Carrier ID First Name Patient Relationship to Insured *Paid Date @	ILHWL	d	МІ Н			
Cla	im Adjustment Details						÷		
		ancel Insurance							
•	lick to add a new other insurance.								
	Back to Step 1				Conti	nue Cancel]		

- Select the sequence number to add payment information.
- Click "Save Insurance" button to save the information to the other insurance details line.
- Click "Cancel Insurance" button to cancel any updates to the other insurance details
- Click "Continue" button to complete Submit Dental Claim: Step 3.
- Click the "Remove" link to remove any other insurance details not relevant to the claim.

Please note: For Dental claims, only payment information is required at the header level. The "Claim Adjustment Details" panel should be collapsed.

If the recipient does not have other insurance carrier information on file with Nevada Medicaid, the policy information will not auto populate in the Other Insurance Details panel. Other Insurance Details can be added by completing the following fields:

- Carrier Name Enter the other insurance carrier name
- Carrier ID Enter the other insurance carrier 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 dropdown 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.

Othe	r Insurance Details									
Enter	Enter the carrier and policy holder information below.									
Detai	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				
	lick to collapse.									
	*Carrier Name		*Carrier ID							
	*Policy Holder Last Name		*First Name		MI					
	*Policy ID									
	Insurance Type				~					
	*Responsibility	~	*Patient Relationship to Insured	~						
	Payer Paid Amount		*Paid Date 🔒							
I	Remaining Patient Liability									
	*Claim Filing Indicator		~							
	Add Insurance	ancel Insurance								
	Back to Step 1			Conti	nue Cancel					

All of the fields marked with a red asterisk (*) are required fields.

Click "Add Insurance" button to add the Other Insurance Details to the claim.

Updating Other Insurance Details

Select the sequence number of any other insurance line item to update details such as the allowed amount, paid amount, paid date and adjustment codes for the specific other insurance carrier.

- Click "Save Insurance" button to save the information to the other insurance details line
- Click "Cancel Insurance" button to cancel any updates to the other insurance details
- Click the "Remove" link to remove any other insurance details added to the claim in error

#	Carrier Name	Carrier ID	Policy ID		Payer Paid Amount	Paid Date	Action
1	Blue Shield	12345	00000011		\$15.00	01/01/2019	<u>Remove</u>
	L	Blue Shield	Carrier ID	12545			
	L	KJUYD	*First Name	PXMYE		MI	
	*Policy ID	00000011					
	Insurance Type					~	
	*Responsibility	P-Primary 🗸	*Patient Relationship to Insured		lf 🗸		
	Payer Paid Amount	15.00	*Paid Date 🛛	01/01/	/2019		
I	Remaining Patient Liability	100.00					
	*Claim Filing Indicator	BL-Blue Cross/Blue Shield	~				
Cla	aim Adjustment Details						÷
	Save Insurance	Cancel Insurance					
+ (Click to add a new other insuranc	e.					
	Back to Step 1				Cont	inue Cancel	

Click "Continue" button to complete Submit Dental Claim: Step 3.

Submit Dental Claim: Step 3

When the Submit Dental Claim: Step 3 page is first displayed not all of the panels are expanded.

- Click "Expand All" to expand all panels, or click plus icons on each panel to open only that panel.
- Click "Collapse All" to close all panels, or click minus icons on each panel to close only that panel.

c.t.	nit Dental Claim: Step 3							
								?
	icates a required field.							
Prov	ider Information							
	Billing Provider ID	1124098421	ID Type NPI					
Patie	nt and Claim Information							
	Recipient ID	53239301555						
		ILHWL H MZDAIF		Ge	ender Male			
	Birth Date	12/16/2002	Total (Charged Am	ount \$0.00			
							Even d All	Collapse All
Dian	nosis Codes						Expand All	Collapse All
								-
Othe	r Insurance Details							_
#	Carrier Name		Carrier ID		Policy ID	Payer	Paid Amount	Paid Date
1	DELTA HEALTH SYSTEMS	1	02324	50998842				11/01/2019
Serv	ce Details							-
	t the row number to edit the row	Click the Remove	a link to remove the entire row					
Svc								
#	Svc Date Oral	Cavity Area	Tooth Number		Procedure Code	Units	Charge Amount	Action
1								
1	*Svc Date 0	📺 Oral Cavit	v Area	•	Tooth Nu	mher		T
	oth Surface	1			V			
	*Procedure		Modifiers 0					
	Code 0							
	*Units	*Charge	*Diagnos	sis 🔻	.	Y		
		Amount	Pointe	ers				
	Rendering Provider ID		e V					
	Rendering _							
Prov	ider Service Location							
	Add Reset							
Atta	hments							-
Click	the Remove link to remove the	entire row.						
#	Transmission Method		File	Cor	ntrol #	Attachi	ment Type	Action
• 0	lick to add attachment.							
	Back to Step 1 Bac	k to Step 2				Sub	mit Cancel	
	back to Step 1 Bac	k to Step 2				Sub	Cancel	

All of the fields marked with a red asterisk (*) are required fields.

Service Details

- Up to 50 service details to be added to a dental claim
- Procedure codes are searchable
 - Enter the first three letters or the first three numbers of the code to use the predictive search
- Modifiers are searchable

- $\circ~$ Enter the first 3 letters of the description or the first 2 number or letters of the modifier to use the predictive search
- Click the "Add" button to add each service detail
- Click the "Remove" link to remove any service detail added to the claim in error

Servi	Service Details										
Select	Select the row number to edit the row. Click the Remove link to remove the entire row.										
Svc #	Svc Date	Oral Cavity Area	Tooth Number	Procedure Code	Units	Charge Amount	Action				
1											
1	*Svc Date e	🛒 Oral Cavity Ar	rea 🛛 🗸 🗸	Tooth Num	ber 📃		¥				
То	oth Surface	T	T	V							
	*Procedure Code 0	Mod	ifiers 🛛								
	*Units	*Charge Amount	*Diagnosis Pointers								
	Rendering Provider ID	Q ID Туре	¥								
Provi	Rendering ider Service Location	-									
	Add	Reset									

All of the fields marked with a red asterisk (*) are required fields.

Updating Service Details

Select the sequence number of any service detail line item to update details such as the service date, procedure code, units or charge amount.

Serv	Service Details										
Selec	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	04/01/2018		2-2nd Molar-UR-Permanent	D0350	1	\$150.00	Remove				
1	*Svc Date	04/01/2018 Oral Cavity Ar	rea 📃 🗸	 Tooth Numb 	er 2-2nd M	Iolar-UR-Permanent	~				
Тс	ooth Surface	× ×	× ×	~							
	*Procedure Code 0	D0350-Oral/facial photo ima Mod	ifiers 0								
	*Units	1 *Charge 150.00 Amount	Diagnosis 1 V Pointers	\checkmark \checkmark \checkmark							
	Rendering Provider ID	🔍 🛛 ІД Туре	~								
Prov	Rendering ider Service Location	-									
	Save	Reset Cancel									

- Click the "Save" button to save the changes
- Click the "Reset" button to clear any of the changes to the service detail
- Click on the "Cancel" button to cancel any updates and close the service detail

Adding Other Insurance Details on Service Detail line

Select the sequence number of any service detail line item to add other insurance details and claim adjustment details.

1. Add Other Insurance Details first and click Add Insurance button.

Serv	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	e Units	Charge Amount	Action			
1	04/01/2018		2-2nd Molar-UR-Permanent				\$150.00	Remove			
1	*Svc Date 0	4/01/2018 Oral Cavity Ar	ea		Tooth Nu	umber 2-2n	d Molar-UR-Permanent	T			
Т	ooth Surface	T	V	•	.						
	*Procedure Code 0	00350-ORAL/FACIAL PHOTO Mod	ifiers0								
	*Units 1	*Charge 150.00		*Diagnosis 1 ▼ Pointers	· · · ·	¥					
	Rendering Q ID Type V										
Prov	Rendering _ Provider Service Location										
		or Service Detail						-			
Clic	k the row numbe	er to edit the row. Click the Remove lin	k to remove the ent								
#	Carrier ID	Procedure Code	Modifiers	Payer Paid Amount	Paid Date Pa	aid Units	Remaining Patient Liability	Action			
Ε	Click to collapse										
	*Other (Carrier 02324-DELTA HEALTH SYSTE	MS		V						
	*Procedure	Code O D0350-ORAL/FACIAL PHOTO	IMAGES								
	Modi	fierso									
	Payer Paid A	mount 50.00	*Paid Date	9 08/01/2018		Paid Units 1	.00				
	Remaining F Li	ability 50.00									
	Add	Insurance Cancel Insurance									

2. Click the sequence number in the Other Insurance for Service Detail panel to add the Adjustment Details.

	ce Details									
Selec	t the row number to	edit the row. Click the I	Remove link t	o remove the ent	ire row.					
Svc #	Svc Date	Oral Cavity Are	а	Tooth	Number	Procedure (Code Units	Charge Amount	Action	
1	04/01/2018			2-2nd Molar	-UR-Permanent	D0350	1	\$150.00	Remove	
1	*Svc Date e 04/0	1/2018 📰 Ora	al Cavity Area	3		Toot	h Number 2-2	nd Molar-UR-Permaner	t 🔻	
То	oth Surface	T	•	•	•					
	*Procedure D03: Code 0	50-ORAL/FACIAL PHOTO	Modifi	erse						
*Units 1 *Charge 150.00 *Diagnosis 1 V V V Amount Pointers										
Amount Pointers Rendering Q ID Type										
	Provider ID	2								
Prov	Rendering _ ider Service									
	Location									
Oti	er Insurance for S	Service Detail								
Clic	k the row number to	edit the row. Click the	Remove link	to remove the en	tire row.					
#	Carrier ID	Procedure Co	ode	Modifiers	Payer Paid Amount	Paid Date	Paid Units	Remaining Patient Liability	Action	
1	02324	D0350-ORAL/FACIA IMAGES	L PHOTO		\$50.00	08/01/2018	1.00	\$50.00	<u>Remove</u>	
	*Other Carrier 02324-DELTA HEALTH SYSTEMS									
	*Procedure Cod	D0350-ORAL/FAC	IAL PHOTO IM	IAGES						
	Modifier	50								
				** : ! * *						
	Payer Paid Amo			"Paid Date	08/01/2018		Paid Units	1.00		
	Remaining Pati Liabi	lity 50.00								
С	laim Adjustment [Details							-	
Y	ou can enter up to fi	ve unique group codes.	You can repea	t six combination	s of reason code and	adjustment amo	ount with each gr	oup code.		
l c	lick the Remove lin	k to remove the entire r	ow.							
4	# Claim Adjus	tment Group Code		Re	ason Code		Adjustme Amount		Action	
F] Click to collapse.									
*Claim Adjustment Group Code										
*Reason Code										
	*Adjustment Amount Adjusted Units									
-	Add A	djustment Cancel	Adjustment	1						
	100 1			1						
—	C									
	Save In	surance Cancel In	isurance							

3. Enter the Claim Adjustment Details and click Add Adjustment button to add adjustment information for the other insurance.

ther Insurance for Se	rvice Detail									
ick the row number to e				tire row. Payer Paid			Remaining Patient			
Carrier ID	Procedure C		Modifiers	Amount	Paid Date	Paid Units	Liability	Action		
02324	D0350-ORAL/FACI/ IMAGES	AL PHOTO		\$50.00	08/01/2018	1.00	\$50.00	Remove		
	02324-DELTA HE	EALTH SYSTEM	IS		V					
*Procedure Code	20000 01012,111	CIAL PHOTO IN	MAGES							
Modifiers	θ									
Payer Paid Amoun	t 50.00		*Paid Date	ee 08/01/2018		Paid Units	1.00			
Remaining Patien Liabilit	t 50.00			00,01,2010		L	1.00			
Claim Adjustment De	-							-		
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 t										
	ent Group Code		Re	ason Code		Adjustme Amoun		Action		
Click to collapse.										
*Claim Adjustment	Group Code PR-P	atient Respon	sibility	Y						
		insurance Am								
*Adjustm	ent Amount 50.00	0		Adjusted Un	its					
Add Adjustment Cancel Adjustment										
Add Adj										
Add Adj										
Add Adj	Irance Cancel In	nsurance								
	ervice Detail	e Remove link	to remove the er Modifiers	ttire row. Payer Paid Amount	Paid Date	Paid Units	Remaining Patient Liability	Action		
Save Insu Other Insurance for S Click the row number to	ervice Detail edit the row. Click th	e Remove link		Payer Paid	Paid Date 08/01/2018	Paid Units 1.00		Action Remove		
Save Insu Other Insurance for S Click the row number to # Carrier ID 1 04432 *Other Carrier	ervice Detail edit the row. Click th Procedure C D0350-Oral/facial ph ier 04432-Nevada	e Remove link Code noto images		Payer Paid Amount		Paid Units	Liability			
Save Insu Other Insurance for S Click the row number to # Carrier ID 1 04432 *Other Carrier *Other Carrier *Procedure Code	ervice Detail edit the row. Click th Procedure C D0350-Oral/facial ph ier 04432-Nevada 200 D0350-Oral/faci	e Remove link Code noto images Pacific Dental	Modifiers	Payer Paid Amount	08/01/2018	Paid Units	Liability			
Save Insu Other Insurance for S Click the row number to # Carrier ID 1 04432 *Other Carrier	ervice Detail edit the row. Click th Procedure C D0350-Oral/facial ph ier 04432-Nevada 200 D0350-Oral/faci	e Remove link Code noto images Pacific Dental	Modifiers	Payer Paid Amount	08/01/2018	Paid Units	Liability			
Save Insu Other Insurance for S Click the row number to # Carrier ID 1 04432 *Other Carrier *Other Carrier *Procedure Code	ervice Detail edit the row. Click th Procedure C D0350-Oral/facial ph ier 04432-Nevada 20 D0350-Oral/faci 50	e Remove link Code noto images Pacific Dental	Modifiers	Payer Paid Amount \$50.00	08/01/2018	1.00	Liability \$50.00			
Save Insu Other Insurance for S Click the row number to # Carrier ID 1 04432 *Other Carri *Procedure Code Modifiers Payer Paid Amou Remaining Patie	ervice Detail edit the row. Click th Procedure C D0350-Oral/facial ph ier 04432-Nevada 20 D0350-Oral/faci 50	e Remove link Code noto images Pacific Dental	Modifiers	Payer Paid Amount	08/01/2018	Paid Units	Liability \$50.00			
Save Insu Other Insurance for S Click the row number to # Carrier ID 1 04432 *Other Carrie *Other Carrie *Procedure Code Modifier: Payer Paid Amou Remaining Patie Liabil Carrier ID	ervice Detail edit the row. Click th Procedure C D0350-Oral/facial ph ier 04432-Nevada D0350-Oral/faci 50 D0350-Oral/faci 50 50 50 50.00 itt	e Remove link Code noto images Pacific Dental	Modifiers	Payer Paid Amount \$50.00	08/01/2018	1.00	Liability \$50.00			
Save Insu Other Insurance for S Click the row number to # Carrier ID 1 04432 *Other Carrie *Procedure Code Modifier: Payer Paid Amou Remaining Patie Liabili Claim Adjustment D	ervice Detail edit the row. Click th Procedure C D0350-Oral/facial ph ier 04432-Nevada D0350-Oral/faci s0 D0350-Oral/faci s0 S0 S0 S0 S0 S0 S0 S0 S0 S0 S0 S0 S0 S0	e Remove link code noto images Pacific Dental ial photo imag	Modifiers es *Paid Date	Payer Paid Amount \$50.00	08/01/2018	Paid Units 1	Liability \$50.00			
Save Insu Other Insurance for S Click the row number to # Carrier ID 1 04432 *Other Carri *Procedure Code Modifier: Payer Paid Amou Remaining Patie Liabili Claim Adjustment D You can enter up to fin	ervice Detail edit the row. Click th Procedure C D0350-Oral/facial pf ier 04432-Nevada i 200 D0350-Oral/faci 50 0 50 0 ent 50.00 etails re unique group codes	e Remove link code noto images Pacific Dental ial photo imag 	Modifiers es *Paid Date	Payer Paid Amount \$50.00	08/01/2018	Paid Units 1	Liability \$50.00			
Save Insu Other Insurance for S Other Insurance for S Click the row number to # Carrier ID 1 04432 *Other Carri *Procedure Code Modifier: Payer Paid Amou Remaining Patic Liabili Claim Adjustment D You can enter up to fix Click the Remove link	ervice Detail edit the row. Click th Procedure C D0350-Oral/facial ph ier 04432-Nevada B0 D0350-Oral/faci 50	e Remove link code noto images Pacific Dental ial photo imag 	Modifiers es *Paid Date	Payer Paid Amount \$50.00 ••• 08/01/2018 ns of reason code and	08/01/2018	Paid Units 1 Paid Units 1 paid Units 1	Liability \$50.00	Remove		
Save Insu Other Insurance for S Click the row number to # Carrier ID 1 04432 *Other Carrie *Procedure Code Modifiers Payer Paid Amou Remaining Patie Liabili Claim Adjustment D You can enter up to fix Claim Adjust	ervice Detail edit the row. Click th Procedure C D0350-Oral/facial pf ier 04432-Nevada i 200 D0350-Oral/faci 50 0 50 0 ent 50.00 etails re unique group codes	e Remove link code noto images Pacific Dental ial photo imag 	Modifiers es *Paid Date	Payer Paid Amount \$50.00	08/01/2018	Paid Units 1	Liability \$50.00			
Save Insu Other Insurance for S Other Insurance for S Click the row number to # Carrier ID 1 04432 *Other Carri *Procedure Code Modifier: Payer Paid Amou Remaining Patic Liabili Claim Adjustment D You can enter up to fix Click the Remove link	ervice Detail edit the row. Click th Procedure C D0350-Oral/facial ph ier 04432-Nevada B0 D0350-Oral/faci 50	e Remove link code noto images Pacific Dental ial photo imag 	Modifiers es *Paid Date	Payer Paid Amount \$50.00 ••• 08/01/2018 ns of reason code and	08/01/2018	Paid Units 1.00 Paid Units 1 Ount with each gro Adjustmen	Liability \$50.00	Remove		
Save Insurance for S Other Insurance for S Click the row number to # Carrier ID 1 04432 *Other Carrier *Procedure Code Modifier: Payer Paid Amou Remaining Patie Liabilit Claim Adjustment D You can enter up to fix Claim Adjust Claim Adjustment	ervice Detail edit the row. Click th Procedure C D0350-Oral/facial pf ier 04432-Nevada 20 D0350-Oral/faci 50 D0350-Oral/faci	e Remove link code noto images Pacific Dental ial photo imag s. You can repe row.	Modifiers es *Paid Date eat six combination Ree bligations	Payer Paid Amount \$50.00 eθ 08/01/2018 ns of reason code and ason Code	d adjustment am	Paid Units 1 Paid Units 1 ount with each gro Adjustmen Amount	Liability \$50.00	Remove		
Save Insu Other Insurance for S Click the row number to # Carrier ID 1 04432 *Other Carrier *Procedure Code Modifier: Payer Paid Amou Remaining Patie Liabilit Claim Adjustment D You can enter up to fix Claim Adjust # Claim Adjust # Claim Adjustment *Claim Adjust *R	ervice Detail edit the row. Click th Procedure C D0350-Oral/facial pf ier 04432-Nevada e0 D0350-Oral/faci 50 0 ent 50.00 etails ve unique group codes at Group Code CO- teason Code 9 45-	e Remove link code noto images Pacific Dental ial photo imag s. You can repe row.	Modifiers es *Paid Date eat six combination Ree bligations	Payer Paid Amount \$50.00 eθ 08/01/2018 ns of reason code and ason Code	d adjustment am	Paid Units 1 Paid Units 1 ount with each gro Adjustmen Amount	Liability \$50.00	Remove		
Save Insu Other Insurance for S Click the row number to # Carrier ID 1 04432 *Other Carrier *Procedure Code Modifier: Payer Paid Amou Remaining Patie Liabilit Claim Adjustment D You can enter up to fix Claim Adjust # Claim Adjust # Claim Adjustment *Claim Adjust *R	ervice Detail edit the row. Click th Procedure C D0350-Oral/facial pf ier 04432-Nevada 20 D0350-Oral/faci 50 D0350-Oral/faci	e Remove link code noto images Pacific Dental ial photo imag s. You can repe row.	Modifiers es *Paid Date eat six combination Ree bligations	Payer Paid Amount \$50.00 eθ 08/01/2018 ns of reason code and ason Code	d adjustment am	Paid Units 1 Paid Units 1 ount with each gro Adjustmen Amount	Liability \$50.00	Remove		
Save Insurance for S Other Insurance for S Click the row number to # Carrier ID 1 04432 *Other Carrier *Procedure Code Modifier: *Payer Paid Amou Remaining Patie Liabilit Claim Adjustment D You can enter up to fix Claim Adjust © Click the Remove link # Claim Adjustment *Claim Adjustment *R *Adjust	ervice Detail edit the row. Click th Procedure C D0350-Oral/facial pf ier 04432-Nevada i 20 D0350-Oral/faci 50 D0350-Oral/faci	e Remove link code noto images Pacific Dental ial photo imag s. You can repe row.	Modifiers es *Paid Date eat six combination Ree bligations Is fee schedule/m	Payer Paid Amount \$50.00 eθ 08/01/2018 ns of reason code and ason Code	d adjustment am	Paid Units 1 Paid Units 1 ount with each gro Adjustmen Amount	Liability \$50.00	Remove		
Save Insurance for S Other Insurance for S Click the row number to # Carrier ID 1 04432 *Other Carrier *Procedure Code Modifier: *Payer Paid Amou Remaining Patie Liabilit Claim Adjustment D You can enter up to fix Claim Adjust © Click the Remove link # Claim Adjustment *Claim Adjustment *R *Adjust	ervice Detail edit the row. Click th Procedure C D0350-Oral/facial pf ier 04432-Nevada i 20 D0350-Oral/faci 50 D0350-Oral/faci	e Remove link code noto images Pacific Dental ial photo imag s. You can repe e row.	Modifiers es *Paid Date eat six combination Ree bligations Is fee schedule/m	Payer Paid Amount \$50.00 eθ 08/01/2018 ns of reason code and ason Code	d adjustment am	Paid Units 1 Paid Units 1 ount with each gro Adjustmen Amount	Liability \$50.00	Remove		
Save Insurance for S Other Insurance for S Click the row number to # Carrier ID 1 04432 *Other Carrier *Procedure Code Modifier: *Payer Paid Amou Remaining Patie Liabilit Claim Adjustment D You can enter up to fix Claim Adjust © Click the Remove link # Claim Adjustment *Claim Adjustment *R *Adjust	ervice Detail edit the row. Click th Procedure C D0350-Oral/facial pf ier 04432-Nevada 200 D0350-Oral/faci 50 0 ent 50.00 etails ve unique group codes at Group Code CO- teason Code 45- ment Amount 50.00 djustment Cance	e Remove link code noto images Pacific Dental ial photo imag s. You can repe e row.	Modifiers es *Paid Date eat six combination Ree bligations Is fee schedule/m	Payer Paid Amount \$50.00 eθ 08/01/2018 ns of reason code and ason Code	d adjustment am	Paid Units 1 Paid Units 1 ount with each gro Adjustmen Amount	Liability \$50.00	Remove		

