

## Chapter 3. Claims

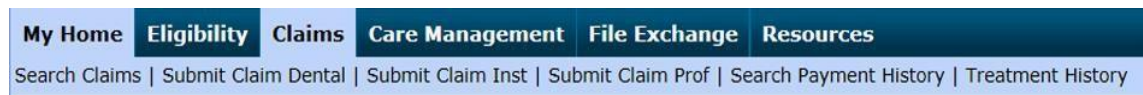
The Nevada Medicaid and Nevada Check Up Provider Web Portal (formerly EVS) allows providers, or their delegates, to create/submit, adjust and copy claims online. Providers, or their delegates can also use the Provider Web Portal (PWP) to verify claim status.

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 the **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		?
* 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		ID Type
Rendering Provider Service Location	-	
Referring Provider ID		ID Type
Service Facility Location ID		ID Type
Patient Information		
*Recipient ID		
Last Name	-	First Name
Birth Date	-	
Claim Information		
Accident Related		Accident Date
*Place of Treatment	11-Physician's Office	
*Patient Number		
Authorization Number		
Include Other Insurance	<input type="checkbox"/>	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	
* Indicates a required field.	
<b>Provider Information</b>	
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
*Rendering Provider Service Location	22-DENTAL CENTER-321 N MALL DR STE P101, LAS VEGAS, NEVADA, 89030
Referring Provider ID	1169
ID Type	NPI
Service Facility Location ID	1205
ID Type	NPI

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 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	00000000001
Last Name	CLMGLZ
First Name	ISAAC
Birth Date	01/01/1999

## Claim Information

Claim Information	
Accident Related	Auto Accident
Accident Date	03/28/2018
Please Select at least one option from the Accident State or Accident Country dropdowns below.	
Accident State	NEVADA
Accident Country	UNITED STATES
*Place of Treatment	11-Physician's Office
*Patient Number	1234
Authorization Number	20181234567
Include Other Insurance	<input checked="" type="checkbox"/>
Total Charged Amount	\$0.00
<a href="#">Continue</a> <a href="#">Cancel</a>	

The following fields can be completed as follows:

- Accident Related – If the claim is related to accident, select the accident type from the drop-down 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 the minus icons on each panel to close only that panel.

Submit Dental Claim: Step 2

\* Indicates a required field.

Provider Information

Billing Provider ID 1215
ID Type NPI

Patient and Claim Information

Recipient ID 0000000001
Recipient ISAAC E CLMGLZ
Birth Date 01/01/1999

Gender Male
Total Charged Amount \$0.00

Expand All
Collapse All

Diagnosis Codes

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

#	Diagnosis Type	Diagnosis Code	Action
1	*Diagnosis Type ICD-10-CM	*Diagnosis Code	

Add
Reset

Other Insurance Details

Enter the carrier and policy holder information below.  
Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjusted payment details, such as reason codes, in the Claim Adjustment Details section.  
Click the **Remove** link to remove the entire row.

Refresh Other Insurance

#	Carrier Name	Carrier ID	Policy ID	Payer Paid Amount	Paid Date	Action
Click to add a new other insurance.						

Back to Step 1
Continue
Cancel

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

Submit Dental Claim: Step 2

\* Indicates a required field.

Provider Information

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

Expand All

Collapse All

Diagnosis Codes

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

#	Diagnosis Type	Diagnosis Code	Action
1			

\*Diagnosis Type

ICD-10-CM

\*Diagnosis Code

Add

Reset

Other Insurance 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 Dental Claim: Step 2

\* Indicates a required field.

Provider Information

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

Expand All

Collapse All

Diagnosis Codes

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

#	Diagnosis Type	Diagnosis Code	Action
1	ICD-10-CM	K0381-Cracked tooth	Remove
2			

\*Diagnosis Type

ICD-10-CM

\*Diagnosis Code

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.

### Other Insurance Details

Enter the carrier and policy holder information below.