4. Click Save Insurance button to save the other insurance information with the claim adjustment details.

out	Other Insurance for Service Detail										
Click	Click the row number to edit the row. Click the Remove link to remove the entire row.										
#	Carrier ID	Procedure C	Procedure Code Modifiers Payer Paid Amount Paid Date			Paid Units	Remaining Patient Liability	Action			
1	02324	D0350-ORAL/FACIAL PHOTO IMAGES			\$50.00	08/01/2018	1.00	\$50.00	Remove		
	*Other Carrier 02324-DELTA HEALTH SYSTEMS										
	*Procedure Code D0350-ORAL/FACIAL PHOTO IMAGES										
	Modifierse										
	Payer Paid Amount 50.00 *Paid Date e 08/01/2018 Paid Units 1.00										
	Remaining Patient 50.00										
	Liab	pility									
Cla	aim Adjustment	Details									
You	u can enter up to	five unique group code:	s. You can rep	eat six combinatio	ns of reason code an	d adjustment an	nount with each gr	roup code.			
Cli	ck the Remove li	nk to remove the entire	row.								
#	Claim Adju	stment Group Code		Re	ason Code		Adjustme Amount		Action		
1	1 PR-Patient Responsibility 2-Coinsurance Amount				\$5	0.00	Remove				
Đ	FI Click to add a new adjustment.										
	Save I	nsurance Cancel	Insurance								

5. Click Save button to save the updates to the Service Detail Line.

Servi	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 Unit	s Charge Amount	Action		
1	04/01/2018		2-2nd Molar	-UR-Permanent	D0350	1	\$150.00	Remove		
Το	1 *Svc Date 0 04/01/2018 Image: Oral Cavity Area ▼ Tooth Number 2-2nd Molar-UR-Permanent ▼ Tooth Surface ▼ ▼ ▼ ▼ ▼ ▼ *Procedure D0350-ORAL/FACIAL PHOTO Modifiers 0 Image: Oral Cavity Area ▼ ▼ *Units 1 *Charge 150.00 *Diagnosis 1 ▼ ▼ Rendering ID Type ▼ ▼ ▼ ▼ ▼ Provider ID ID Type ▼ ▼ ▼ ▼ ▼ Provider Service Location - - - - -									
		or Service Detail						-		
Clic	k the row numbe	er to edit the row. Click the Remove lin	k to remove the en	tire row.						
#	Carrier ID	Procedure Code	Modifiers	Payer Paid Amount	Paid Date	Paid Units	Remaining Patient Liability	Action		
1	02324	D0350-ORAL/FACIAL PHOTO IMAGES		\$50.00	08/01/2018	1.00	\$50.00	Remove		
÷	Click to add a new other insurance.									
	Click to add a new other insurance. Save Cance Cance Cance									

Attachments

To include attachments electronically with a claim:

- Transmission Method FT File Transfer is selected by default
- Upload file click "Browse" button and locate the file on your computer to be attached
- Attachment Type select the type of attachment from the drop-down list
- A description of the attachment can be entered, but it is not required

- Click "Add" button to attach the file
- Repeat for additional attachments if needed up to 10 attachments can be added per claim (Note: the combined size of all attachments cannot exceed 4MB)
- To remove any attachments that were attached incorrectly, use the "Remove" link
- Click on the "Cancel" button to cancel and close the attachment line

Atta	Attachments										
Click	Click the Remove link to remove the entire row.										
#	Transmission Method	File	Control #	Attachment Type	Action						
1	FT-File Transfer	Test doc.pdf (104K)	20180613570143	OZ-Support Data for Claim	Remove						
Εc	lick to collapse.										
	*Transmission Method FT-File Transfer 🗸										
	*Upload File Browse										
	*Attachment Type			\checkmark							
	Description										
	Add Cancel										
	Back to Step 1 Back to St	ep 2		Submit Cancel							

All of the fields marked with a red asterisk (*) are required fields.

Claim Submission

Click the "Submit" button to complete the claim creation process.

Confirm Dental Claim

After clicking the "Submit" button, the Confirm Dental Claim page will display with the claim details to review before submission.

Print Preview	
	Print Preview

Confirm Dental Claim								l.
Select Print Preview before you Con been saved on the payer system.	firm if you want to	assure you v	view the claim as you er	ntered it. After confirmatio	n, Print Preview (may reflect cha	anges as	the claim has
Provider Information								
Billing Provider ID Billing Provider Service Location Rendering Provider ID Rendering Provider Service Location	20-RENOWN RE	GIONAL MED	ID Type NPI DICAL CENTER-1155 MIL ID Type _	L ST,RENO,NEVADA,89502	1576			
Referring Provider ID	-		ID Type _					
Service Facility Location ID	-		ID Type _					
Patient Information								
Recipient	53239301555 ILHWL H MZDAI 12/16/2002	F		Gender Ma	ale			
Claim Information								
Accident Related _ Accident Date _ Place of Treatment 11-Physician's Office Patient Number 12345 Authorization Number _ Previous Claim ICN _ Note								
	-			Total Charged	Amount \$150.	00		
						E	Expand A	All Collapse A
Diagnosis Codes								
Other Insurance Details								
# Carrier Nam	e		Carrier ID	Policy ID	Pa	ayer Paid Am	ount	Paid Date
1 DELTA HEALTH SYSTEMS		02324		50998842				11/01/2019
Service Details								
Select the row number to edit the ro	w. Click the Remo	ve link to re	move the entire row.					
Svc Svc Date Oral Cavity A	rea Tooth I	lumber	Tooth Surface	Procedure (Code	Mod	Unit	s Charge Amount
<u>1</u> 04/01/2018	2-2nd M Perm	olar-UR- anent		D0350			1	\$150.
No Attachments exist for this cla	im							
Back to Step 1 Ba	ck to Step 2	Back to Ste	p 3 Print Preview			Confirm	Cance	

- Click the "Confirm" button to submit the claim
- Click the "Print Preview" button to print a copy of the Confirm Dental Claim page
- Click on the "Cancel" button to cancel the claim submission

Submit Dental Claim: Confirmation

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

Submit Dental Claim: Confirmation							
Dental Claim Receipt							
Your Dental Claim was successfully submitted. The claim status is Finalized Payment.							
The Claim ID is 2218172000009.							
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							

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

3.1.2 Submit Claim Inst

Select Submit Claim Inst to create and submit an Institutional claim.

Claim submission is a three step process, click on the "Continue" button at the bottom of each page to continue on to the next step. Click on the "Cancel" button to cancel the creation of the claim.

- Step 1-Provider, Patient and Claim Information
- Step 2-Diagnosis Codes and Other Insurance Details
- Step 3-Service Details and Attachments

Submit Inst Claim: Step 1

Submit Institutional Claim: Step 1			?							
* Indicates a required field.										
	Claim Type	Inpatient 🗸								
Provider Information										
If Surgical Procedure Code(s) are to be submitted with the claim, an Operating Provider ID is required.										
Billing Provider ID		ID Type NPI								
*Billing Provider Service	1550	ID TYPE NET	~							
Location Institutional Provider ID		ID Type								
Attending Provider ID	3									
Operating Provider ID										
Operating Provider ID	<u>s</u>	ID Type V ID Type V								
Referring Provider ID										
Referring Provider 1D	3	ID Type 🗸 🗸								
Patient Information										
*Recipient ID										
Last Name		First Name								
Birth Date	-		-							
Claim Information										
*Covered Dates 🖲	- *									
*Admission Date/Hour 🛛	-	(hh:mm) Discharge Hour ()	(hh:mm)							
*Admission Type 🖲		*Admission Source®								
*Admitting Diagnosis Type	ICD-10-CM V	*Admitting Diagnosis 🛛								
*Patient Status 🛛		*Facility Type Code	×							
*Patient Number		Authorization Number								
Include Other Insurance			Total Charged Amount \$0.00							
			Continue Cancel							

All of the fields marked with a red asterisk (*) are required fields.

Claim Type

Use the Claim Type drop-down to indicated the type of institutional claim.

Submit Institutional Claim: Step 1			2
* Indicates a required field.			
	Claim Type	Inpatient Crossover Inpatient	
Provider Information		Outpatient Crossover Outpatient	
If Surgical Procedure Code(s) are to b	e submitted with the claim, an C	Long Term Care	
Billing Provider ID	1538	ID Type NPI	
*Billing Provider Service Location			×
Institutional Provider ID	9	ID Type 🗸 🗸	
Attending Provider ID	9	ID Type 🔍 🗸	
Operating Provider ID	9	ID Type 🔍 🗸	

Provider Information

The Billing Provider Information is automatically populated with the Billing Provider ID and ID Type of the provider that the signed-in user is associated with.

Submit Institutional Claim: Step 1			?
* Indicates a required field.			
	Claim Type	Inpatient V	
Provider Information			
If Surgical Procedure Code(s) are to b	e submitted with the claim, an	Operating Provider ID is required.	
Billing Provider ID	1538	ID Type NPI	
*Billing Provider Service Location		N MAIN ST,LAS VEGAS,NEVADA,89030	\checkmark
Institutional Provider ID	1265	ID Type NPI V	
Attending Provider ID	1437	ID Type NPI V	
Operating Provider ID	1437	ID Type	
*Operating Provider Service Location		303 N MAIN ST,LAS VEGAS,NEVADA,89030	\checkmark
Other Operating Provider ID	1497	ID Type NPI V	
Referring Provider ID	1962	ID Type NPI V	

All of the fields marked with a red asterisk (*) are required fields.

The following fields can be completed as follows:

- Billing Provider Service Location Select the appropriate provider type/service location for the type of service being billed
- Institutional Provider ID If applicable enter the institutional provider NPI
 - ID Type –Select NPI from the drop-down list
- Attending Provider ID If applicable enter the attending provider NPI
 - o ID Type –Select NPI from the drop-down list
- Operating Provider ID If applicable enter the operating provider NPI
 - ID Type –Select NPI from the drop-down list

Patient Information

Enter the 11-digit recipient ID in the Recipient ID field. The Last Name, First Name, and Birth Date will be automatically populated based on the recipient ID that is entered.

Patient Information			
*Recipient ID	0000000001]	
Last Name	CLMGLZ	First Name IS	SAAC
Birth Date	01/01/1999		

All of the fields marked with a red asterisk (*) are required fields.

Claim Information

The required information in the Claims Information panel depends on the type of institutional claim that is being created.

Admission Type, Admission Source, Admitting Diagnosis, and Patient Status are searchable. Enter the first three letters or the first numbers of the code to use the predictive search.



*Admission Source ()	Res
	3-Reserved for assignment by the NUBC. (Discontinued 10/1/07)
	7-Reserved for assignment by the NUBC. (Discontinued effective 7/1/10)
	A-Reserved for assignment by the NUBC. (Discontinued effective 10/1/07)
	B-Reserved for assignment by the NUBC. (Discontinued effective 7/1/10) C-Reserved for assignment by the NUBC. (Discontinued effective 7/1/10)

Claim Information panel for Inpatient, Inpatient Crossover and Long Term Care claims

Claim Information			
*Covered Dates 🖲	03/01/2018	2018	
*Admission Date/Hour ()	03/01/2018 - 19:23	(hh:mm) Discharge Hour ()	07:56 (hh:mm)
*Admission Type 🖲	2-Urgent	*Admission Source 0	1-Non - Health Care Facility Point of Origin
*Admitting Diagnosis Type	ICD-10-CM V	*Admitting Diagnosis 🖲	G40011-Local-rel idio epi w seiz of loc onset,
*Patient Status 🛛	01-Discharged to Home or Self Ca	*Facility Type Code	111-Hospital Inpatient (Including Medicare \checkmark
*Patient Number	1234	Authorization Number	20182345601
Include Other Insurance	\checkmark		Total Charged Amount \$0.00
			Continue Cancel
			Continue

All of the fields marked with a red asterisk (*) are required fields

Claim Information	panel for (Dutpatient and	Outpatient	Crossover	<u>claims</u>

*Covered Dates 🛛	03/01/2018	2018	
Admission Date/Hour e	03/01/2018 - 19:23	(hh:mm) Discharge Hour 🖲	(hh:mm)
*Admission Type 🛛	2-Urgent	*Admission Source 0	1-Non - Health Care Facility Point of Origin
Admitting Diagnosis Type	ICD-10-CM ¥	Admitting Diagnosis 9	
*Patient Status 🔒	01-Discharged to Home or Self Ca	*Facility Type Code	×
*Patient Number	1234	Authorization Number	20182345601
Include Other Insurance	\checkmark		Total Charged Amount \$0.00
			Continue Cancel

All of the fields marked with a red asterisk (*) are required fields

The following fields can be completed as follows:

- Covered Dates Enter the covered dates of service for the claim
- Admission Date/Hour Enter the date and time of admission
- Discharge Hour Enter the time the recipient was discharged from care
- Admission Type Enter a patient number
- Admission Source Enter the source of admission
- Admitting Diagnosis Type ICD-10-CM is selected by default, ICD-9-CM can also be selected if applicable
- Admitting Diagnosis Enter the diagnosis code for the diagnosis that was present at time of admission

- Patient Status Enter the patient status
- Facility Type Code Select the correct facility type code from the drop-down list
- Patient Number Enter patient number
- Authorization Number If applicable, enter the prior authorization number for the service(s) being billed on the claim
- Include Other Insurance If the recipient has other insurance that paid as primary, check this box; When this box is checked the Other Insurance Information panel will appear on the Submit Institutional Claim: Step 2
- Total Charged Amount Read only and displays the total charge amount associated with the claim

Medicare Crossover Details

The Medicare Crossover Details panel will display when Crossover Inpatient or Crossover Outpatient is selected as the claim type.

Heulcare Crossover Details		
Allowed Medicare Amount	0.00 Co-insurance	Amount 0.00
Deductible Amount	0.00 Blood Deductible	Amount 0.00
Medicare Payment Amount	0.00 Medicare Paymen	t Date 🛛 🕱

Use the Medicare Explanation of Benefits to complete the following fields as applicable:

- Allowed Medicare Amount
- Deductible Amount
- Co-insurance Amount
- Blood Deductible Amount
- Medicare Payment Date
- Medicare Payment Amount

Submit Institutional Claim: Step 2

When the Submit Institutional Claim: Step 2 page is first displayed all of the panels except for diagnosis are collapsed. Click "Expand All" to open all panels, or click plus icons on each panel to open only that panel.

Submit Institutio	onal Claim: Step 2								?
* Indicates a requi	red field.								
			Claim Type In	patient					
Provider Informa	tion								
Bi	lling Provider ID	1407146111		ID Type	NPI				
Patient and Clain	n Information								
	Recipient ID	53239301555							
		ILHWL H MZDA	IF		Gender	Male			
	Birth Date	12/16/2002			Total Charged Amount	\$0.00			
	Covered Dates	07/01/2018 - 0	7/05/2018		Admission Date/Hour	07/01/2018	- 05:23		
Admitting	g Diagnosis Type	ICD-10-CM			Admitting Diagnosis	V80010A-Animl-r init	idr injured by fall f	r horse in no	onclsn acc,
								Expand All	Collapse All
Diagnosis Codes									-
Select the row num Please note that th									
#	Diagnosis T	уре		Dia	agnosis Code		POA		Action
1									
	dmission No	D-CM V	*Diagnosis Co	de					
Add	Reset								_
External Cause of	f Injury Diagnosi	s Codes							÷
Condition Codes									÷
Occurrence Code	5								+
Value Codes									+
Surgical Procedu	res								+
Back	to Step 1						Continue	Cancel	

Click "Collapse All" to close all panels, or click minus icons on each panel to close only that panel.

	Claim: Step 2						
* Indicates a required	field.						
		Claim Type Inpati	ent				
Provider Informatior	1						
			Turne NOI				
Patient and Claim In	p Provider ID 1538 formation	. 10	Type NPI				
	Recipient ID 000000	0001					
	Recipient ISAAC E			Gender Male			
	Birth Date 01/01/19	999	Total Charged	Amount \$0.00			
	overed Dates 05/01/20			te/Hour 05/01/2018			
Admitting Dia	agnosis Type ICD-10-0	LIM	Admitting L	iagnosis W261XXA-C	ontact with sword	or dagger, initial	
						Expand All	Collapse A
Diagnosis Codes	to adit the saw. Click the	Remove link to remove the	antine new				
		nsidered to be the principal (а.			
#	Diagnosis Type		Diagnosis Code			POA	Action
1							
1 *Diagnosis	Type ICD-10-CM V	*Diagnosis Code	•				
Present on Admi		~					
Add	Reset						
							_
	jury Diagnosis Codes	B P L U					
Select the row number		Remove link to remove the		f Injury Diagnosis Co	4.		Action
	Diagnosis Type		External Cause o	T Injury Diagnosis Co	ue		ACTION
1							
1 *Diagnosis							
,	Type ICD-10-CM ⋎	*External Cause o Injury Diagnosis Code (
	Type ICD-10-CM V						
Add	Type ICD-10-CM V						
Add	Reset						
Add Other Insurance Det	Reset	Injury Diagnosis Code (
Add Other Insurance Det Enter the carrier and p	Reset ails olicy holder information l	Injury Diagnosis Code (,				<i>I</i>
Add Other Insurance Det Enter the carrier and p	Reset ails olicy holder information l	Injury Diagnosis Code (,	sted payment details, s	uch as reason coo	des, in the Claim A	djustment
Add Other Insurance Det Enter the carrier and p Enter other carrier Ren Details section.	Reset ails olicy holder information l	Injury Diagnosis Code (pelow. are for the claim or with each	,	sted payment details, s	uch as reason coo	des, in the Claim A	djustment
Add Other Insurance Det Enter the carrier and p Enter other carrier Ren Details section.	Reset ails olicy holder information l nittance Advice details he	Injury Diagnosis Code (pelow. are for the claim or with each	,	sted payment details, s	uch as reason coo	des, in the Claim A	
Add Other Insurance Det Enter the carrier and p Enter other carrier Ren Details section. Click the Remove link	Reset ails olicy holder information l nittance Advice details he	Injury Diagnosis Code (pelow. are for the claim or with each	,		uch as reason coo		
Add Other Insurance Det Enter the carrier and p Enter other carrier Rem Details section. Click the Remove link # Carrier	Reset alls olicy holder information I nittance Advice details he to remove the entire row Name	Injury Diagnosis Code (pelow. ere for the claim or with each /.	service line. Enter adju			Refresh Other	Insurance
Add Other Insurance Det Enter the carrier and p Enter other carrier Rem Details section. Click the Remove link # Carrier Image: Click to add a new	Reset alls olicy holder information I nittance Advice details he to remove the entire row Name	Injury Diagnosis Code (pelow. ere for the claim or with each /.	service line. Enter adju			Refresh Other	Insurance
Add Other Insurance Det Enter the carrier and p Enter other carrier Ren Details section. Click the Remove link # Carrier Click to add a new Condition Codes 	Reset alls olicy holder information I nittance Advice details he to remove the entire row Name	Injury Diagnosis Code (below. ere for the claim or with each 7. Carrier ID	service line. Enter adju			Refresh Other	Insurance
Add Other Insurance Det Enter the carrier and p Enter other carrier Ren Details section. Click the Remove link # Carrier Click to add a new Condition Codes 	Reset ails olicy holder information I nittance Advice details he to remove the entire row Name other insurance.	Injury Diagnosis Code (below. ere for the claim or with each 7. Carrier ID	service line. Enter adju			Refresh Other	Insurance
Add Other Insurance Det Enter the carrier and p Enter other carrier Ren Details section. Click the Remove link Click to add a new Condition Codes Click the Remove link Click the Remove link Click the Remove link Click the Remove link	Reset ails olicy holder information I nittance Advice details he to remove the entire row Name other insurance.	Injury Diagnosis Code (below. ere for the claim or with each 7. Carrier ID	service line. Enter adju Policy II			Refresh Other	Insurance Action
Add Other Insurance Det Enter the carrier and p Enter other carrier Ren Details section. Click the Remove link Click to add a new Condition Codes Click the Remove link	Reset ails ails ails ails ails ails ails ails	Injury Diagnosis Code (below. ere for the claim or with each 7. Carrier ID	service line. Enter adju Policy II			Refresh Other	Insurance Action
Add Other Insurance Det Enter the carrier and p Enter other carrier Rem Details section. Click the Remove link Click to add a new Condition Codes Click the Remove link Link to add a new Indition Codes Click the Remove link Link to add a new	Reset ails ails ails ails ails ails ails ails	Injury Diagnosis Code (below. ere for the claim or with each 7. Carrier ID	service line. Enter adju Policy II			Refresh Other	Insurance Action
Add Other Insurance Det Enter the carrier and p Enter other carrier Rem Details section. Click the Remove link Click to add a new Condition Codes Click the Remove link Link to add a new Indition Codes Click the Remove link Link to add a new	Reset ails ails ails ails ails ails ails ails	Injury Diagnosis Code (below. ere for the claim or with each 7. Carrier ID	service line. Enter adju Policy II			Refresh Other	Insurance Action
Add Other Insurance Det Enter the carrier and p Enter other carrier Ren Details section. Click the Remove link # Carrier Click to add a new Condition Codes Click the Remove link # 1 1 *Condition Add	Reset ails olicy holder information I nittance Advice details he to remove the entire row Name other insurance. to remove the entire row n Code 0	Injury Diagnosis Code (below. ere for the claim or with each 7. Carrier ID	service line. Enter adju Policy II			Refresh Other	Insurance Action
Add Other Insurance Det Enter the carrier and p Enter other carrier Ren Details section. Click the Remove link	Reset ails olicy holder information I nittance Advice details he to remove the entire row Name other insurance. to remove the entire row n Code θ Reset	Injury Diagnosis Code (Delow. ere for the claim or with each (. Carrier ID (service line. Enter adju Policy II Condition Code			Refresh Other	Insurance Action
Add Other Insurance Det Enter the carrier and p Enter other carrier Rem Details section. Click the Remove link	Reset ails olicy holder information I nittance Advice details he to remove the entire row Name other insurance. to remove the entire row n Code 0 Reset to edit the row. Click the	Injury Diagnosis Code (below. ere for the claim or with each carrier ID carrier ID carrier ID carrier ID	service line. Enter adju Policy II Condition Code) Payer	Paid Amount	Refresh Other	Insurance Action
Add Other Insurance Det Enter the carrier and p Enter other carrier Rem Details section. Click the Remove link	Reset ails olicy holder information I nittance Advice details he to remove the entire row Name other insurance. to remove the entire row n Code 9 Reset to edit the row. Click the enter the same From a	Injury Diagnosis Code (Delow. ere for the claim or with each (. Carrier ID (service line. Enter adju Policy II Condition Code) Payer	Paid Amount	Refresh Other	Insurance Action
Add Other Insurance Det Enter the carrier and p Enter other carrier Rem Details section. Click the Remove link	Reset ails olicy holder information I nittance Advice details he to remove the entire row Name other insurance. to remove the entire row n Code 9 Reset to edit the row. Click the enter the same From a	Injury Diagnosis Code (below. ere for the claim or with each Carrier ID ere Remove link to remove the nd To Date. For an Occurren	service line. Enter adju Policy II Condition Code	and To dates of the spa	Paid Amount	Refresh Other	Insurance Action Action
Add Other Insurance Det Enter the carrier and p Enter other carrier Ren Details section. Click the Remove link	Reset ails olicy holder information I nittance Advice details he to remove the entire row • Name other insurance. to remove the entire row • n Code θ Reset to edit the row. Click the e enter the same From a Occur	Injury Diagnosis Code (below. ere for the claim or with each Carrier ID ere Remove link to remove the nd To Date. For an Occurren	e entire row. ce Span enter the From	Payer	Paid Amount	Refresh Other Paid Date	Insurance Action Action
Add Other Insurance Det Enter the carrier and p Enter other carrier Rem Details section. Click the Remove link	Reset ails olicy holder information I nittance Advice details he to remove the entire row • Name other insurance. to remove the entire row • n Code θ Reset to edit the row. Click the e enter the same From a Occur	Injury Diagnosis Code (below. ere for the claim or with each Carrier ID ere Remove link to remove the nd To Date. For an Occurren	service line. Enter adju Policy II Condition Code	Payer	Paid Amount	Refresh Other Paid Date	Insurance Action Action
Add Other Insurance Det Enter the carrier and p Enter other carrier Ren Details section. Click the Remove link	Reset ails olicy holder information I nittance Advice details he to remove the entire row • Name other insurance. to remove the entire row • n Code θ Reset to edit the row. Click the e enter the same From a Occur	Injury Diagnosis Code (below. ere for the claim or with each Carrier ID ere Remove link to remove the nd To Date. For an Occurren	e entire row. ce Span enter the From	Payer	Paid Amount	Refresh Other Paid Date	Insurance Action Action

Value Codes			
Select the row nur	nber to edit the row. Click the Remove link to remove the entire row.		
#	Value Code	Amount	Action
1			
1 *	Value Code e *Amount		
Ade	d Reset		
Surgical Procedu	ires		-
Operating Provider	r is required to be entered back on Step 1 to allow for entry of surgical procedure codes within this pane	l.	
Back	to Step 1	Continue	Cancel
			Go to Top

Diagnosis Codes

The first diagnosis entered is considered to be the principal or primary diagnosis code.

- The PWP allows for up to 8 diagnosis codes
- Diagnosis codes are searchable
 - Enter the first three letters or the first three numbers of the code to use the predictive search
- Click the "Add" button to add each diagnosis code
- Click the "Remove" link to remove any diagnosis codes added to the claim in error

			Expanse 7 m	<u>consports</u>				
Diagnosis Codes	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	POA	Action				
1	ICD-10-CM	R4020-Unspecified coma	Yes	Remove				
2								
Present on A								
Ad	<u>Reset</u>							

All of the fields marked with a red asterisk (*) are required fields.

External Cause of Injury Diagnosis Codes

If applicable enter the external cause of injury diagnosis codes.

- Diagnosis codes are searchable
 - Enter the first three letters or the first three numbers of the code to use the predictive search
- Click the "Add" button to add each diagnosis code
- Click the "Remove" link to remove any diagnosis codes added to the claim in error

External Cause of Injury Diagnosis Codes										
Select the row number to edit the row. Click the Remove link to remove the entire row.										
#	# Diagnosis Type External Cause of Injury Diagnosis Code Action									
1	ICD-10-CM	R4020-Unspecified coma	Remove							
2										
2 *Diagn	d Reset	*External Cause of Injury Diagnosis Code 0								

Patient Reason for Visit Diagnosis Codes

The patient reason for visit diagnosis codes only displays on institutional claims with an outpatient claim type. If applicable enter the patient reason for visit diagnosis codes.

- Diagnosis codes are searchable
 - \circ $\;$ Enter the first three letters or the first three numbers of the code to use the predictive search

- Click the "Add" button to add each diagnosis code
- Click the "Remove" link to remove any diagnosis codes added to the claim in error

Patient Reason for Visit Diagnosis Codes										
Select the row nun	nber to edit the row. Click the	Remove link to remove the entire row.								
#	Diagnosis Type	Patient Reason for Visit Diagnosis Code	Action							
1	ICD-10-CM	B088-Oth viral infections with skin and mucous membrane lesions	Remove							
2										
2 *Diagn	2 *Diagnosis Type ICD-10-CM ✓ *Patient Reason for Visit Diagnosis Code ⊕									
Add Reset										

Other Insurance Details

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. Other Insurance Details fields are required only if you are adding other insurance payment information.

Othe	r Insurance Details					-
Enter	the carrier and policy holder infor	mation below.				
	other carrier Remittance vice d	etails here for the claim or with eac	h service line. Enter adjusted payment	details, such as reason o	odes, in the Claim A	djustment
Click	the Remove link to remove the er	ntire row.				
					Refresh Other	r Insurance
#	Carrier Name	Carrier ID	Policy ID	Payer Paid Amount	Paid Date	Action
1	HPN HEALTH PLAN OF NEVADA, INC	01091	15006		-	<u>Remove</u>
	Carrier Name HPM	HEALTH PLAN OF NEVADA, INC	Carrier ID 01091			
	Policy Holder Last Name IRA	PSEU	First Name GXCTE	x	MI _	
	Policy ID 150	06				
	Insurance Type _ Responsibility U-U	le ke eve	Patient Relationship to 19-Chi	ы		
	Responsibility 0-0	nknown	Insured	iu .		
	Payer Paid Amount		*Paid Date 🛛			
R	Remaining Patient Liability					
	*Claim Filing Indicator		~			
	claim r ning mulcator		•			
Cla	im Adjustment Details					-
You	I can enter up to five unique group	codes. You can repeat six combinat	tions of reason code and adjustment ar	nount with each group c	ode.	
Clic	k the Remove link to remove the	entire row.				
#	Claim Adjustment Group C	ode	Reason Code	Adjustment Amount	Adjusted Units	Action
Ξ	Click to collapse.	·			· · ·	
	Claim Adjustment Group Code		~			
	*Reason Code A		•			
	*Adjustment Amount		Adjusted Units			
	najastment runoant					
	Add Adjustment	Cancel Adjustment				
	Save Insurance Ca	ncel Insurance				

- Click "Add Adjustment" to add claim adjustment details to the other insurance details line
- Click "Save Insurance" to save the information to the other insurance details line
- Click "Cancel Adjustment" to cancel any updates to the claims adjustment details
- Click "Cancel Insurance" to cancel any updates to the other insurance details
- Click the "Remove" link to remove any other insurance details added to the claim in error

If the recipient does not have other insurance carrier information on file with Nevada Medicaid, the policy information will not auto populate in the Other Insurance Details panel. Other Insurance Details can be added by completing the following fields:

- Carrier Name Enter the other insurance carrier name
- Carrier ID Enter the other insurance carrier 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 dropdown 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.

Other Insura	nce 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 kem	Click the Remove link to remove the entire row. Refresh Other Insurance											
#	Carrier Name	Carrier ID	Policy ID	Payer Paid Amount	Paid Date	Action						
Click to col	llapse.											
	*Carrier Name		*Carrier ID									
*Policy	Holder Last Name		*First Name		MI							
	*Policy ID											
	*Responsibility	~	*Patient Relationship to Insured	~								
Р	ayer Paid Amount		*Paid Date 🛛									
Remainin	ng Patient Liability											
*Clai	im Filing Indicator		~									
	Add Insurance	ncel Insurance										

All of the fields marked with a red asterisk (*) are required fields.

Click "Add Insurance" to add the Other Insurance Details to the claim.

Updating Other Insurance Details

Click the sequence number of any other insurance line item to update details such as the allowed amount, paid amount, paid date and adjustment codes for the specific other insurance carrier.

- Click "Add Adjustment" to add claim adjustment details to the other insurance details line
- Click "Save Insurance" to save the information to the other insurance details line
- Click "Cancel Adjustment" to cancel any updates to the claims adjustment details
- Click "Cancel Insurance" to cancel any updates to the other insurance details
- Click the "Remove" link to remove any other insurance details added to the claim in error

Othe	er Insurance Details						-
Ente	r the carrier and policy holder i	information below.					
	r other carrier Remittance Advi ils section.	ice details here for the claim or with	n each service line. Enter adjusted pa	ayment o	letails, such as reason co	des, in the Claim A	djustment
Click	the Remove link to remove the	he entire row.					_
		c · · · ·	n I: - m			Refresh Other	
#	Carrier Name	Carrier ID	Policy ID		Payer Paid Amount	Paid Date	Action
1	Blue Shield	BS001	000000011		\$150.00	06/01/2018	<u>Remove</u>
	Carrier Name	Blue Shield	Carrier ID	BS001			
	*Policy Holder Last Name	CLMGLZ	*First Name	ISACC		MI E	
	*Policy ID	000000011					
	*Responsibility	P-Primary	 *Patient Relationship to Insured 	18-Se	f 🗸		
	Payer Paid Amount	150.00	*Paid Date 🔒	06/01/	2018		
	Remaining Patient Liability	100.00					
	*Claim Filing Indicator	BL-Blue Cross/Blue Shield	~				
		DL-Dide Cross/ bide Shield	•				
Cla	aim Adjustment Details						-
Yo	u can enter up to five unique g	roup codes. You can repeat six con	binations of reason code and adjust	ment arr	nount with each group co	de.	
Cli	ck the Remove link to remove	the entire row.					
#	Claim Adjustment Gro	up Code	Reason Code		Adjustment Amount	Adjusted Units	Action
Ð	Click to collapse.						
	*Claim Adjustment Group C	ode	~				
	*Reason Coo	dee					
	*Adjustment Amo	ount	Adjusted Units				
_							
	Add Adjustment	Cancel Adjustment					
	Cours Incourses	Concel Incurrence					
	Save Insurance	Cancel Insurance					

Condition Codes

If applicable enter condition codes for the claim.

- The PWP allows for up to 24 condition codes
- Condition codes are searchable
 - \circ $\;$ Enter the first three letters or the first two numbers of the code to use the predictive search
- Click the "Add" button to add each condition code
- Click the "Remove" link to remove any condition codes added to the claim in error

Condition Codes		-								
Click the Remove	Click the Remove link to remove the entire row.									
#	Condition Code	Action								
1	04-Informational - Only Bill									
2										
2 *Con	2 *Condition Code									
Add Reset										

Occurrence Codes

If applicable enter occurrence codes for the claim.

- The PWP allows for up to 24 occurrence codes
- Occurrence codes are searchable
 - \circ $\;$ Enter the first three letters or the first two numbers of the code to use the predictive search
- Click the "Add" button to add each occurrence code
- Click the "Remove" link to remove any occurrence codes added to the claim in error

Occurrence Codes											
Select the row number to edit the row. Click the Remove link to remove the entire row. For an Occurrence Code enter the same From and To Date. For an Occurrence Span enter the From and To dates of the span.											
#	Occurrence Code	From Date	To Date	Action							
1	10-Last Menstrual Period	04/01/2018	04/01/2018	Remove							
2		-	-								
2 *Occur	2 *Occurrence Code θ										
Add	Add Reset										

Value Codes

If applicable enter value codes for the claim.

- The PWP allows for up to 24 value codes
- Value codes are searchable
 - Enter the first three letters or the first two numbers of the code to use the predictive search
- Value code amounts are displayed as a decimal. The amount can either be a number, such as days, or a dollar amount.
 - For value codes 80 Covered Days and 81 Non Covered Days enter the number of days.
- Click the "Add" button to add each value code
- Click the "Remove" link to remove any value codes added to the claim in error

Value Codes	Value Codes												
Select the row number to edit the row. Click the Remove link to remove the entire row.													
#	Value Code Amount Action												
1	80-Covered Days	2.00	Remove										
2	81-Non Covered Days	1.00	Remove										
3	06-Blood Deductible	35.00	Remove										
4													

Surgical Procedures

In order to add surgical procedure codes to the claim, an operating provider needs to be entered on Submit Institutional Claim: Step 1.

- The PWP allows for up to 24 surgical procedures
- The first surgical procedure code entered is considered to be the principal surgical procedure code
- Surgical procedures are searchable
 - \circ $\;$ Enter the first three letters or the first two numbers of the code to use the predictive search
- Click the "Add" button to add each surgical procedure
- Click the "Remove" link to remove any surgical procedures added to the claim in error

Surgical P	Procedures			_								
	Select the row number to edit the row. Click the Remove link to remove the entire row. Please note that the 1st surgical procedure code entered is considered to be the principal (primary) Surgical Procedure Code.											
#	Surgical Procedure Type	Surgical Procedure Code	Date	Action								
1	ICD-10-PCS	0001-THER HN VESSEL US	05/01/2018	<u>Remove</u>								
2			-									
2	2 *Surgical Procedure Type ICD-10-PCS ✓ *Surgical Procedure Code ⊕ *Date⊕ IIII											
	Add Reset											
	Back to Step 1	C	ontinue Cancel									

Click "Continue" button to complete Submit Institutional Claim: Step 3.

Submit Institutional Claim: Step 3

When the Submit Institutional Claim: Step 3 page is first displayed not all of the panels are expanded.

- Click "Expand All" to expand all panels, or click plus icons on each panel to open only that panel.
- Click "Collapse All" to close all panels, or click minus icons on each panel to close only that panel.

Submit Institutional Claim: Step 3									i i
* Indicates a required field.									
		Claim Type	Inpatient						
Provider Information			-						
	4522		10 T						
Billing Provider ID Patient and Claim Information	1538		ID Type	NPI					
Recipient ID	00000000001								
	ISAAC E CLMGLZ	2			Gende	er Male			
Birth Date	01/01/1999			Total C	harged Amour	nt \$0.00			
Covered Dates		/10/2018			sion Date/Hou		-		nitial an an untar
Admitting Diagnosis Type	ICD-IO-CM			Adm	itting Diagnos	5 W201XXA-	CONLACL W	ith sword or dagger, i	
Diamania Carlan								<u>Expan</u>	d All <u>Collapse Al</u>
Diagnosis Codes									
External Cause of Injury Diagnosis	Codes								
Other Insurance Details									
# Carrier Name		c	arrier ID		Р	olicy ID		Payer Paid Amount	Paid Date
1 Blue Shield		BS001			0000000001			\$100.00	06/01/2018
Condition Codes									Ŀ
Occurrence Codes									
Value Codes									
Surgical Procedures									
Service Details									
Select the row number to edit the row	Click the Remov	ve link to remo	ove the entire	row.					
Svc # Revenue Code		HCPCS/F	Proc Code		From Date	To Date	Unit	s Charge Amo	Int Action
1							0.00	D	
1 *Revenue Code 🛛				НСРО	S/Proc Code	•			
Modifiers 0									
From Date 🛛		To Date 🛛			*Units (0.000	*Unit	Type Unit 🗸	
*Charge Amount									
Add Reset									
<u>Aud</u> <u>Reset</u>									
Attachments									
Click the Remove link to remove the e	entire row.								
# Transmission Method		Fil	le		Contro	ol #	A	ttachment Type	Action
▪ Click to add attachment.									