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

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

[Refresh Other Insurance](#)

#	Carrier Name	Carrier ID	Policy ID	Payer Paid Amount	Paid Date	Action
1	VISION SERVICE PLAN	07643	195065490		—	<a href="#">Remove</a>
2	RX WEST	07285	70343675B00		—	<a href="#">Remove</a>
3	ANTHEM BLUE CROSS BLUE SHIELD CA	08242	VZZ96769242H		—	<a href="#">Remove</a>
4	DELTA HEALTH SYSTEMS	02324	50998842		—	<a href="#">Remove</a>

Carrier Name

DELTA HEALTH SYSTEMS

Carrier ID

02324

Policy Holder Last Name

MZDAIF

First Name

ILHWL

MI

H

Policy ID

50998842

Insurance Type

—

Responsibility

U-Unknown

Patient Relationship to Insured

19-Child

Payer Paid Amount

\*Paid Date

Remaining Patient Liability

\*Claim Filing Indicator

### Claim Adjustment Details

[Save Insurance](#)
[Cancel Insurance](#)

Click to add a new other insurance.

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

- Select the sequence number to add payment information.
- Click the **Save Insurance** button to save the information to the other insurance details line.
- Click the **Cancel Insurance** button to cancel any updates to the other insurance details
- Click the **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 drop-down list
- Payer Paid Amount – Enter the amount paid by the other insurance
- Paid Date – Enter the date the other insurance paid
- Remaining Patient Liability – Enter the remaining patient liability
- Claim Filing Indicator – Select the claim filing indicator from the drop-down list.

Other Insurance Details

Enter the carrier and policy holder information below.  
Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjusted payment details, such as reason codes, in the Claim Adjustment Details section.  
Click the **Remove** link to remove the entire row.

Refresh Other Insurance

#	Carrier Name	Carrier ID	Policy ID	Payer Paid Amount	Paid Date	Action
<input type="checkbox"/> Click to collapse.						
	*Carrier Name	*Carrier ID	*Policy Holder Last Name	*First Name	MI	
	*Policy ID	Insurance Type	*Responsibility	*Patient Relationship to Insured	*Paid Date	
	Payer Paid Amount	Remaining Patient Liability	*Claim Filing Indicator			
<div> Add Insurance Cancel Insurance </div>						
<div> Back to Step 1 Continue Cancel </div>						

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

Click the **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 the **Save Insurance** button to save the information to the other insurance details line
- Click the **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	000000011	\$15.00	01/01/2019	<a href="#">Remove</a>

Carrier Name

Blue Shield

Carrier ID

12345

\*Policy Holder Last Name

KJUYD

\*First Name

PXMYE

MI

☐

\*Policy ID

000000011

Insurance Type

\*Responsibility

P-Primary

\*Patient Relationship to Insured

18-Self

Payer Paid Amount

15.00

\*Paid Date

01/01/2019

Remaining Patient Liability

100.00

\*Claim Filing Indicator

BL-Blue Cross/Blue Shield

Claim Adjustment Details

Save Insurance

Cancel Insurance

Click to add a new other insurance.

Back to Step 1

Continue

Cancel

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

**Submit Dental Claim: Step 3** ⓘ

\* Indicates a required field.

**Provider Information**

Billing Provider ID 1124098421 ID Type NPI

**Patient and Claim Information**

Recipient ID 53239301555 Gender Male  
Recipient ILHWL H MZDAIF  
Birth Date 12/16/2002 Total Charged Amount \$0.00

Expand All Collapse All

**Diagnosis Codes** +

**Other Insurance Details** -

#	Carrier Name	Carrier ID	Policy ID	Payer Paid Amount	Paid Date
1	DELTA HEALTH SYSTEMS	02324	50998842		11/01/2019

**Service Details** -

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

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

1 \*Svc Date  Oral Cavity Area  Tooth Number

Tooth Surface

\*Procedure Code  Modifiers

\*Units  \*Charge Amount  \*Diagnosis Pointers

Rendering Provider ID  ID Type

Rendering Provider Service Location

Add Reset

**Attachments** -

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

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

Back to Step 1 Back to Step 2 Submit 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

- 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

Service Details							
Select the row number to edit the row. Click the <b>Remove</b> link to remove the entire row.							
Svc #	Svc Date	Oral Cavity Area	Tooth Number	Procedure Code	Units	Charge Amount	Action
1							

1

\*Svc Date

Oral Cavity Area

Tooth Number

Tooth Surface

\*Procedure Code

Modifiers

\*Units

\*Charge Amount

\*Diagnosis Pointers

Rendering Provider ID

ID Type

Rendering Provider Service Location

Add

Reset

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.