All of the fields marked with a red asterisk (*) are required fields.

Service Details Inpatient Claim Types

- Up to 50 service details to be added to an institutional claim
- Revenue Codes are searchable
 - Enter the first three letters or the first three numbers of the code to use the predictive search
- HCPCS/Proc codes are searchable
 - Enter the first three letters or the first three numbers of the code to use the predictive search
- Modifiers are searchable

- Enter the first 3 letters of the description or the first 2 number or letters of the modifier to use the predictive search
- Click the "Add" button to add each service detail
- Click the "Remove" link to remove any service detail added to the claim in error

Serv	Service Details											
Selec	Select the row number to edit the row. Click the Remove link to remove the entire row.											
Svc #	Revenue Code	From Date	To Date	Units	Charge Amount	Action						
1	0121-R&B-2 Bed-Med-Surg-Gyn		05/01/2018	05/10/2018	10.00 Days	\$1,000.00	Remove					
2					0.000							
2 *	Revenue Code e Modifiers e From Date e *Charge Amount Add Reset	HCF	PCS/Proc Code	0.000	*Unit Type	: Unit V						

All of the fields marked with a red asterisk (*) are required fields.

Service Details Outpatient Claim Types

- Up to 50 service details to be added to an institutional claim
- Revenue Codes are searchable
 - Enter the first three letters or the first three numbers of the code to use the predictive search
- HCPCS/Proc codes are searchable
 - Enter the first three letters or the first three numbers of the code to use the predictive search
- Modifiers are searchable
 - Enter the first 3 letters of the description or the first 2 number or letters of the modifier to use the predictive search
- Click the "Add" button to add each service detail
- Click the "Remove" link to remove any service detail added to the claim in error

Serv	Service Details												
Selec	Select the row number to edit the row. Click the Remove link to remove the entire row.												
Svc #			From Date	To Date	Units	Charge Amount	Action						
1	0450-Emergency Room-General	77012-Ct scan for needle biopsy	05/01/2018	05/01/2018	1.000 Unit	\$250.00	<u>Remove</u>						
2					0.000								
	Revenue Code 0 Modifiers 0 From Date 0 *Charge Amount DCs for Svc. # 2 Add Reset	To Date Θ	PCS/Proc Code	0.000	*Unit Type	Unit V							

Adding NDC information for Physician-Administered Drugs

Nevada Medicaid requires a National Drug Code (NDC) and an NDC quantity for each claim line with a physician administered drug. To add NDC information to the service line, expand the NDCs for Svc section by clicking on the plus icon. The HCPCS/Proc Code and NDC are both required for Physician-Admnistered Drugs.

Servic	e Details							-
Select	the row number to edit	the row. Click	the Remove link to remove the entire	row.				
Svc #	Revenue Co	ode	HCPCS/Proc Code	From Date	To Date	Units	Charge Amount	Action
1	0450-Emergency Ro	om-General	99218-INITIAL OBSERVATION CARE	06/20/2018	06/20/2018	1.000 Unit	\$550.00	Remove
2						0.000		
ND If a	Modifiers 0 From Date 0 *Charge Amount 1 Cs for Svc. # 2 applicable, only one ND	6/20/2018 50.00 C/UPN is allow	Room-General To Date @ 06/20/2018 To Date @ 06/20/2018 To Date @ 06/20/2018		ts 1.000		e Unit V	red.
			g Code in 5-4-2 Format V I-KETOROLAC TROMETHAMINE	nit of Measure	illiliter 🗸	·		
	Add	t						

Updating Service Details

Select the sequence number of any service detail line item to update details such as the service date, procedure code, units or charge amount.

Serv	ice Details							-		
Selec	t the row number to e	dit the row. Click the	Remove link to remove the entire row.							
Svc # Revenue Code		e Code	HCPCS/Proc Code	From Date	To Date	Units	Charge Amount	Action		
1	0450-Emergency	y Room-General	77012-Ct scan for needle biopsy	05/01/2018	05/01/2018	1.000 Unit	\$250.00	Remove		
1*	Revenue Code 0 04	50-Emergency Roor	n-General HCI	PCS/Proc Code	9 77012-Ct s	can for needle	e biopsy			
	Modifiers TC-Technical component									
	From Date 🔒	05/01/2018	To Date 0 05/01/2018	*Units	1.000	*Unit Type	Unit 🗸			
	*Charge Amount	250.00								
N	IDCs for Svc. # 1							÷		
Oti	her Insurance for Se	rvice Detail						+		
	Save	eset <u>Cancel</u>								

- Click the "Save" button to save the changes
- Click the "Reset" button to clear any of the changes to the service detail
- Click on the "Cancel" button to cancel any updates and close the service detail

Attachments

To include attachments electronically with a claim:

- Transmission Method FT File Transfer is selected by default
- Upload file click "Browse" button and locate the file on your computer to be attached
- Attachment Type select the type of attachment from the drop-down list
- A description of the attachment can be entered, but it is not required
- Click "Add" button to attach the file
- Repeat for additional attachments if needed up to 10 attachments can be added per claim (Note: the combined size of all attachments cannot exceed 4MB)
- To remove any attachments that were attached incorrectly, use the "Remove" link
- Click on the "Cancel" button to cancel and close the attachment line

Atta	chments				-			
Click	the Remove link to remove the entire re	w.						
#	Transmission Method	File	Control #	Attachment Type	Action			
1	FT-File Transfer	Test doc.pdf (104K)	20180613570143	OZ-Support Data for Claim	Remove			
Ec	lick to collapse.							
*Transmission Method FT-File Transfer 🗸								
*Upload File Browse								
*Attachment Type								
Description								
Add Cancel								
	Back to Step 1 Back to Ste	2p 2		Submit Ca	ncel			

of the fields marked with a red asterisk (*) are required fields.

Claim Submission

Click the "Submit" button to complete the claim creation process.

Confirm Institutional Claim

After clicking the "Submit" button, the Confirm Institutional Claim page will display with the claim details to review before submission.

Confirm Institutional Claim Select Print Preview before you Conf	irm if you want to	assure you view the claim as you	entered it. Afte	r confirmation, Pr	int Preview m	ay reflect change	s as the claim has
een saved on the payer system.		Claim Type Outpatient					
rovider Information							
Billing Provider ID	1538	ID Type NPI					
Billing Provider Service Location	11-MEDICAL CE	NTER-1303 N MAIN ST,LAS VEGAS	NEVADA,8903	D			
Institutional Provider ID	-	ID Type _					
Attending Provider ID Operating Provider ID		ID Type _ ID Type NPI					
	20-JACKSON, M	ICHAEL E-1303 N MAIN ST,LAS VE	GAS,NEVADA,8	9030			
Other Operating Provider ID	_	ID Type _					
Referring Provider ID	-	ID Type _					
atient Information							
	0000000001						
	ISAAC E CLMGL	Z		Gender	• Male		
Birth Date	01/01/1999						
laim Information							
Covered Dates	05/01/2018		Admis	sion Date/Hou	05/01/2018	·	
Admission Type			A	mission Source			
Admitting Diagnosis Type				Discharge Hou			
Admitting Diagnosis	-		Fa	cility Type Code	131-Hospit Discharge (al Outpatient: Adr Claim	nit through
Patient Status	01		Autho	rization Numbe	-		
Patient Number	12345						
Previous Claim ICN	_						
Note	-						
			Tot	al Charged Amo	unt \$250.00)	
iagnosis Codes						<u>Expan</u>	d All Collapse
xternal Cause of Injury Diagnosi	s Codes						
atient Reason for Visit Diagnosis	Codes						
ther Insurance Details							
# Carrier Name	a	Carrier ID		Policy ID	Pay	er Paid Amount	
1 Blue Shield		BS001	000000000	01		\$100.00	06/01/2018
ondition Codes							
ccurrence Codes							
alue Codes							
alue Codes							
alue Codes urgical Procedures		HCPCS/Proc Code	Mod	From Date	To Date	Units/Type	Charge Amou
alue Codes urgical Procedures ervice Details vc * Revenue Code	eneral	HCPCS/Proc Code 77012-Ct scan for needle biopsy	Mod	From Date 05/01/2018	To Date 05/01/2018	Units/Type 1.000 Unit	
alue Codes urgical Procedures ervice Details vc # Revenue Code	eneral						Charge Amou \$250

- Click the "Confirm" button to submit the claim
- Click the "Print Preview" button to print a copy of the Confirm Institutional Claim page
- Click on the "Cancel" button to cancel the claim submission

Submit Institutional Claim: Confirmation

The Submit Institutional Claim: Confirmation will appear after the claim has been submitted. It will display the claim status and Claim ID.

Submit Outpatient Claim: Confirmation									
Outpatient Claim Receipt									
Your Outpatient Claim was successfully submitted. The claim status is Finalized Payment.									
The Claim ID is 2218172000008 .									
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									

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

3.1.3 Submit Claim Prof

Select Submit Claim Prof to create and submit a professional claim.

Claim submission is a three step process, click on the "Continue" button at the bottom of each page to continue on to the next step. Click on the "Cancel" button to cancel the creation of the claim.

- Step 1-Provider, Patient and Claim Information
- Step 2-Diagnosis Codes and Other Insurance Details
- Step 3-Service Details and Attachments

Submit Professional Claim: Step 1

Submit Professional Claim: Step 1			?
* Indicates a required field.			
	Claim Type	Professional V	
Provider Information			
Billing Provider ID	1124098421	ID Type NPI	
*Billing Provider Service Location			V
Rendering Provider ID	9	ID Type 🛛 🔻	
Rendering Provider Service Location	-		
Referring Provider ID	9	ID Type 🛛 🔻	
Supervising Provider ID	9	ID Type 🛛 🔻	
Service Facility Location ID	9	ID Type 🛛 🔻	
Patient Information			
*Recipient ID			
Last Name Birth Date	-	First Name	
Claim Information	-		
Date Type	T	Date of Current 0] 🖬
Accident Related	· · ·	Admission Date e	
*Patient Number		Authorization Number	
*Transport Certification	○ Yes ○ No		
	es the provider have a signa	ature on file? 🔍 Yes 🔍 No	
Include Other Insurance 🛛		Total Char	ged Amount \$0.00
		1	Continue Cancel

All of the fields marked with a red asterisk (*) are required fields.

Claim Type

Use the Claim Type drop-down to indicate the type of professional claim.

Submit Professional Claim: Step 1				
* Indicates a required field.				
		Claim Type	Professional Professional	•
Provider Information			Crossover Profe	ssional
Billing Provider ID	1124098421		ID Type	NPI
*Billing Provider Service Location				
Rendering Provider ID		9	ID Type	¥
Rendering Provider Service Location	-			
Referring Provider ID		9	ID Type	¥
Supervising Provider ID		0	ID Type	V
Service Facility Location ID		9	ID Type	¥

Provider Information

The Billing Provider Information is automatically populated with the Billing Provider ID and ID Type of the provider that the signed-in user is associated with.

Provider Information			
Billing Provider ID	1124098421	ID Type NPI	
Billing Provider Service* Location	20-RENOWN REGIONAL MEDICAL C	CENTER-1155 MILL ST,RENO,NEVADA,895021576	V
Rendering Provider ID	1497716146	ID Type NPI V	
*Rendering Provider Service Location	20-JONES, MICHAEL A-1200 N MOU	UNTAIN ST,CARSON CITY,NEVADA,897033821	V
Referring Provider ID	9	ID Type	
Supervising Provider ID	9	ID Type 🛛 🔻	
Service Facility Location ID	9	ID Type 🛛 🔻	

The following fields can be completed as follows:

- Billing Provider Service Location Select the appropriate provider type/service location for the type of service being billed
- Rendering Provider ID If applicable enter the rendering provider NPI
 - ID Type –Select NPI from the drop-down list
- Rendering Provider Service Location If a rendering provider ID is entered, a rendering provider service location is required; Select the appropriate provider type/service location for rendering provider
- Referring Provider ID If applicable enter the referring provider NPI
 - o ID Type –Select NPI from the drop-down list
- Service Facility Location ID If applicable enter the service facility NPI
 - ID Type Select NPI from the drop-down list

Patient Information

Enter the 11-digit recipient ID in the Recipient ID field. The Last Name, First Name, and Birth Date will be automatically populated based on the recipient ID that is entered.

Patient Information						
*Recipient ID	30356532844					
Last Name	IRAPSEU	First Name HVXQOSDCN				
Birth Date	07/27/2002					

Claim Information

Claim Information				
Date Type	Injury V	Date of Current 😣	04/15/2018	
Accident Related	Auto Accident 🗸	Admission Date	04/15/2018	
Please Select at least one option from	the Accident State or Accident Count	ry dropdowns below.		
Accident State	NEVADA V	Accident Country		
*Patient Number		Authorization Number	12345678900	
*Transport Certification	● Yes ○ No			
*Certification Condition Indicator	● Yes ○ No			
*Condition Indicator	Patient was transported in an eme	ergency situation 🗸		
		~		
		~		
		~		
**		~		
	3.00			
*Ambulance Transport Reason	Patient was transported for the ca	re of a specialist or for availability of s	pecialized equipment	\sim
*Do	es the provider have a signature	on file? Yes No 		
Include Other Insurance 🗹			Total Charged Amount \$0.00	
			Continue Cancel	

All of the fields marked with a red asterisk (*) are required fields.

The following fields can be completed as follows:

- Date Type Select illness, injury or pregnancy from the drop-down list if applicable.
- Date of Current Enter the start date of the illness, injury, or pregnancy that is related to this claim
- Accident Related If the claim is related to accident, select the accident type from the dropdown list
- Admission Date Enter the admission date if this claim is related to a hospital admission
- Accident State Displays if Auto Accident is selected in the Accident Related drop-down list
- Accident Country Displays if Auto Accident is selected in the Accident Related drop-down list
- Patient Number Enter a patient number
- Authorization Number If applicable, enter the prior authorization number for the service(s) being billed on the claim
- Transport Certification Select yes or no
- Certification Condition Indicator This question displays and is required if yes is marked for Transport Certification; Select yes or no
- Condition Indicator These fields appear and are required if yes is marked for Transport Certification; select the correct value from the drop-down list
- Transport Distance This field displays and is required if yes is marked for Transport

Certification; enter the number of miles patient was transported

- Ambulance Transport Reason This field displays and is required if yes is marked for Transport Certification; Select the ambulance transport reason from the drop-down list
- Does the provider have a signature on file? Select yes or no
- Include Other Insurance If the recipient has other insurance that paid as primary, check this box; When this box is checked the Other Insurance Information panel will appear on the Submit Dental Claim: Step 2
- Total Charged Amount Read only and displays the total charge amount associated with the claim

Medicare Crossover Details

The Medicare Crossover Details panel will display when Crossover Professional is selected as the claim type.

Medicare Crossover Details								
Allowed Medicare Amount	0.00	Co-insurance Amount	0.00					
Deductible Amount	0.00	Psychiatric Services Amount	0.00					
Medicare Payment Amount	0.00	Medicare Payment Date 0						

Use the Medicare Explanation of Benefits to complete the following fields as applicable:

- Allowed Medicare Amount
- Deductible Amount
- Co-insurance Amount
- Psychiatric Services Amount
- Medicare Payment Date
- Medicare Payment Amount

Submit Professional Claim: Step 2

When the Submit Prof Claim: Step 2 is first displayed all of the panels are expanded. Click "Collapse All" to close all panels, or click minus icons on each panel to close only that panel.

Subm	nit Professional Claim: Step 2	1						?
* Indi	icates a required field.							
		Claim Type	e Professional					
Provi	der Information							
	Billing Provider ID	1912	ID Type	NPI				
Patie	nt and Claim Information							
	Recipient ID	30356532844						
	Recipient	HVXQOSDCN I IRAPSEU		G	ender Fe	male		
	Birth Date	07/27/2002		Total Charged A	mount \$0	.00		
							Expand All	Collapse All
Diagn	iosis Codes							<u>-</u>
Select	the row number to edit the rov	. Click the Remove link to rer	move the entin	e row.				
Please	e note that the 1st diagnosis ent	ered is considered to be the p	rincipal (prima	ry) Diagnosis Code.				
4	# Diag	nosis Type			Diagnos	sis Code		Action
1	1							
1	*Diagnosis Type	ICD-10-CM V	*D	iagnosis Code 9 🗌				
	Add Reset							
Other	r Insurance Details							-
Enter	the carrier and policy holder inf	ormation below.						
Enter	other carrier Remittance Advice	details here for the claim or w	uith each serviv	a lina. Enter adjusta	d navment	detaile, such as reason (rodes in the Claim A	liuctment
	s section.	details here for the claim of w	ALL COLLEGE SELVIC	e inte, criter aujuste	a payment	details, such as reason (codes, in the claim A	Justment
Click t	the Remove link to remove the	entire row.						
Refresh Other Insurance								
#	Carrier Name	Carrier ID		Policy ID		Payer Paid Amount	Paid Date	Action
∃ Cli	ick to add a new other insuranc	e.						
	Back to Step 1					Con	tinue Cancel	
	back to Step 1					Com	Cancer	

Click "Expand All" to expand all panels, or click plus icons on each panel to open only that panel.

Submit Profe	essional Claim: Step 2							?
* Indicates a	required field.							
		Claim Typ	e Professional					
Provider Infe	ormation							
	Billing Provider ID	1912	ID Type	NPI				
Patient and	Claim Information							
	Recipient ID	30356532844						
	Recipient	HVXQOSDCN I IRAPSEU		Gender	Female			
	Birth Date	07/27/2002		Total Charged Amount	\$0.00			
							Expand All	Collapse All
Diagnosis Co	des							-
		Click the Remove link to re ered is considered to be the p						
#	Diagr	nosis Type		Dia	gnosis Code			Action
<u>1</u>								
1	*Diagnosis Type	ICD-10-CM 🗸	*Dia	gnosis Code 🛛				
	Add Reset							
Other Insura	nce Details							÷
	Back to Step 1					Continue	Cancel	

Diagnosis Codes

The first diagnosis entered is considered to be the principal or primary diagnosis code.

- The PWP allows for up to 8 diagnosis codes
- Diagnosis codes are searchable
 - \circ $\;$ Enter the first three letters or the first three numbers of the code to use the predictive search
- Click the "Add" button to add each diagnosis code
- Click the "Remove" link to remove any diagnosis codes added to the claim in error

Submit Prof	essional Claim: Step 2						?
* Indicates a	required field.						
		Claim Typ	e Professional				
Provider Infe	ormation						
	Billing Provider ID	1912	ID Type	NPI			
Patient and	Claim Information						
	Recipient ID	30356532844					
	Recipient	HVXQOSDCN I IRAPSEU		Gender	Female		
	Birth Date	07/27/2002		Total Charged Amount	\$0.00		
						Expand All	Collapse All
Diagnosis Co	odes						-
		. Click the Remove link to re ered is considered to be the p					
#	Diagi	nosis Type		Diag	nosis Code		Action
1	ICI	D-10-CM		S8290XA-Unsp fracture	of unsp lower leg, init for clos fx		Remove
2							
2	*Diagnosis Type	ICD-10-CM 🗸	*Dia	gnosis Code 🛛			
	Add Reset						
Other Insura	nce Details						+
	Back to Step 1				Continue	Cancel	

All of the fields marked with a red asterisk (*) are required fields.

Other Insurance Details

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. Other Insurance Details fields are required only if you are adding other insurance payment information.

#	Carrier Name	Carrier ID		Policy ID		Payer Paid Amount	Paid Date	Action
1	Blue Shield	12345		00000011		\$15.00	01/01/2019	<u>Remove</u>
	Carrier Name	Blue Shield		Carrier ID	12345			
	*Policy Holder Last Name	KJUYD		*First Name	PXMYE		MI	
	*Policy ID	00000011						
	Insurance Type						~	
	*Responsibility	P-Primary	~	*Patient Relationship to Insured	18-Se	lf 🗸		
	Payer Paid Amount	15.00		*Paid Date 🖲	01/01/	/2019		
R	emaining Patient Liability	100.00						
	*Claim Filing Indicator	BL-Blue Cross/Blue Shield		~				
Cla	im Adjustment Details							÷
	Save Insurance	Cancel Insurance						
🛨 Cl	ick to add a new other insuran	e.						
	Back to Step 1					Cont	inue Cancel	

- Click "Save Insurance" to save the information to the other insurance details line
- Click "Cancel Insurance" to cancel any updates to the other insurance details
- Click "Continue" button to complete Submit Professional Claim: Step 3.
- Click the "Remove" link to remove any other insurance details not relevant to the claim.

Please note: For Professional claims, only payment information is required at the header level. The "Claim Adjustment Details" panel should be collapsed.

If the recipient does not have other insurance carrier information on file with Nevada Medicaid, the policy information will not auto populate in the Other Insurance Details panel. Other Insurance Details can be added by completing the following fields:

- Carrier Name Enter the other insurance carrier name
- Carrier ID Enter the other insurance carrier 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 dropdown 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.

Othe	r 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.									
Details section.									
Circle					Refresh Othe	r Insurance			
#	Carrier Name	Carrier ID	Policy ID	Payer Paid Amoun	t Paid Date	Action			
E 0	lick to collapse.								
	*Carrier Name		*Carrier ID						
	*Policy Holder Last Name		*First Name		MI				
	*Policy ID								
	Insurance Type				\sim				
	*Responsibility	~	*Patient Relationship to Insured	~					
	Payer Paid Amount		*Paid Date 😝						
I	Remaining Patient Liability								
	*Claim Filing Indicator		~						
	Add Insurance	ancel Insurance							
	Back to Step 1			Cor	ntinue Cancel				

All of the fields marked with a red asterisk (*) are required fields.

Click "Add Insurance" to add the Other Insurance Details to the claim.

Updating Other Insurance Details

Select the sequence number of any other insurance line item to update details such as the allowed amount, paid amount, paid date and adjustment codes for the specific other insurance carrier.

- Click "Save Insurance" to save the information to the other insurance details line
- Click "Cancel Insurance" to cancel any updates to the other insurance details
- Click the "Remove" link to remove any other insurance details added to the claim in error

#	Carrier Name	Carrier	ID	Policy ID		Payer Paid Amount	Paid Date	Action
1	Blue Shield	12345		00000011		\$15.00	01/01/2019	<u>Remove</u>
	Carrier Name	Blue Shield		Carrier ID	12345			
	*Policy Holder Last Name	KJUYD		*First Name	PXMYE		MI	
	*Policy ID	00000011						
	Insurance Type						~	
	*Responsibility	P-Primary	~	*Patient Relationship to Insured	18-Se	f 🗸		
	Payer Paid Amount	15.00		*Paid Date 🖲	01/01/	2019		
F	Remaining Patient Liability	100.00						
	*Claim Filing Indicator	BL-Blue Cross/Blue Sh	ield	~				
Cla	im Adjustment Details							+
	Save Insurance	Cancel Insurance						
±Ο	lick to add a new other insuran	e.						
	Back to Step 1					Cont	inue Cancel	

Click "Continue" button to complete Submit Professional Claim: Step 3.

Submit Professional Claim: Step 3

When the Submit Professional Claim: Step 3 is first displayed not all of the panels are expanded.

- Click "Expand All" to expand all panels, or click plus icons on each panel to open only that panel.
- Click "Collapse All" to close all panels, or click minus icons on each panel to close only that panel.

Sub	mit Professional Claim: Step	3						?
* Inc	dicates a required field.							
			Claim Type Prof	essional				
Prov	vider Information							
	Billing Provider I	D 1124098421	1	ID Type NPI				
Pati	ent and Claim Information							
		D 30356532844 nt HVXQOSDCN I I			Gender Female			
		te 07/27/2002	NAPSEU	Total (Charged Amount \$0.00			
							Expand A	All Collapse All
Diag	nosis Codes							÷
Othe	er Insurance Details							-
#	Carrier Nar	ne	Carrie	er ID	Policy ID	Payer Pai	d Amount	Paid Date
1	Blue Shield		12345		000000011		\$15.00	01/01/2019
Serv	rice Details							-
	ct the row number to edit the r	ow. Click the Remo	ve link to remove th	he entire row.				
Svc #	From Date To Date	Place of	Service	P	rocedure Code	Charge Amount	Units	Action
1							0.000	
1 *	From Date 🛛	To Date (*Place o Servic			▼ EMC	GV
	*Procedure	Modifiers		Jervic		*Diagnosis	T	.
	Code e					Pointers		
	*Charge Amount	*Unit	5 0.000	*Unit Type	Unit V EPSDT	Family Plan		
	Clia Number]						
	Rendering Provider ID	О ІD Тур	2 🗸					
Prov	Rendering vider Service							
	Location Referring /	O ID Type		Ordering Brow	der ○ _{Ves} ○ _{No}			
	Ordering Provider ID	ID Type	= <u> </u>	ordering Provi				
NE	Cs for Svc. # 1							Ð
	Add Reset							
	chments the Remove link to remove th							-
dick #	Transmission Meth		File		Control #	Attachmen	t Type	Action
	Click to add attachment.							
	Back to Step 1 B	ack to Step 2				Submit	Cance	

All of the fields marked with a red asterisk (*) are required fields.

Service Details

- Up to 50 service details to be added to a professional claim
- Procedure codes are searchable
 - Enter the first three letters or the first three numbers of the code to use the predictive search
- Modifiers are searchable
 - Enter the first 3 letters of the description or the first 2 number or letters of the modifier to use the predictive search
- Click the "Add" button to add each service detail
- Click the "Reset" button to clear all of the information that has been entered
- Click the "Remove" link to remove any service detail added to the claim in error

Servi	ce Details						
Select	the row numb	er to edit the ro	w. Click the Remove link to rer	nove the entire row.			
Svc #	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
1	04/15/2018	04/15/2018	11-Office	99213-OFFICE/OUTPATIENT VISIT EST	\$350.00	1.000 Unit	<u>Remove</u>
2						0.000	
2 *F	rom Date 🛛		To Date 0	*Place of Service		▼ EMG	V
	*Procedure Code e		Modifiers 😝		*Diagnosis Pointers	v	v
	*Charge Amount		*Units 0.000	*Unit Type Unit ¥ EPSDT	Family Plan 🛛		
	Clia Number		ID Type	▼_			
	Rendering ider Service Location	-					
	Referring / Ordering Provider ID		🔍 ID Туре	▼ Ordering Provider ○ Yes ○ No			
ND	Cs for Svc. # 2	2					Ð
	Add	Reset					

All of the fields marked with a red asterisk (*) are required fields.

Adding NDC information for Physician-Administered Drugs

Nevada Medicaid requires a National Drug Code (NDC) and an NDC quantity for each claim line with a physician-administered drug. To add NDC information to the service line, expand the NDCs for Svc section by clicking on the plus icon. The HCPCS/Proc Code and NDC are both required for physician-administered drugs.

Servi	ce Details						
Select	t the row numb	er to edit the ro	w. Click the Remove link to remove th	e entire row.			
Svc #	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
1	04/15/2018	04/15/2018	11-Office	99213-OFFICE/OUTPATIENT VISIT EST	\$350.00	1.000 Unit	<u>Remove</u>
2						0.000	
(Prov	*Procedure Code e *Charge Amount Clia Number Rendering Provider ID Rendering Location Referring /	- -	To Date 0	*Place of 11-Office Service *Unit Type Unit ▼ EPSDT ■	*Diagnosis 1 Pointers Family Plan 📄	▼ EMG ▼ ▼ .	▼ ▼ ▼
	Ordering Provider ID						
ND	Cs for Svc. # :	2					E
If a Add	itionally, NDC/U Code NDC/	JPN information	is required when adding or saving NDO	adding an NDC/UPN, the Code Type, Quantity an C/UPN with prescription information (Prescription Unit of Measure Milliliter	d Unit of Measure field n Number, Prescription	ds are requirec Type, Prescrip	d. ption Date).
	Add	Reset					

Updating Service Details

Select the sequence number of any service detail line item to update details such as the service date, procedure code, units or charge amount.

Servi	ice Details							-
Select	t the row num	ber to edit the ro	w. Click the Remove	e link to remove t	he entire row.		_	-
Svc #	From Date	To Date	Place of a	Service	Procedure Code	Charge Amount	Units	Action
1	04/15/2018	04/15/2018	11-0f	fice	99213-OFFICE/OUTPATIENT VISIT EST	\$350.00	1.000 Unit	Remove
1 *F	rom Date 🛛	04/15/2018	To Date 🛛	04/15/2018	*Place of 11-Office Service		▼ EMG	¥
	*Procedure Code e	99213-OFFICE/	OUT Modifierse			*Diagnosis 1 Pointers	Y Y	v
	*Charge Amount	350.00	*Units	1.000	*Unit Type Unit Type EPSDT	Family Plan 🛛		
(Clia Number							
	Rendering Provider ID		J ID Type	T				
Prov	Rendering ider Service Location	-						
	Referring / Ordering Provider ID		ID Type	•	Ordering Provider Oyes ONO			
ND	Cs for Svc. #	1						Đ
Oth	er Insurance	e for Service De	tail					÷
	Save	Reset	Cancel					

- Click the "Save" button to save the changes
- Click the "Reset" button to clear any of the changes to the service detail
- Click on the "Cancel" button to cancel any updates and close the service detail

Adding Other Insurance Details on Service Detail line

Select the sequence number of any service detail line item to add other insurance details and claim adjustment details.

Servi	ce Details									-
		er to edit the ro	w. Click the Remove li	nk to remove the	entire row.					_
Svc										
#	From Date	To Date	Place of Ser	rvice	Procedure	Code	Charge /	Amount	Units	Action
1	04/15/2018	04/15/2018	11-Office	e	99213-OFFICE/OUTPAT	TIENT VISIT ES	т	\$350.00	1.000 Unit	<u>Remove</u>
1 *F	rom Date 🔒 👔	04/15/2018	To Date 🖯 🛛	4/15/2018	*Place of 11-Off	fice			▼ EMG	V
	-			-	Service					
	*Procedure Code e	99213-OFFICE/	OUT Modifierse					nosis 1 nters	V V	Y Y
	*Charge	350.00	*Units 1	.000	*Unit Type Unit 1	EPSDT	📄 🛛 Family	Plan 📄		
	Amount Clia Number									
	Rendering		Q ID Type	¥						
	Provider ID		J ID Type	Y						
Prov	Rendering . ider Service	-								
	Location				adarian Barridan 🔍 🔍					
	Referring / Ordering Provider ID		J ID Type	v 0	Ordering Provider Ογ	(es ♥ No				
ND	Cs for Svc. # 1	1								Ŧ
		for Service De								-
Clic	k the row numb	per to edit the ro	w. Click the Remove li	ink to remove the						
#	Carrier ID	P	rocedure Code	Modifier	s Payer Paid Amount	Paid Date	Paid Units		ng Patient bility	Action
Ε	Click to collaps	e,								
	*Other	Carrier 1234	5-Blue Shield			T				
	*Procedure	Code 9921	3-OFFICE/OUTPATIENT	VISIT EST						
		difiers								
	Payer Paid	Amount 15.00)	*Paid (Date 0 01/01/2019		Paid Units	1.00		
	Remaining	Patient 100.0	0							
		Liability								
	Add	d Insurance	Cancel Insurance							
	Save	Reset	Cancel							

1. Add Other Insurance Details and click Add Insurance button.

2. Click the sequence number in the Other Insurance for Service Detail panel to add the Adjustment Details.

Servi	ce Details								-		
		er to edit the ro	w. Click the Remove link	to remove the ent	ire row.				_		
Svc #	From Date	To Date	Place of Servi	ce	Procedure	Code	Charge Ar	mount Units	Action		
1	04/15/2018	04/15/2018	11-Office	9	9213-OFFICE/OUTPA	TIENT VISIT EST		\$350.00 1.000 Un	it <u>Remove</u>		
		4/15/2018	To Date 0 04/2	15/2018	*Place of 11-0f Service	fice		V EM	G		
	Procedure Code e	99213-OFFICE/	OUT Modifiers				*Diagn Poin	osis 1 V V ters	VV		
	*Charge	350.00	*Units 1.0	00 *U r	nit Type Unit	EPSDT	Family F	Plan 📄			
c	Amount lia Number										
	Rendering Provider ID		🔍 ID Type	¥							
	Rendering _ der Service										
	Location			- 0-d-	rine Desuiden 🔍						
	Referring / Ordering Provider ID		J ID Type	▼ Orde	ring Provider 🔍	Yes ♥ No					
	Cs for Svc. # 1								÷		
out	T (.a								
	er Insurance f			to remove the en	tire row				_		
Click the row number to edit the row. Click the Remove link to remove the entire row. # Carrier ID Procedure Code Modifiers Payer Paid Paid Date Paid Units Remaining Patient Action											
#					Amount	Paid Date	Paid Units	Liability	" Action		
1	12345	99213-0	FICE/OUTPATIENT VISIT		\$15.00	01/01/2019	1.00	\$100.	00 <u>Remove</u>		
	*Other	Carrier 1234	45-Blue Shield			V					
	*Procedure		3-OFFICE/OUTPATIENT V	ISIT EST							
	Mod	ifiers									
	Payer Paid A	mount 15.00	0	*Paid Date	01/01/2019		Paid Units 1	.00			
	Remaining I	Patient 100.0					-				
		iability							_		
	aim Adjustme		group codes. You can repe	at six combination	s of reason code and	adjustment amou	int with each oro	up code.			
			e the entire row.			jastinent enloc	and and gro				
#		justment Gro		Rea	ason Code		Adjustmer Amount	nt Adjusted Units	Action		
E] Click to collap	ise.					. inourit	Jints			
	*Claim Adjust	tment Group (Code		V						
	*Reason Code										
	*Adjustment Amount Adjusted Units										
	Ad	ld Adjustmen	t Cancel Adjustmen	t							
	Save	e Insurance	Cancel Insurance								

3. Enter the Claim Adjustment Details and click Add Adjustment button to add adjustment information for the other insurance.

Oth	er Insurance for	Service Detail							-			
Click	the row number i	to edit the row. Click th	ie Remove link	to remove the ent	tire row.							
#	Carrier ID	Procedure	Code	Modifiers	Payer Paid Amount	Paid Date	Paid Units	Remaining Patient Liability	Action			
1	12345	99213-OFFICE/OUT EST	PATIENT VISIT		\$15.00	01/01/2019	1.00	\$100.00	<u>Remove</u>			
	*Procedure Co	dee 99213-OFFICE/		SIT EST		▼						
	Modifiers@ Paid Date@ Paid Units 1.00											
	Remaining Patient 100.00 Liability											
Yo	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 Adju	stment Group Code		Rea	ason Code		Adjustme Amount		Action			
E	Click to collapse											
	-	ent Group Code PR Reason Code 1-D	-Patient Respons Peductible Amou		V							
	*Adju	stment Amount 100).00		Adjusted Unit	ts						
	Add	Adjustment Cano	el Adjustment]								
	Save Insurance Cancel Insurance											

4. Click Save Insurance button to save the other insurance information with the claim adjustment details.

Oth	er Insurance for	Service Detail							_				
Click	the row number	to edit the row. Click th	e Remove link	to remove the en	tire row.								
#	Carrier ID	Procedure C	Code	Modifiers	Payer Paid Amount	Paid Date	Paid Units	Remaining Patient Liability	Action				
1	12345	99213-OFFICE/OUTP/ EST	ATIENT VISIT		\$15.00	01/01/2019	1.00	\$100.00	<u>Remove</u>				
	*Other Ca *Procedure Co	rrier 12345-Blue Shi		1517 557		V							
	Modifi			1011 201									
	Payer Paid Amount 15.00 *Paid Date () 01/01/2019 Paid Units 1.00 Remaining Patient Liability 100.00 01/01/2019 () 1/01/2019 () 1/01/2019												
Cl	aim Adjustment	Details											
Yo	u can enter up to	five unique group code:	s. You can repe	at six combination	is of reason code and	d adjustment am	ount with each gr	oup code.					
Cli	ick the Remove li	ink to remove the entire	e row.										
#	Claim Adju	stment Group Code		Rea	ason Code		Adjustme Amount		Action				
1	PR-Patie	ent Responsibility	1-Deductible	Amount			\$10	0.00	Remove				
Đ	Click to add a ne	ew adjustment.											
	Click to add a new adjustment. Save Insurance Cancel Insurance												

5. Click Save button to save the updates to the Service Detail Line.

Servi	ce Details									-			
		an to adit the se	w. Click the Remove link	to menous the ext	ting gour					_			
	the row numb	er to edit the fo	w. Click the Kellove link	to remove the en	ure row.								
Svc #	From Date	To Date	Place of Servi	ice	Procedure	e Code	Charge	Amount	Units	Action			
1	04/15/2018	04/15/2018	11-Office		99213-OFFICE/OUTP/	ATIENT VISIT EST	г	\$350.00	1.000 Unit	<u>Remove</u>			
	rom Date 🔒 🛛		To Date 0 04/1	15/2018	*Place of 11-0 Service	ffice			▼ EMG	¥			
	*Procedure Code e	99213-OFFICE/	OUT Modifiers e					nosis 1 nters	• •	• •			
	*Charge Amount	350.00	*Units 1.00	00 *U	Init Type Unit	▼ EPSDT	Family	Plan 📄					
0	Clia Number												
	Rendering ID Type V Provider ID												
Provi	Rendering _ Provider Service Location												
	Referring / Ordering Provider ID		Q ID Туре	▼ Orde	ering Provider 🛛 🔍	Yes ONo							
ND	Cs for Svc. # 1	L								÷			
01		for Service De	L-1										
										-			
Clic	k the row numb	er to edit the ro	w. Click the Remove link	to remove the er	ntire row.								
#	Carrier ID	Pr	ocedure Code	Modifiers	Payer Paid Amount	Paid Date	Paid Units		ng Patient bility	Action			
1	12345	99213-OFF	ICE/OUTPATIENT VISIT EST		\$15.00	01/01/2019	1.00		\$100.00	Remove			
±	☑ Click to add a new other insurance.												
	Save	<u>Reset</u>	Cancel										

Attachments

To include attachments electronically with a claim:

- Transmission Method FT File Transfer is selected by default
- Upload file click "Browse" button and locate the file on your computer to be attached
- Attachment Type select the type of attachment from the drop-down list
- A description of the attachment can be entered, but it is not required
- Click "Add" button to attach the file
- Repeat for additional attachments if needed up to 10 attachments can be added per claim (Note: the combined size of all attachments cannot exceed 4MB)
- To remove any attachments that were attached incorrectly, use the "Remove" link
- Click on the "Cancel" button to cancel and close the attachment line

Atta	chments				-
Click	the Remove link to remove the entire ro	ow.			
#	Transmission Method	File	Control #	Attachment Type	Action
1	FT-File Transfer	Test doc.pdf (104K)	20180613570143	OZ-Support Data for Claim	Remove
Ec	Click to collapse.				
	*Transmission Method FT-File	e Transfer 🗸			
	*Upload File		Browse		
	*Attachment Type			\checkmark	
	Description				
	Add Cancel				
	Back to Step 1 Back to Ste	ep 2		Submit Cancel	

All of the fields marked with a red asterisk (*) are required fields.

Claim Submission

Click the "Submit" button to complete the claim creation process.

Confirm Professional Claim

After clicking the "Submit" button, the Confirm Professional Claim page will display with the claim details to review before submission.