Service Details							
Select the row number to edit the row. Click the <b>Remove</b> link to remove the entire row.							
Svc #	Svc Date	Oral Cavity Area	Tooth Number	Procedure Code	Units	Charge Amount	Action
1	04/01/2018		2-2nd Molar-UR-Permanent	D0350	1	\$150.00	<a href="#">Remove</a>

1

\*Svc Date

04/01/2018

Oral Cavity Area

Tooth Number

2-2nd Molar-UR-Permanent

Tooth Surface

\*Procedure Code

D0350-Oral/facial photo ima

Modifiers

\*Units

1

\*Charge Amount

150.00

Diagnosis Pointers

1

Rendering Provider ID

ID Type

Rendering Provider 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 the **Add Insurance** button.

Service Details

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

Svc #	Svc Date	Oral Cavity Area	Tooth Number	Procedure Code	Units	Charge Amount	Action
1	04/01/2018		2-2nd Molar-UR-Permanent	D0350	1	\$150.00	<a href="#">Remove</a>

1

\*Svc Date

04/01/2018

Oral Cavity Area

Tooth Number

2-2nd Molar-UR-Permanent

Tooth Surface

\*Procedure Code

D0350-ORAL/FACIAL PHOTO

Modifiers

\*Units

1

\*Charge Amount

150.00

\*Diagnosis Pointers

1

Rendering Provider ID

ID Type

Rendering Provider Service Location

Other Insurance for Service Detail

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

#	Carrier ID	Procedure Code	Modifiers	Payer Paid Amount	Paid Date	Paid Units	Remaining Patient Liability	Action
1								

Click to collapse.

\*Other Carrier

02324-DELTA HEALTH SYSTEMS

\*Procedure Code

D0350-ORAL/FACIAL PHOTO IMAGES

Modifiers

Payer Paid Amount

50.00

\*Paid Date

08/01/2018

Paid Units

1.00

Remaining Patient Liability

50.00

[Add Insurance](#)

[Cancel Insurance](#)

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

Service Details

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

Svc #	Svc Date	Oral Cavity Area	Tooth Number	Procedure Code	Units	Charge Amount	Action
1	04/01/2018		2-2nd Molar-UR-Permanent	D0350	1	\$150.00	<a href="#">Remove</a>

1

\*Svc Date

04/01/2018

Oral Cavity Area

Tooth Number

2-2nd Molar-UR-Permanent

Tooth Surface

\*Procedure Code

D0350-ORAL/FACIAL PHOTO

Modifiers

\*Units

1

\*Charge Amount

150.00

\*Diagnosis Pointers

1

Rendering Provider ID

ID Type

Rendering Provider Service Location

Other Insurance for Service Detail

Click the row number to edit the row. Click the **Remove** link to remove the entire 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	<a href="#">Remove</a>

\*Other Carrier

02324-DELTA HEALTH SYSTEMS

\*Procedure Code

D0350-ORAL/FACIAL PHOTO IMAGES

Modifiers

Payer Paid Amount

50.00

\*Paid Date

08/01/2018

Paid Units

1.00

Remaining Patient Liability

50.00

Claim Adjustment Details

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

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

#	Claim Adjustment Group Code	Reason Code	Adjustment Amount	Adjusted Units	Action
<div>Click to collapse.</div>					

\*Claim Adjustment Group Code

\*Reason Code

\*Adjustment Amount

Adjusted Units

Add Adjustment

Cancel Adjustment

Save Insurance

Cancel Insurance

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

Other Insurance for Service Detail

Click the row number to edit the row. Click the **Remove** link to remove the entire 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	<a href="#">Remove</a>

\*Other Carrier

02324-DELTA HEALTH SYSTEMS

\*Procedure Code

D0350-ORAL/FACIAL PHOTO IMAGES

Modifiers

Payer Paid Amount

50.00

\*Paid Date

08/01/2018

Paid Units

1.00

Remaining Patient Liability

50.00

Claim Adjustment Details

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

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

#	Claim Adjustment Group Code	Reason Code	Adjustment Amount	Adjusted Units	Action
Click to collapse.					
*Claim Adjustment Group Code	PR-Patient Responsibility	*Reason Code	2-Coinurance Amount	*Adjustment Amount	50.00
		Adjusted Units			
		<a href="#">Add Adjustment</a>	<a href="#">Cancel Adjustment</a>		