	Drint Draview hef							_			
	aved on the payer		n if you want to :	assure yo	u view the claim as	s you ente	ered it. After co	onfirmation, Print I	Preview may	reflect changes	as the claim has
				Claim Ty	/pe Professional						
rovid	er Information										
	Billing	Provider ID	124098421		ID Type	NPI					
Billing	g Provider Servi	ice Location	0-RENOWN REG	SIONAL M	EDICAL CENTER-11	55 MILL	ST,RENO,NEVA	DA,895021576			
		Provider ID			ID Type	_					
	Rendering Prov	ider Service _ Location	-								
	Referring	Provider ID	_		ID Type	_					
	Supervising	Provider ID	-		ID Type	_					
:	Service Facility	Location ID	-		ID Type	-					
atien	t Information										
	F	Recipient ID	0356532844				Ge	ender Female			
		Recipient	IVXQOSDCN I IF	RAPSEU							
		Birth Date	07/27/2002								
laim i	Information										
		Date Type					Date of Cu	rrent			
	Accid	ent Related					Admission	_			
		ent Number				Auth	orization Nu	mber _			
	Transport (Certification	No								
	Previou	s Claim ICN	_								
		Note	-								
		Doe	s the provider	have a s	ignature on file?	Yes					
							Total	Charged Amount	t \$600.00		
										<u>Expan</u>	d All Collapse A
Diagno	osis Codes										
Other	Insurance Deta	ils									
#	C	Carrier Name			Carrier ID		P	olicy ID	Payer	Paid Amount	Paid Date
<u>1</u> E	Blue Shield			12345		(000000011			\$15.00	01/01/2019
Servic	e Details										
#	From Date	To Date	Place of Service	EMG	Procedure Code	Mod	Diag Code Ptrs	Units	EPSDT	Family Plan	Charge Amount
1	04/15/2018	04/15/2018	11		99213		1	1.000 Unit			\$350.0
2	04/15/2018	04/15/2018	11		J1050		1	1.000 Unit			\$250.0
lo Att	achments exist	for this claim									
	Back to S	top 1 Rach	to Step 2 B	ack to S	tep 3 Print Pr	outour			Com	firm Can	col

- Click the "Confirm" button to submit the claim
- Click the "Print Preview" button to print a copy of the Confirm Professional Claim page
- Click on the "Cancel" button to cancel the claim submission

Submit Professional Claim: Confirmation

The Submit Professional Claim: Confirmation will appear after the claim has been submitted. It will display the claim status and Claim ID.

Submit Professional Claim: Confirmation ?
Professional Claim Receipt
Your Professional Claim was successfully submitted. The claim status is Finalized Payment. The Claim ID is 2318178000001 .
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

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

3.1.4 Submit a Claim for Exception Batch Processing

To submit a claim for Exception Batch processing on the Provider Web Portal, use the attachments panel to attach the batch processing letter. The attachment description must start with capital **EXCP** for the claim to be processed correctly.

To submit an EDI 837 X12 claim for Exception Batch processing, please refer to the Electronic Verification System (EVS) User Manual Chapter 8 File Exchange.

Attac	chments				-
Click	the Remove link to remove the e	ntire row.			
#	Transmission Method	File	Control #	Attachment Type	Action
ΞC	lick to collapse.				
	*Transmission Method	FT-File Transfer 🗸			
	*Upload File	C:\Users\Desktop\Special Processing	Browse		
	*Attachment Type	OZ-Support Data for Claim		~	
	Description	EXCP letter			
	Add <u>Cancel</u>				
	Back to Step 1 Back	to Step 2		Submit Cancel	6

Please note: Adjustment claims cannot be submitted as an exception batch. If a paid claim requiring exception batch requires a change, it will first need to be voided. The provider can resubmit the new claim as an exception batch after the void has been completed. Section 3.4 of this manual provides instructions for voiding a claim.

3.1.5 Third Party Liability (TPL) Claim Submission

Dental and Professional claims

- The total payment by other insurers must be entered at the header level.
- The adjustment reason codes that explain how/why the other insurer paid or denied each detail must be entered on the appropriate detail level.

Please refer to the above sections to see instructions for each Claim Form.

#	Carrier Name	Carrier ID	Policy ID		Payer Paid Amount	Paid Date	Action
1	Blue Shield	12345	00000011		\$15.00	01/01/2019	<u>Remove</u>
		Blue Shield	Carrier ID	12545			
	*Policy Holder Last Name	KJUYD	*First Name	PXMYE		MI	
	*Policy ID	00000011					
	Insurance Type					~	
	*Responsibility	P-Primary	 *Patient Relationship to Insured 		lf 🗸		
	Payer Paid Amount	15.00	*Paid Date 9		/2019		
F	Remaining Patient Liability	100.00					
	*Claim Filing Indicator	BL-Blue Cross/Blue Shield	~				
Cla	im Adjustment Details						+
	Save Insurance	Cancel Insurance					
±Ο	lick to add a new other insuran	ce.					
	Back to Step 1				Cont	inue Cancel	

Header level example (Dental claim):

Detail	level	examp	le (I	Dental	claim):
Detun	10,001	champ	10 (Dentai	ciunij.

:	Carrier ID		Procedure	Code	Modifiers	Payer Paid Amount	Paid Date	Paid Units	Remaining Patient Liability	Actio		
	04432	D035	50-Oral/facial p	hoto images		\$50.00	08/01/2018	1.00	\$50.00	Remo		
	*Other Car	rier	04432-Nevada	Pacific Denta			~					
	*Procedure Coo	dee 🛛	00350-Oral/fa	al/facial photo images								
	Modifie	rse [
		L										
	Payer Paid Amo	ount	50.00		*Paid Dat	08/01/2018	×	Paid Units	1.00			
		iont [
Υοι	Remaining Pati Liabi aim Adjustment I u can enter up to f ck the Remove lin	ility Details five uni	que group code		peat six combination	ons of reason code ar	id adjustment ar	nount with each g	roup code.			
Υοι	Liab aim Adjustment I u can enter up to f ck the Remove lin	ility Details five uni nk to re	que group code			ons of reason code an eason Code	ıd adjustment ar	nount with each g Adjustme Amoun	ent Adjusted	Action		
You Clic #	Liab aim Adjustment I u can enter up to f ck the Remove lin	ility Details five uni hk to re stment	que group code move the entir				id adjustment ar	Adjustme	ent Adjusted	Action		
You Clic #	Liabi aim Adjustment I u can enter up to f ck the Remove lin Claim Adjus	ility ^L Details five uni hk to re stment	que group code move the entir Group Code		Re		ıd adjustment ar	Adjustme	ent Adjusted	Action		
You Clic #	Liab aim Adjustment I u can enter up to f ck the Remove lin Claim Adjust Click to collapse. *Claim Adjustme	ility Details five uni hk to re stment	que group code move the entir Group Code	e row.	Ro	eason Code	·	Adjustme Amoun	ent Adjusted			
You Clic #	Liab aim Adjustment I u can enter up to f ck the Remove lin Claim Adjust Click to collapse. *Claim Adjustme	ility ^D Details five uni hk to re stment stment ent Gro	que group code move the entir Group Code	-Contractual (Ro	eason Code	r contracted/leg	Adjustme Amoun	t Adjusted Units			

Header level example (Professional claim):

#	Carrier Name	Carrier ID	Policy ID		Payer Paid Amount	Paid Date	Action
1	Blue Shield	12345	00000011		\$15.00	01/01/2019	<u>Remove</u>
	L	Blue Shield	Carrier ID	12545			
	L	KJUYD	*First Name	PXMYE	<u> </u>	MI	
	*Policy ID	00000011					
	Insurance Type					~	
	*Responsibility	P-Primary 🗸 🗸	*Patient Relationship to Insured	18-Se	lf 🗸		
	Payer Paid Amount	15.00	*Paid Date 9	01/01	/2019		
F	Remaining Patient Liability	100.00					
	*Claim Filing Indicator	BL-Blue Cross/Blue Shield	~				
Cla	im Adjustment Details						+
	Save Insurance	Cancel Insurance					
ΞC	lick to add a new other insurand	e					
	Back to Step 1				Cont	inue Cancel	

Othe	r Insurance for	Servic	e Detail							
Click	the row number 1	to edit f	the row. Click t	he Remove link	to remove the ent	ire row.				
#	Carrier ID		Procedure	Code	Modifiers	Payer Paid Amount	Paid Date	Paid Units	Remaining Patient Liability	Action
1	07829	9921	4-OFFICE/OUT EST	PATIENT VISIT		\$50.00	08/01/2018	1.00	\$50.00	Remove
	*Other Ca	rrier	07829-Cigna				~			
	*Procedure Co	de 🛛	99214-OFFICE	OUTPATIENT V	ISIT EST					
	Modifie	ers 🛛								
	Payer Paid Amo	ount [50.00		*Paid Date	9 08/01/2018		Paid Units	1.00	
	Remaining Pat		50.00					L		
	Liab									
Cla	im Adjustment	Detail	5							E
You	u can enter up to	five uni	ique group cod	es. You can repe	at six combination	s of reason code and	l adjustment am	ount with each g	roup code.	
Clie	k the Remove li	nk to re	move the entir	e row.						
#	Claim Adju	stment	t Group Code		Rea	son Code		Adjustme Amount		Action
E	Click to collapse.									
	Claim Adjustme	ent Gro	oup Code)-Contractual Ob	ligations	~				
	-						contracted/legi	clated fee arrang	gement. Usage: This a	liustme
				.00	s ree senedule/ ma	Adjusted Uni		×	gement, osage, mis a	gustine
	naja.	, cincin	50	.00		Aujusteu om		^		
	Add	Adjust	ment Can	cel Adjustment						
					-					
	Save I	nsuran	ce Cancel	Insurance						

Detail level example (Professional claim):

Institutional claims

- The total payment by other insurers must be entered at the header level.
- The adjustment reason codes that explain how/why the other insurer paid or denied the claim must be entered at the header level.

Header level example (Institutional claim):

Othe	r Insurance Details					-
Enter	the carrier and policy holder infor	mation below.				
	other carrier Remittance vice d Is section.	etails here for the claim or with each	n service line. Enter adjusted paym	ent details, such as reason o	odes, in the Claim A	Adjustment
Click	the Remove link to remove the er	ntire row.				
	1		1		Refresh Othe	r Insurance
#	Carrier Name	Carrier ID	Policy ID	Payer Paid Amount	Paid Date	Action
1	HPN HEALTH PLAN OF NEVADA, INC	01091	15006		-	<u>Remove</u>
	Carrier Name HPM	N HEALTH PLAN OF NEVADA, INC	Carrier ID 010	091		
	Policy Holder Last Name IRA	PSEU	First Name GX	СТВХ	MI _	
	Policy ID 150	006				
	Insurance Type _					
	Responsibility U-U	Inknown	Patient Relationship to 19 Insured	Child		
	Payer Paid Amount		*Paid Date			
	Remaining Patient Liability					
	*Claim Filing Indicator		~			
Cla	im Adjustment Details					-
You	, can enter up to five unique group	codes. You can repeat six combinat	tions of reason code and adjustmen	t amount with each group o	ode.	
	k the Remove link to remove the		,,,,,,,,,			
				Adjustment	Adjusted	
#	Claim Adjustment Group C	Code	Reason Code	Amount	Units	Action
Ξ	Click to collapse.					
	Claim Adjustment Group Code		~			
	*Reason Code A		•			
	*Adjustment Amount		Adjusted Units			
		Concert & discourses				
	Add Adjustment	Cancel Adjustment				
	Save Insurance	incel Insurance				

3.1.6 Crossover Claim Submission

When Medicare is the primary insurer and a payment is made or coinsurance/ deductible is applied, the claim must be submitted as a Crossover claim type. Use the Medicare Explanation of Benefits to complete the Medicare Crossover Details fields.

If Medicare denies a claim and the claim crosses over to Nevada Medicaid with no Medicare payment or coinsurance/deductible, then the provider will need to submit the claim to Nevada Medicaid through the Provider Web Portal Direct Data Entry (DDE) as a regular Fee-for-Service (FFS) claim.

• For Professional claims where the primary carrier is Medicare: Submit the claim as a Fee-for-Service claim and include payment information, payment date and carrier information at the header level. Include the claim adjustment reason code for each detail.

• For Institutional claims where the primary carrier is Medicare: Submit the claim as a Fee-for-Service claim and include the claim adjustment reason code, carrier information, payment information and payment date at the header level.

3.2 View a Claim

Once a claim has been submitted, the claim can be viewed by selecting the "View" button on the Submit Receipt page or selecting the ICN from the Search Results grid.

Submit Receipt page

Submit Professional Claim: Confirmation ?
Professional Claim Receipt
Your Professional Claim was successfully submitted. The claim status is Finalized Payment. The Claim ID is 2318178000001 .
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

Search Results grid

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 2018105000012
Recipient Information
Recipient ID
Service Information
Rendering Provider ID 0 ID Type V Claim Type
Service From 0 To 0 Claim Status V
Search Reset

Search Results

То	see service line inf	ormation, or to v	view the remittance	advice, click on the	'+' next to the	e 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
+	<u>2018105000012</u>		Outpatient	Finalized Payment	02/07/2018 - 02/08/2018	354563	1538	\$0.00	-	

Viewing the claim displays a summary of the claim that was submitted, with the first panel expanded. Select "Expand All" to expand all panels, or select plus icons on each panel to open only that panel.

								Print	t Preview
View Institutional Claim - ID 2218	8178000021							<u>Back to</u>	<u>Claims</u>
	Claim Ty	ype Inj	patient						
Provider Information									
Billing Provider ID	1538		ID Type NPI						
Billing Provider Service Location		03 N MA			9119				
Institutional Provider ID			ID Type _						
Attending Provider ID	-		ID Type _						
Operating Provider ID			ID Type _						
Operating Provider Service Location									
Other Operating Provider ID			ID Type _						
Referring Provider ID	-		ID Type _						
atient Information									
Recipient ID	3035653								
Recipient	HVXQOSDCN I IRAPSEU				Gen	der Female			
Birth Date	07/27/2002								
Claim Information									
Claim Status	Finalized Denied								
Covered Dates	06/01/2018			Adm	nission Date/H	our 06/01/2018	3		
Admission Type	1-Emergency				Admission Sou	rce E-Transfer	from Ambula	tory Surgery	Center
Admitting Diagnosis Type	ICD-10-CM				Discharge H	our _			
Admitting Diagnosis	R4020			I	Facility Type C	ode 115-Hospita	al Inpatient (arge(s) Only		dicare Par
Patient Status	01-Discharged to Home or	r Self Ca	re (Routine	Auth	orization Num		arge(b) only		
Patient Number	Discharge) 1234				Related Claim	ICN			
Previous Claim ICN									
Note									
hote	-			т	otal Charged A	mount \$1,050.	00		
Total Allowed Amount	\$0.00 Tota	l Co-pa	y Amount \$0		-	mount \$0.00			
							E	xpand All	Collapse
djudication Errors									
iagnosis Codes									
ervice Details									
C Revenue Code	HCPCS/Proc Code	Mod	From Date	To Date	Units/Type	Charge Amount	Allowed	Co-pay Amount	Paid Amour
0121-R&B-2 Bed-Med-			06/01/2018	06/01/2018	1.000 Days	\$1,050.00	\$0.00	\$0.00	\$0.
Surg-Gyn									
		claim							
		claim							
lo Other Insurance Details exist f	for this claim	claim							
lo Other Insurance Details exist for this o	for this claim claim	claim							
Io External Cause of Injury Diagn Io Other Insurance Details exist f Io Condition Codes exist for this o Io Occurrence Codes exist for this Io Value Codes exist for this clain	for this claim claim 5 claim	claim							
to Other Insurance Details exist f to Condition Codes exist for this c to Occurrence Codes exist for this	ior this claim claim s claim n	claim							
Io Other Insurance Details exist f Io Condition Codes exist for this o Io Occurrence Codes exist for this Io Value Codes exist for this claim	for this claim claim s claim n his claim	claim							
to Other Insurance Details exist f to Condition Codes exist for this o to Occurrence Codes exist for this to Value Codes exist for this clain to Surgical Procedures exist for th	for this claim claim s claim n his claim	claim							

3.3 Adjust a Claim

Once a claim has been processed and paid, an adjustment can be submitted to correct data entry or billing errors. To begin the claim adjustment process select the "Adjust" button on the Submit Receipt page, or View claims page.

Submit Receipt page

Submit Professional Claim: Confirmation	?
Professional Claim Receipt	
Your Professional Claim was successfully submitted. The claim status is Finalized Payment. The Claim ID is 2318178000001 .	
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	

View page

Print Preview

/iew Institutional Claim - ID 201	8105000012						Bac	k to Search R	tesults
	Claim Typ	e Outp	patient						
ovider Information									
Billing Provider ID	1520		D Type NPI						
Billing Provider Service Location				S NEVADA 89	110				
Institutional Provider ID			D Type _	S, NEVADA, 05.					
Attending Provider ID			D Type NPI						
Operating Provider ID	_	I	D Туре _						
Operating Provider Service	_								
Location Other Operating Provider ID		т	D Туре _						
Referring Provider ID			DType NPI						
			b type this						
tient Information									
Recipient ID									
	: YDYE J MDKKDZSC : 01/29/1940				Gend	er Male			
	01/25/1540								
aim Information									
Claim Status	Finalized Payment								
	02/07/2018 - 02/08/2018				ssion Date/Ho				
Admission Type				A	dmission Sour		alth Care Fac	ility Point of C	rigin
Admitting Diagnosis Type				_	Discharge Ho				
Admitting Diagnosis		- 16 C	(Deutine		cility Type Co rization Numb		al Outpatient	: Non-Paymer	nt/Zero
Patient Status	 01-Discharged to Home or 5 Discharge) 	eir Care	(Routine	Autho	rization Numb	er _			
Patient Number	TTG-CLAIM			R	elated Claim IC	CN _			
Previous Claim ICN	_								
Note	_								
Total Allowed Amount	\$400.00 Total	Co-pay	Amount \$0.0	10	Total Paid An	nount \$0.00	E	xpand All (Collapse
ljudication Errors									
iagnosis Codes									
tternal Cause of Injury Diagnosi	is Codes								
itient Reason for Visit Diagnosis									
	Coucs								
ondition Codes									
ccurrence Codes									
alue Codes									
ervice Details									
		Mod	From Date	To Date	Units/Type	Charge Amount	Allowed Amount	Co-pay Amount	Paie Amou
	HCPCS/Proc Code					\$400.00	\$400.00	\$0.00	\$0
Revenue Code 0112-R&B-Pvt-Obstetric	HCPCS/Proc Code 40650-Repair lip		02/07/2018	02/07/2018	1.000 Unit	\$400.00	+		
0112-R&B-Pvt-Obstetric			02/07/2018 02/08/2018	02/07/2018 02/08/2018	1.000 Unit 1.000 Unit	\$400.00	\$0.00	\$0.00	\$0
Revenue Code O112-R&B-Pvt-Obstetric O120-R&B-Semi-Pvt-2 Bed-	40650-Repair lip								\$(
Revenue Code 0112-R&B-Pvt-Obstetric 0120-R&B-Semi-Pvt-2 Bed- General	40650-Repair lip for this claim								\$(
Revenue Code O112-R&B-Pvt-Obstetric O120-R&B-Semi-Pvt-2 Bed- General Other Insurance Details exist	40650-Repair lip for this claim this claim								\$(
Kevenue Code O112-R&B-Pvt-Obstetric O120-R&B-Semi-Pvt-2 Bed-General Other Insurance Details exist o Surgical Procedures exist for 1	40650-Repair lip for this claim this claim								\$(

Clicking the "Adjust" button reopens the claim so corrections can be made and the claim resubmitted for processing. Claim adjustment is a three-step process.

The adjudication details will display on Resubmit Claim: Step 1.

Click on the "Continue" button at the bottom of each page to continue on to the next step. Click on the "Cancel" button to cancel the adjustment.

Resubmit In	stitutional Clai	im ID 2018105000012: Step 1	?
* Indicates a	required field.		
		Claim Type Outpatient	
Provider Inf	ormation		
If Surgical Pro	ocedure Code(s)	are to be submitted with the claim, an Operating Provider ID is required.	
	Billing Provi	ider ID 1538 ID Type NPI	
*Bi	lling Provider S	Service 11- MEDICAL CENTER-1303 N MAIN ST,LAS VEGAS,NEVADA,89119	\sim
Ins	titutional Provi		
	Attending Provi		
c	Operating Provi	ider ID Q ID Type V	
Other (Operating Provi	ider ID Q ID Type V	
	Referring Provi		
Patient Info			
Patient Into	rmation		
	*Recipi	ient ID 3545636	
	Last	t Name MDKKDZSC First Name YDYE	
	Birt	th Date 01/29/1940	
Claim Inform	nation		
	Claim	Status Finalized Payment	
	*Covered E	Dates 0 02/07/2018 📰 - * 02/08/2018	
Ac	mission Date/	/Hour	
	*Admission	Type@ 1-Emergency *Admission Source@ 1-Non - Health Care Facility Point of	Origin
Adm	itting Diagnosi	is Type ICD-10-CM V Admitting Diagnosis ()	
	*Patient S	tatus 0 01-Discharged to Home or Self Ca *Facility Type Code 130-Hospital Outpatient: Non-Payme	ent/Ze 🗸
	*Patient N	Authorization Number	
Inc	lude Other Ins	Total Charged Amount \$800.	00
	-		
Adjudicatior	Errors		
Claim / Service #	HIPAA Adj	Description	EOB
Claim	282	COVERED DAYS MISSING	1930
Claim	7499	CLAIM PROCESSED BY CLINICAL CLAIM EDITOR	7499
Service # 2	3959	NO REIMB RULE FOR REV CODE	1178
		Continue	cel

Navigate through each step of the claim and make any necessary updates. Select "Resubmit" button the Resubmit Claim: Step 3 to display the Confirm page.

Resubmit Claim: Step 3

	2018105000012: Step 3						
 Indicates a required field. 							
	Claim Ty	pe Outpatient					
Provider Information							
Billing Provider 1	D 1538	ID Type	NPI				
Patient and Claim Information							
Claim State	Is Finalized Payment						
Recipient I	D 3545636						
Recipie	nt YDYE J MDKKDZSC		Gende	e r Male			
Birth Da	te 01/29/1940		Total Charged Amour				
Covered Date	es 02/07/2018 - 02/08/2018		Admission Date/Hou	r 02/07/2018	- 12:00		
						Expand All	Collapse
Adjudication Errors							
Diagnosis Codes							
External Cause of Injury Diagno							
Patient Reason for Visit Diagno:	sis Codes						
Condition Codes							
Occurrence Codes							
Value Codes							
Service Details							
Select the row number to edit the r	ow. Click the Remove link to re	emove the entire ro	ow.				
Five Revenue Code	НСРС	S/Proc Code	From Date	To Date	Units	Charge Amount	Action
1 0112-R&B-Pvt-Obst	etric 4065	60-Repair lip	02/07/2018	02/07/2018	1.000 Unit	\$400.00	
2 0120-R&B-Semi-Pvt-2 Be	d-General		02/08/2018	02/08/2018	1.000 Unit	\$400.00	
3					0.000		
Attachments							
lick the Remove link to remove t	ne entire row.						
# Transmission Meth	od	File	Contro	al #	Attac	hment Type	Action
# Transmission Meth							
Click to add attachment.							

Click "Confirm" button on the Confirm page to submit the adjustment claim.

Confirmation page

									Print Previe
Confirm Institutional Claim - ID 2	0181050000	12							
elect Print Preview before you Conf een saved on the payer system.	irm if you wan	to assure you view	w the claim a	s you enter	ed it. After	confirmation, F	rint Preview ma	y reflect change	s as the claim ha
		Claim Type	Outpatient						
rovider Information									
Billing Provider ID	15381		ID Type	NPI					
Billing Provider Service Location	11- MEDICA	L CENTER-1303 N I	MAIN ST,LAS	VEGAS,NE	VADA,891	19			
Institutional Provider ID	-		ID Type	-					
Attending Provider ID Operating Provider ID			ID Type ID Type						
Operating Provider Service			то туре	-					
Location									
Other Operating Provider ID	_		ID Type						
Referring Provider ID	1801		ID Type	NPI					
atient Information									
Recipient ID		0700				Cd-			
-	YDYE J MDKk 01/29/1940	.DZSC				Gende	r Male		
aim Information									
Claim Status Covered Dates	Finalized Pay				۵dmis	sion Date/Hou	r 02/07/2018	- 12:00	
Admission Type						mission Source		12.00	
Admitting Diagnosis Type						Discharge Hou			
Admitting Diagnosis	-				Fa	cility Type Cod	e 130-Hospita	l Outpatient: No	n-Payment/Zero
Patient Status						ization Numbe	-		
Patient Number					Re	lated Claim IC	N _		
Previous Claim ICN Note)12							
	-				Tot	al Charged Am	ount \$800.00		
								<u>Expa</u>	nd All Collapse
djudication Errors									
iagnosis Codes									
cternal Cause of Injury Diagnos	is Codes								
tient Reason for Visit Diagnosi	5 Codes								
ondition Codes									
ccurrence Codes									
alue Codes									
ervice Details									
Revenue Code		HCPCS/	Proc Code		Mod	From Date	To Date	Units/Type	Charge Amou
0112-R&B-Pvt-Obstet	ic	40650-	Repair lip			02/07/2018	02/07/2018	1.000 Unit	\$40
0120-R&B-Semi-Pvt-2 Bed-	General					02/08/2018	02/08/2018	1.000 Unit	\$40
Other Insurance Details exist	for this claim								-
o Surgical Procedures exist for t	his claim								
o Attachments exist for this clai	m								
							_		

Resubmit Claim: Confirmation

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

Resubmit Outpatient Claim: Confirmation ?
Outpatient Claim Receipt
Your Outpatient Claim was successfully resubmitted. The claim status is Finalized Payment.
The Claim ID is 5918178000001.
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

3.4 Void a Claim

Once a claim has been processed and paid, a void can be submitted to void the payment. To begin the claim void process select the "Void" button on the View claims page. To access the View claims page, search for the claim that needs to be voided, and select the Claim ID in the search results grid.

Search claims response with Search Results grid.

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 234567890123
Service Information
Rendering Provider ID θ ID Type θ V Claim Type V
Service From 02/01/2018 📰 To 0 02/28/2018 📰 Claim Status 🗸
Search Reset

Se	Search Results									
То	To see service line information, or to view the remittance advice, click on the '+' next to the claims ID. Total Records: 3									
	Claim ID	TCN	Claim Type	Claim Status	Service Date	Recipient ID	Rendering Provider ID	Medicaid Paid Amount	Paid Date	Recipient Responsibility
+	2218178000008		Outpatient	Finalized Payment	02/07/2018	234567890123	1538178801	\$100.00	02/26/2018	
+	221817200008		Outpatient	Finalized Payment	02/05/2018	234567890123	1538178801	\$100.00	02/08/2018	
+	221811000008		Outpatient	Finalized Payment	02/02/2018	234567890123	1538178801	\$0.00	02/28/2018	

View claims page

								Prin	t Previe
iew Institutional Claim - ID 22	18178000008						Bac	k to Search	<u>Results</u>
	Claim T	ype Ou	utpatient						
rovider Information									
Billing Provider 1	D 1538178801		ID Type NPI						
Billing Provider Service Locatio		L CENTE		I ST, CEDAR CI	TY, UTAH, 8472	1-9746			
Institutional Provider			ID Type _						
Attending Provider			ID Type NPI						
Operating Provider 1			ID Type _						
Other Operating Provider 1 Referring Provider 1			ID Type _ ID Type _						
atient Information			ID Type _						
	D 234567890123								
	nt DEF ABC				Gen	ider Female			
	te 06/29/1990								
laim Information									
Claim State	IS Finalized Payment								
Covered Date	es 02/28/2018			Adm	ission Date/H	our 02/28/201	8 - 01:0	0	
Admission Typ	e 2-Urgent				Admission Sou	rce 2-Clinic or	Physician's C	ffice	
Admitting Diagnosis Typ	e_				Discharge H	our _			
Admitting Diagnos	is _			F	acility Type C	ode 131-Hospit		t: Admit throu	ıgh
Patient State	15 01-Discharged to Home or Discharge)	Self Ca	re (Routine	Auth	orization Num	Discharge ber 451810800			
Patient Numb	er 234567890123			F	Related Claim	ICN _			
Previous Claim IC	N _								
No	te _								
						mount \$100.0			
Total Allowed Amou	nt \$100.00 Tota	I Co-ра	y Amount \$0	.00	Total Paid A	mount \$100.0	0		
djudication Errors							<u> </u>	Expand All	<u>Collapse</u>
iagnosis Codes									
atient Reason for Visit Diagno	sis Codes								
ondition Code s									
ccurrence Codes									
alue Codes									
ervice Details									
Revenue Code	HCPCS/Proc Code	Mod	From Date	To Date	Units/Type	Charge Amount	Allowed Amount	Co-pay Amount	Paic Amou
0100-All Inclusive Rate (R&B + Ancillary)	58674-LAPS ABLTJ UTERINE FIBROIDS		02/28/2018	02/28/2018	1.000 Unit	\$100.00	\$100.00	\$0.00	\$C
o External Cause of Injury Dia	gnosis Codes exist for this	claim							
o Other Insurance Details exis	t for this claim								
	r this claim								
o Surgical Procedures exist fo									

A Confirmation message will appear to confirm that the user wants to void the claim.

Serv	rice Details	r					=		
Svc #	Revenue Code	нсро	Confirmation Are you sure you want to void this Outpatient Claim ID	ye nt	Allowed Amount	Co-pay Amount	Paid Amount		
1	0100-All Inclusive Rate (R&B + Ancillary)	58674-LA	2218178000008?	00.00	\$100.00	\$0.00	\$0.00		
No E	No External Cause of Injury Diagnosis C								
No ()ther Insurance Details e	xist for this	claim						
No S	Surgical Procedures exist	for this cla	im						
No #	No Attachments exist for this claim								
	Adjust Co	py V	oid Print Preview RA Copy (PDF)						

After selecting OK, the user will be returned back to the search claims page and a confirmation message will appear indicating that the Claim ID was successfully voided.

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	m range of 45 days.	
Claim Information		
Claim ID 2218178	Confirmation Your Outpatient Claim ID was successfully voided.	
Recipient Information		
Recipient ID	OK	
Service Information		
Rendering Provider ID 0		$\overline{\mathbf{v}}$
Search Reset		

3.5 Copy a Claim

Once a claim has been submitted, the details can be copied to quickly enter a new claim. To copy a claim, select the "Copy" button on the Submit Reciept page, or View claims page.

Submit Receipt page

Submit Professional Claim: Confirmation	?
Professional Claim Receipt	
Your Professional Claim was successfully submitted. The claim status is Finalized Payment.	
The Claim ID is 2318178000001.	
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	

View page

View In									Print	
	stitutional Claim - ID 201	8105000012						<u>Bac</u>	<u>c to Search F</u>	<u>Results</u>
		Claim Typ	e Outp	patient						
rovider	r Information									
	Billing Provider ID	1538	1	D Type NPI						
		11- MEDICAL CENTER-1303			S,NEVADA,89	119				
	Institutional Provider ID			D Туре _						
	Attending Provider ID			D Type NPI						
	Operating Provider ID perating Provider Service		1	D Туре _						
9	Location	-								
Oth	her Operating Provider ID	-	1	D Туре _						
	Referring Provider ID	1801	1	D Type NPI						
ntient J	Information									
	Recipient ID									
		YDYE J MDKKDZSC				Gend	er Male			
	Birth Date	01/29/1940								
aim In	formation									
	Claim Status	Finalized Payment								
	Covered Dates	02/07/2018 - 02/08/2018			Admi	ssion Date/Ho	ur 02/07/2018	- 12:0	D	
	Admission Type				A	dmission Sour	ce 1-Non - Hea	alth Care Fac	ility Point of C	Drigin
	Admitting Diagnosis Type					Discharge Ho				
	Admitting Diagnosis						de 130-Hospita	I Outpatient	: Non-Paymer	nt/Zero
	Patient Status	01-Discharged to Home or 5 Discharge)	Self Care	e (Routine	Autho	rization Numb	er _			
	Patient Number				R	elated Claim I	IN			
	Previous Claim ICN									
	Note	-					nount \$800.00	1		
	Note	-	Co-pay	Amount \$0.0		tal Charged Ar Total Paid Ar			xpand All (Collapse
djudica	Note	-	Co-pay	Amount \$0.0					ixpand All (Collapse
-	Note	-	Co-pay	Amount \$0.0					ixpand All 9	Collapse
agnosi	Note Total Allowed Amount ation Errors iis Codes	- \$400.00 Total (Co-pay	Amount \$0.0					ixpand All (Collapse
agnosi cternal	Note Total Allowed Amount ation Errors iis Codes I Cause of Injury Diagnosi	- \$400.00 Total (s Codes	Co-pay	Amount \$0.0					ixpand All 9	Collapse
agnosi cternal atient f	Note Total Allowed Amount ation Errors is Codes I Cause of Injury Diagnosi Reason for Visit Diagnosi	- \$400.00 Total (s Codes	Co-pay	Amount \$0.0					ixpand All (Collapse
agnosi aternal atient f	Note Total Allowed Amount ation Errors is Codes I Cause of Injury Diagnosi Reason for Visit Diagnosis on Codes	- \$400.00 Total (s Codes	Co-pay	Amount \$0.0					ixpand All 9	Collapse
iagnosi cternal atient f onditio	Note Total Allowed Amount ation Errors iis Codes I Cause of Injury Diagnosi Reason for Visit Diagnosis on Codes ence Codes	- \$400.00 Total (s Codes	Co-pay	Amount \$0.0					ixpand All 4	Collapse
iagnosi cternal atient f onditio ccurre alue Co	Note Total Allowed Amount ation Errors is Codes I Cause of Injury Diagnosi Reason for Visit Diagnosis on Codes ence Codes odes	- \$400.00 Total (s Codes	Co-pay	Amount \$0.0					ixpand All 9	Collapse
iagnosi cternal atient f onditio ccurre alue Co ervice l	Note Total Allowed Amount ation Errors iis Codes I Cause of Injury Diagnosi Reason for Visit Diagnosis on Codes ence Codes	- \$400.00 Total (s Codes	Co-pay	Amount \$0.0			nount \$0.00	<u>E</u>		
iagnosi aternal atient f onditio ccurre alue Co ervice	Note Total Allowed Amount ation Errors is Codes I Cause of Injury Diagnosi Reason for Visit Diagnosis on Codes ence Codes odes	- \$400.00 Total (s Codes	Co-pay Mod	Amount \$0.0					Co-pay Amount	Paic
iagnosi cternal atient f onditio ccurre alue Co ervice	Note Total Allowed Amount ation Errors is Codes I Cause of Injury Diagnosis Reason for Visit Diagnosis on Codes ence Codes odes Details	- \$400.00 Total (s Codes : Codes				Total Paid Ar	nount \$0.00	E Allowed	Со-рау	Collapse Paid Amou \$0
iagnosi kternal atient f onditio ccurre alue Co ervice f ccurre	Note Total Allowed Amount ation Errors is Codes I Cause of Injury Diagnosi Reason for Visit Diagnosis on Codes ence Codes odes Details Revenue Code	s Codes HCPCS/Proc Code		From Date	To Date	Total Paid Ar	nount \$0.00	Allowed	Co-pay Amount	Paic
iagnosi kternal atient f onditio ccurre alue Co ervice t c 2 01	Note Total Allowed Amount ation Errors is Codes I Cause of Injury Diagnosi Reason for Visit Diagnosi on Codes Ince Codes	- \$400.00 Total (\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		From Date 02/07/2018	0 To Date 02/07/2018	Total Paid Ar	nount \$0.00	Allowed Amount \$400.00	Со-рау Атоипt \$0.00	Paic Amou \$(
iagnosi cternal atient f onditio ccurred alue Co ervice f c c c c 01 o Othe	Note Total Allowed Amount ation Errors is Codes I Cause of Injury Diagnoss I Cause of Injury Diagnoss I Cause of Injury Diagnoss I Codes Ince	s Codes codes Codes		From Date 02/07/2018	0 To Date 02/07/2018	Total Paid Ar	nount \$0.00	Allowed Amount \$400.00	Со-рау Атоипt \$0.00	Paic Amou \$(
iagnosi iagnosi atient I atient I alue Co rervice I alue Co ervice I alue I I alue I alue I alue I alue I alue I alue I I alue I alue I I I alue I I I I I I	Note Total Allowed Amount ation Errors is Codes Cause of Injury Diagnoss Cause of Injury Diagnoss Cause of Injury Diagnoss Cause of Visit Diagnoss Cause Codes Cau	- \$400.00 Total (s Codes s Codes c Codes HCPCS/Proc Code 40650-Repair lip		From Date 02/07/2018	0 To Date 02/07/2018	Total Paid Ar	nount \$0.00	Allowed Amount \$400.00	Со-рау Атоипt \$0.00	Paic Amou \$(
iagnosi iagnosi atient f antient f alue Co ervice f alue	Note Total Allowed Amount ation Errors is Codes I Cause of Injury Diagnosis on Codes on Codes Otalis Revenue Code Otalis Italis	- \$400.00 Total (s Codes s Codes c Codes HCPCS/Proc Code 40650-Repair lip		From Date 02/07/2018	0 To Date 02/07/2018	Total Paid Ar	nount \$0.00	Allowed Amount \$400.00	Со-рау Атоипt \$0.00	Paic Amou \$(

Copy Claim Information

- Select the information you would like to copy to a new claim.
- Click "Copy" button to copy the selected information into a new claim. The Submit Claim: Step 1 page appears where you can continue entering the claim information.

Recipient Information	Service Information	Recipient and Service Information	○ Entire Claim
Recipient ID Last Name First Name Birth Date Condition Codes(s)	Inpatient/Outpatient Ind. Admission Source Admitsion Type Admitting Diagnosis Place of Service Diagnosis Code(s) Revenue Code(s) HCPCS/Proc Code(s) Modifier(s) Detail Charge Amount(s) Units Unit Type(s) NDC Code Type(s) NDC Code(s) NDC Quantity(s) NDC Quantity(s)	Copies data listed in previous 2 columns.	Copies data listed in columns 1 and 2 PLUS: All Providers Admission Date/Hour Discharge Hour Patient Status Authorization Number Occurrence Code(s) Value Code(s) Surgical Procedure Code(s) NDC Prescription #(s) NDC Prescription #(s) Other Insurance Details All Dates All Amounts

3.6 Appeal a Claim

Once a claim has been processed and denied, an appeal can be submitted online using Secure Correspondence. Secure Correspondence is for authenticated (logged in) users to submit appeals, questions, comments or request technical assistance related to EVS functions in a secure environment and receive answers through the website. For more information on Secure Correspondence, refer to EVS User Manual Chapter 1.

Providers have the right to appeal a claim that has been denied. If your appeal is rejected (e.g., for incomplete information), there is no extension to the original 30 calendar days. Per Medicaid Services Manual (MSM) Chapter 100, Section 105.2C titled Disputed Payment, appeal requests for subsequent same service claim submissions will not be considered. That is, if a provider resubmits a claim that has already been denied and another denial is received, the provider does not have another 30-day window in which to submit an appeal. Such appeal requests will be rejected.

How to file a claim appeal

To submit a claim appeal, include each component listed below:

A completed form FA-90 (Formal Claim Appeal Request) that contains all of the following:

- Reason for the appeal.
- Provider name and NPI/API.
- The claim's ICN (claim number).
- Name and phone number of the person Nevada Medicaid can contact regarding the appeal.
- Documentation to support the issue, when applicable, e.g., physician's notes, emergency room reports.

1. From the My Home page, click Secure Correspondence.



2. From the Secure Correspondence Message Box screen, click Create New Message.



From the Create Message screen, enter in information. All fields with a red asterisk (*) are required.

My Home Eligibility Claims Care	Management File Exchange	Resources		
My Home > Secure Correspondence > Crea	te Message			
Secure Correspondence - Create Mess	200		Back to N	lessage Box ?
				ressage bux
Enter your correspondence information be			-	
Technical Support will accept Provider Web questions call (800) 695-5526. For non-ph www.medicaid.nv.gov or call 1-877-638-34	armacy prior authorization questions,			or authorization
* Indicates a required field.				
(3)*Subject				
	Claims - Appeals - Only	~		
5 *Emaile	abc@providers.com			
(6) *Confirm Email (9				
() *ICN (8) *Service Provider ID				
(8) *Service Provider ID Service Provider Location		(9) *ID Type 🛛 🗸		
(10)*Denial Reason 9	_			
(11) *RA Date@				
(12)*Message				
		/i		
Attachments				-
Click the Remove link to remove the ent # Transmission Method	tire row. File	Control #	Attachment Type	Action
	rie	Control #	Attachment Type	Action
Click to collapse.				
*Transmission Method E				
14 *Upload File 4 *Attachment Type	Choose File No file chosen			
Description	•			
(15) Add Cancel				
(16	Send Cancel			

- 3. Enter in a Subject for the appeal.
- 4. Select Claims Appeals from the **Message Category** drop-down box.
- 5. Enter an email address.
- 6. Confirm email address by re-entering the email address from above.
- 7. Enter the ICN number in the ICN field.
- 8. Enter the Service Provider ID in the Service Provider ID field. If there is more than one service location, select the correct service location from the Service Provider Location drop-down box.
- 9. Select Service Provider ID Type from the ID Type drop-down box.
- 10. Enter the denial reason in the Denial Reason field.
- 11. Enter the RA Issue Date in the RA Date field.

- 12. Enter comments limited to 1,000 characters.
- 13. Upload the supporting documentation for the appeal using the Upload File field. Note: multiple attachments can be submitted.
- 14. Select FA-90-Claim Appeal Request Form as the Attachment Type. Note: Select this for each attachment, if multiple attachments are being submitted.
- 15. Click Add button to add the attachments to the appeal.
- 16. Click Send.

The Confirmation screen box displays stating the secure message was successfully sent.

17. Click OK.

Confirmation	×
Your secure message was successfully sent.	
(17) ок	

An email will be sent to the email address entered on the Secure Correspondence Message when a response is ready to your inquiry.

Please note: Claim appeals must be submitted electronically to Nevada Medicaid via the EVS secure Provider Web Portal no later than 30 calendar days from the date on the remittance advice (RA). If the RA date entered is greater than 30 calendar days from the date on the remittance advice, the following error message will display.

Claim Appeals must be submitted within 30 days of the remittance advice listing the claim as denied. If you continue with this Claim Appeal, you will receive a formal notice of rejection.	*RA Date 🖯	02/14/2024

How to download a claim appeal letter

The Report Download page allows users to download Provider Letters. The Report Download page can be accessed under Resources.

	Heal	th an	epartmo d Huma Care Financi	in Se		rtal	_		<u>Contact Us</u> <u>Loqout</u>
My Home Eli	gibility	Claims	Care Manag	ement	File Exchange	Resources			
Search Providers	Search Fe	ee Schedul	e Downloads	Report	Download				
Resources	5								
Search Provid	ers								
Search Fee Search F	chedule								
 Downloads Report Downl 	oad								

Select Claims Appeal Letters as the Report Category. To search for appeal letters, enter either of the following:

- From Date, To Date and Recipient ID.
- Contact Tracking Number (CTN) The CTN can be found in the Secure Correspondence Message Box.

Resources > Report Download	Tuesday 02/26/2019 04:02 PI
Report Download	
* Indicates a required field.	
Enter your search criteria and click the Search button.	
Provider ID 119	ID Type NPI
*Report Category Claims Appeal Letters	
From Date 9	To Date e
Recipient ID	
Contact Tracking Number	
Search Reset	
L	

3.7 Verifying claim status

The **Search Claims** tab provides the ability to search and view a list of claims for recipients which the provider billed. The list can be filtered to search by various methods such as by claim or by recipient.

By clicking on the **Claims** tab, you will see two links that allow you to either search claims or to search your payment history.

		a 1.1			
My Home	Eligibility	Claims	Care Management	File Exchange	Resources
Search Claims	Submit Cla	im Dental	Submit Claim Inst S	ubmit Claim Prof S	earch Payment History Treatment History
Claims					Wednesday 06/27/2018 10:38 AM PST
Clair	ns				
Search	Claims				
Submit	Claim Dental				
Submit	<u>Claim Inst</u>				
Submit	Claim Prof				
Search	Payment Histo	ry			
• Treatme	ent History				

3.7.1 Availability

The status of a direct data entry claim submitted using the PWP is usually available on the same day of submission.

3.7.2 Accessing the claim status request

To view claims status, select **Search Claims** from the **Claims** submenu, or click on the **Claims** tab to be directed to the claims landing page.

Claims submenu

	Health an	epartment o d Human Se h Care Financing and P	rvices	rtal	<u>Contact Us</u> <u>Logout</u>
My Home Elig	gibility Claims	Care Management	File Exchange	Resources	
Search Claims :	Submit Claim Dental	Submit Claim Inst S	ubmit Claim Prof S	Search Payment History Treatment History	
My Home					Wednesday 06/27/2018 10:41 AM PST
Provider		🛞 Broad	dcast Messages		Contact Us

Claims landing page

My Home Eligibility Claims Care	e Management 🛛 File Exchange	Resources
earch Claims Submit Claim Dental Subm	nit Claim Inst Submit Claim Prof S	Search Payment History Treatment History
Claims		Wednesday 06/27/2018 10:38 AM PST
Claims		
Search Claims		
Submit Claim Dental		
Submit Claim Inst		
Submit Claim Prof		
Search Payment History		
<u>Treatment History</u>		

3.7.3 Verifying claim status

To verify claim status, the user has the option to search by the following:

- Claim Information
- Recipient Information
- Service Information

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 0 ID Type 0 V Claim Type V
Service From 0 To 0 Claim Status V
Search Reset

Claim Status field requirements

Field	Format
Claim Information	
Claim ID	Optional field. Must enter in 16-digit Internal Claim Number (ICN). If ICN is not used, must enter recipient ID and service dates. If incorrect ICN is entered, will receive message: "There are no claims to show based on the search criteria selected."
Recipient Information	
Recipient ID	Optional field. Required field if no ICN is entered. Must enter 11-digit recipient ID. If the incorrect ID is entered or no claims found, will receive message: "There are no claims to show based on the search criteria selected."
Service Information	
Rendering Provider ID	Optional field. Must enter provider 10-digit National Provider Identifier (NPI) or Atypical Provider Identifier (API). Claims are only shown when paid to the logged in provider, but the rendering provider on the claim can be different and used as search criteria. Provider ID Type is required if Rendering Provider ID is entered. You have the ability to search for providers by clicking on the magnifying glass icon. If the incorrect ID is entered or no claims found, will receive message: "There are no claims to show based on the search criteria selected."
ІД Туре	Must select the Provider ID Type in this field if searching by rendering provider.
Claim Type	Optional field. Drop-down menu defaults to "ALL." If no claims found, will receive message: "There are no claims to show based on the search criteria selected."
Service From	Optional field. Required field if no Claim ID entered. Service date searches cannot span more than 45 days or include future dates. If claim status is for one date of service, the From date must be the same as the To date. Must be entered in MMDDCCYY format. If no claims are found, will receive message: "There are no claims to show based on the search criteria selected."
Service To	Optional field. Required field if no Claim ID entered. Service date searches cannot span more than 45 days or include future dates. If claim status is for one date of service, the From date must be the same as the To date. Must be entered in MMDDCCYY format. If no claims are found, will receive message: "There are no claims to show based on the search criteria selected."
Claim Status	Optional field. Drop-down menu defaults to "ALL." If no claims found, will receive message: "There are no claims to show based on the search criteria selected."

A minimum of one field (claim ID or ICN) is required for searches. If the ICN is unknown, you can request a claim search by recipient ID and service date range. If the servicing/rendering provider is different than the billing provider, you should include the rendering Provider ID and Provider ID Type.

To search claims:

- 1. Enter information in the appropriate fields.
- 2. Click "Search" button.

A successful response to the claim status inquiry when searching by recipient ID and Service From and To date is shown below.

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 234567890123
Service Information
Rendering Provider ID 0 ID Type V Claim Type V
Service From θ 02/01/2018 Π To θ 02/28/2018 Π Claim Status ✓
Search Reset
Search Results

36	Search Results										
То	To see service line information, or to view the remittance advice, click on the '+' next to the claims ID.										
	Total Records: 3										
	Claim ID	TCN	Claim Type	Claim Status	Service Date	Recipient ID	Rendering Provider ID	Medicaid Paid Amount	Paid Date	Recipient Responsibility	
+	<u>2218178000008</u>		Outpatient	Finalized Payment	02/07/2018	234567890123			02/26/2018		
+	<u>2218172000008</u>		Outpatient	Finalized Payment	02/05/2018	234567890123			02/08/2018		
+	<u>221811000008</u>		Outpatient	Finalized Payment	02/02/2018	234567890123			02/28/2018		

- <u>Claim ID</u> ICN is listed
- o TCN Transaction Control Number. Currently not used field is blank
- Claim Type Currently not use field is blank
- Claim Status Status of claim (paid, denied, or pending)
- Service Date Date of service
- Recipient ID Recipient identification
- Rendering Provider ID The NPI or other identifier of the provider who rendered the service
- Medicaid Paid Amount The payment received
- Paid Date The date of the payment
- Recipient Responsibility Currently not used field is blank
- 3. To view more information about the claim, click on the expand all "🛨" symbol located to the left of the **Claim ID** column to view the claim information page.

Se	arch Res	ults												
То	see servio	ce line info	rmation	, or to v	iew the remitta	nce advice, click on the	e '+' next to the	e claims ID.					Total	Records: 3
	Clair	n ID	тс	N	Claim Type	e Claim Status	Service Date	Recipient ID	Rend Provid		Medicaid Paid Amount	Paid Date		ecipient ponsibility
+	2218178	3000008			Outpatient	Finalized Payment	02/07/2018				\$100.00	02/26/2018		
-	2218172	2000008			Outpatient	Finalized Payment	02/05/2018			Ī	\$100.00	02/08/2018		
			R Bir dering I Clain	ecipien rth Date Provide	t DEF ABC e 06/29/1990 r VALLEY VIEV s Finalized Pay	W MEDICAL CENTER			Date 02	100.00 2/08/20:	18 Payment-The	claim/line ha	been	paid.
	Service I Service	informatio Service		Lin	e Status	R	eason Code		Units	Reve	Proce nue Modi		arge	Paid
	1	02/05/2	2018	Finalize	d Payment	Finalized/Payment-The claim/line has been paid.			1	100	586	574 \$1	00.00	\$100.00
													RA Cop	oy (PDF)
+	2218110	800000			Outpatient	Finalized Payment	02/02/2018	234567890123	15381	78801	\$0.00	02/28/2018		

The claim information displays the services billed in more detail. <u>Service</u> – Service line <u>Service Date</u> – Date of service <u>Line Status</u> – Claim line status <u>Reason Code</u> – Codes for claim status <u>Units</u> – Units billed <u>Revenue</u> – Revenue code if applicable <u>Procedure/Modifiers</u> – Services billed with modifiers if applicable <u>Charge</u> – Charges billed <u>Paid</u> – Payment received

For claims that are finalized, the user will have the ability to click **RA Copy (PDF)** where a new window will open to gain access to a copy of the remittance advice. The user can then print or save the RA to his/her computer.

To view the claim click on the Claim ID in the search results grid.

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 234567890123
Service Information
Rendering Provider ID θ ID Type θ V Claim Type V
Service From θ 02/01/2018 To θ 02/28/2018 Claim Status ✓
Search Reset

Se	Search Results									
То	see service line inf	ormation, or to	view the remittance	advice, click on the	'+' next to the	e claims ID.				Total Records: 3
	Claim ID	TCN	Claim Type	Claim Status	Service Date	Recipient ID	Rendering Provider ID	Medicaid Paid Amount	Paid Date	Recipient Responsibility
+	<u>2218178000008</u>		Outpatient	Finalized Payment	02/07/2018			\$100.00	02/26/2018	
+	2218172000008		Outpatient	Finalized Payment	02/05/2018	_		\$100.00	02/08/2018	
+	221811000008		Outpatient	Finalized Payment	02/02/2018			\$0.00	02/28/2018	

The View claims page will display.

								Prin	t Previe
View Institutional Claim - ID	2218178000008						Bac	k to Search I	<u>Results</u>
	c	Claim Type Ou	utpatient						
Provider Information									
Billing Provide	r ID		ID Type NPI						
Billing Provider Service Loca									
Institutional Provide	r ID		ID Type _						
Attending Provide	r ID		ID Type NPI						
Operating Provide	rID_		ID Type _						
Other Operating Provide	r ID _		ID Туре _						
Referring Provide	rID_		ID Type _						
Patient Information									
Recipier	t ID								
Recip	ient				Gend	er Female			
Birth	Date								
laim Information									
Claim St	atus Finalized Payment								
	ites 02/28/2018			Adm	ission Date/Ho	ur 02/28/201	8 - 01:0	0	
Admission	ype 2-Urgent				Admission Sour	ce 2-Clinic or	Physician's C	ffice	
Admitting Diagnosis	ype _				Discharge Ho	ur _			
Admitting Diagn	osis _			F	acility Type Co	de 131-Hospit Discharge		t: Admit throu	gh
Patient St	atus 01-Discharged to H Discharge)	lome or Self Ca	re (Routine	Auth	orization Numb	-			
Patient Nur	iber			F	Related Claim IO	CN .			
Previous Claim	ICN								
1	lote								
					otal Charged An				
Total Allowed Am	ount \$100.00	Total Co-pa	y Amount \$0	.00	Total Paid An	nount \$100.0	0		
							ļ	Expand All	<u>Collapse</u>
Adjudication Errors									
Diagnosis Codes									
Patient Reason for Visit Diag	iosis Codes								
Condition Codes									
Occurrence Codes									
/alue Codes									
Service Details									
vc # Revenue Code	HCPCS/Proc Cod	le Mod	From Date	To Date	Units/Type	Charge Amount	Allowed Amount	Co-pay Amount	Paio Amou
1 0100-All Inclusive Rate (R&B + Ancillary)	58674-LAPS ABLTJ UTI FIBROIDS	ERINE	02/28/2018	02/28/2018	1.000 Unit	\$100.00	\$100.00	\$0.00	\$0
No External Cause of Injury [iagnosis Codes exist fo	or this claim							
No Other Insurance Details e									
No Surgical Procedures exist									
in bargicar roccuares exist									
	daim								
No Attachments exist for this	claim								
No Attachments exist for this Adjust Co		int Preview	RA Copy (Pl)E)					

Drint Dro

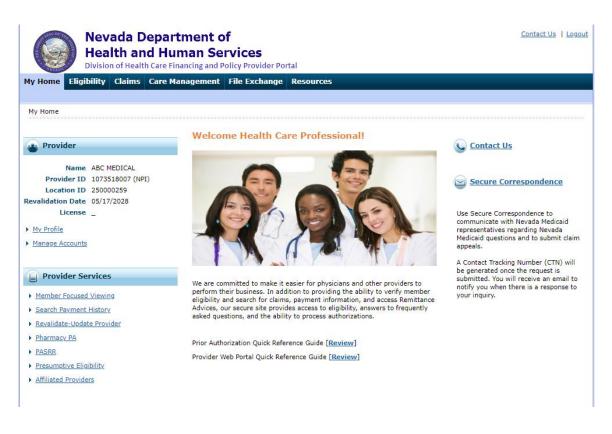
1. To clear the screen and access claim status on another claim, click the **Reset** button found on the search claims section of the page.

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 θ ID Type θ V Claim Type V
Service From θ To θ Claim Status \checkmark
Search Reset

3.7.4 Verifying claim status through member focused viewing

The **Member Focused Viewing** link allows you to view a summary of all members' information on one page, based on the last 10 members previously viewed in EVS. When you search for other members in EVS, the **Member Focused Viewing** page remains available, so you do not have to repeat searches.

To check on claim status in Member Focus Viewing, click **Member Focused Viewing** from the **My Home page**.



The **Member Focus Search page** appears. This page displays two tabs. If the user has previously viewed members, the **Last Member Viewed** tab displays up to the last 10 searches. If no members have been previously viewed, then only the **Search** tab displays. Selection of an individual member from either tab displays the Member In Focus bar at the top of the page and summary information below, including their recent activity.

Members Viewed	Search									
The most recent recipients you viewed are listed below. Click on the recipient name below to access the Member Focus View.										
Recipient ID	Recipient	Gender	Birth Date	City	Zip Code					
23456789012	DEF ABC	Female	06/29/1990	EL PASO	79835-0000					
35456362520	YDYE J MDKKDZSC	Male	01/29/1940	ELKO	89801-0000					

Click the name that is listed on the **Member Focus Search** page. The **Member Details** page appears. The member details displays showing:

- Member Details
- Coverage Details
- Claims information
- Authorization information

Note: At the top of the page, the member will remain in focus even if the user navigates away from the **Member Details** page. Click "Close Member Focus" link to close the member in focus.

	🗻 Member Detai	s	Coverage	Details		
Conter Details	Recipient ID Name Birth Date City	35456362520 YDYE J MDKKDZSC 01/29/1940 ELKO NEVADA Male English	Con Medicaid Fee For • <u>View eligibility</u>	verage		End Date 06/30/2018
 Secure Correspondence Review previously sent messages or send new secure messages. 	Submit an Institut					
	Claim ID	Serv	ice Date	Claim Type	Claim St	atus
	2318082000001	03/15/201	3 - 03/15/2018	Outpatient	Pending In Process	
	2018082000033	03/15/201	8 - 03/15/2018	Outpatient	Pending In Process	
	2018082000052	03/15/201	3 - 03/15/2018	Outpatient	Pending In Process	
	2318082000003	03/15/201	3 - 03/15/2018	Outpatient	Pending In Process	
	2018082000097	03/15/201	3 - 03/15/2018	Outpatient	Pending In Process	
	<u>View more claims</u>	for this member				
	Your Member Submit an Authorizat					
	Submit an Authorization			ns for this membe		

Any recent claims billed for the Member in Focus will display under the heading **Your Member Claims**.

Member in Focus: YDYE J MDKKDZSC Chang	<u>e</u> ID: 35456362520				<u>Close</u>	Member Focus
	沓 Member Details		S Coverage	Details		
	Recipient ID 35456362520 Name YDYE J MDKKDZSC Birth Date 01/29/1940 City ELKO State NEVADA Gender Male Primary Language English		Coverage <u>Medicaid Fee For Service</u> <u>View eligibility verification information</u>		Effective Date End Date 06/28/2018 06/30/2018 tion Image: Control of Contro of Contro of Control of Control of Contro of Control of Control	
Other Details	Your Member Claim	15				
Secure Correspondence Review previously sent messages or	Submit a Professional C Submit an Institutional		► <u>5</u>	Submit a Dental Clai	<u>m</u>	
send new secure messages.	Claim ID	Servi	ce Date	Claim Type	Claim St	atus
	2318082000001	03/15/2018	- 03/15/2018	Outpatient	Pending In Process	
	2018082000033	03/15/2018	- 03/15/2018	Outpatient	Pending In Process	
	2018082000052	03/15/2018	- 03/15/2018	Outpatient	Pending In Process	
	2318082000003	03/15/2018	- 03/15/2018	Outpatient	Pending In Process	
	2018082000097	03/15/2018	- 03/15/2018	Outpatient	Pending In Process	
	View more claims for the second se	is member				

To search for more claims, click on the **View More Claims for This Member** link. This will take the user to the **Search Claims** page. The Recipient ID field will be pre-populated with the recipient ID. The Service From and To fields will also be pre-populated with a 30 days search range using the date of the search as the To date.

If there are any claims that match the search criteira they will be listed under the **Search Results**. The message "There are no claims to show based on the search criteria selected." will display if, there are no claims that match the search criteria.

Member in Focus: YDYE J MDKKDZSC Change ID: 35456362520 Return to Member Focus Close Member Focus X
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 35456362520
Service Information
Rendering Provider ID 0 ID Type 0 V Claim Type V
Service From () 05/28/2018 () 06/28/2018 () Claim Status V
Search Reset
There are no claims to show based on the search criteria selected.

- 1. To check claim status on another claim for the same member, fill in the **From** and **To** dates and click **Search**.
- 2. To check claim status for another member, click **Reset** and fill in the member's information, then click **Search**. Even if another member's information is displayed, the previous member will still remain in focus.
- 3. To go back to the previous members detail page, click Return to Member Focus.
- 4. To change the member in focus, click **Change** next to the name in the Member in Focus. This will take you back to the **Member in Focus** page. You can then select from the other members on the list.
- To remove the member in focus while checking claim satus on another member, click Close Member Focus or click on the "¹" icon. The Claim Status page will now be in view and the user will no longer be in Member Focus Viewing.

Member in Focus: YDYE J MDKKDZSC Change ID: 35456362520	Return to Member Focus Close Member Focus
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 Θ ID Type Θ \checkmark Claim Type	~
Service From e To e Claim Status	~
Search Reset	