[Save Insurance](#)

[Cancel Insurance](#)

Other Insurance for Service Detail

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

#	Carrier ID	Procedure Code	Modifiers	Payer Paid Amount	Paid Date	Paid Units	Remaining Patient Liability	Action
1	04432	D0350-Oral/facial photo images		\$50.00	08/01/2018	1.00	\$50.00	<a href="#">Remove</a>

\*Other Carrier

04432-Nevada Pacific Dental

\*Procedure Code

D0350-Oral/facial photo images

Modifiers

Payer Paid Amount

50.00

\*Paid Date

08/01/2018

Paid Units

1.00

Remaining Patient Liability

50.00

Claim Adjustment Details

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

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

#	Claim Adjustment Group Code	Reason Code	Adjustment Amount	Adjusted Units	Action
Click to collapse.					
*Claim Adjustment Group Code	CO-Contractual Obligations	*Reason Code	45-Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustme	*Adjustment Amount	50.00
		Adjusted Units	1		
		<a href="#">Add Adjustment</a>	<a href="#">Cancel Adjustment</a>		

[Save Insurance](#)

[Cancel Insurance](#)

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

**Other Insurance for Service Detail**

Click the row number to edit the row. Click the **Remove** link to remove the entire 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	<a href="#">Remove</a>

\*Other Carrier: 02324-DELTA HEALTH SYSTEMS

\*Procedure Code: D0350-ORAL/FACIAL PHOTO IMAGES

Modifiers:

Payer Paid Amount: 50.00      \*Paid Date: 08/01/2018      Paid Units: 1.00

Remaining Patient Liability: 50.00

**Claim Adjustment Details**

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

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

#	Claim Adjustment Group Code	Reason Code	Adjustment Amount	Adjusted Units	Action
1	PR-Patient Responsibility	2-Coinsurance Amount	\$50.00		<a href="#">Remove</a>

Click to add a new adjustment.

**Save Insurance**   **Cancel Insurance**

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

**Service Details**

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

Svc #	Svc Date	Oral Cavity Area	Tooth Number	Procedure Code	Units	Charge Amount	Action
1	04/01/2018		2-2nd Molar-UR-Permanent	D0350	1	\$150.00	<a href="#">Remove</a>

1 \*Svc Date: 04/01/2018      Oral Cavity Area:      Tooth Number: 2-2nd Molar-UR-Permanent

Tooth Surface:      Modifiers:      \*Procedure Code: D0350-ORAL/FACIAL PHOTO

\*Units: 1      \*Charge Amount: 150.00      \*Diagnosis Pointers: 1

Rendering Provider ID:      ID Type:      Rendering Provider Service Location: -

**Other Insurance for Service Detail**

Click the row number to edit the row. Click the **Remove** link to remove the entire 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	<a href="#">Remove</a>

Click to add a new other insurance.

**Save**   **Reset**   **Cancel**

## Attachments

To include attachments electronically with a claim:

- Transmission Method – FT - File Transfer is selected by default
- Upload file – click the **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 the **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

Attachments					
Click the <b>Remove</b> 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	<a href="#">Remove</a>
<input type="checkbox"/> Click to collapse.					
<div> <div>*Transmission Method <span>FT-File Transfer</span></div> <div>*Upload File <input type="text"/> <span>Browse...</span></div> <div>*Attachment Type <span></span></div> <div>Description <input type="text"/></div> </div>					
<div> <div>Add</div> <div>Cancel</div> </div>					
<div> <div>Back to Step 1</div> <div>Back to Step 2</div> <div>Submit</div> <div>Cancel</div> </div>					

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.

### Confirm Dental Claim

Select **Print Preview** **before** you Confirm if you want to assure you view the claim as you entered it. After confirmation, Print Preview may reflect changes as the claim has been saved on the payer system.

#### Provider Information

Billing Provider ID	1124098421	ID Type	NPI
Billing Provider Service Location	20-RENOW REGIONAL MEDICAL CENTER-1155 MILL ST,RENO,NEVADA,895021576		
Rendering Provider ID	_	ID Type	_
Rendering Provider Service Location	_		
Referring Provider ID	_	ID Type	_
Service Facility Location ID	_	ID Type	_

#### Patient Information

Recipient ID	53239301555	Gender	Male
Recipient	ILHWL H MZDAIF		
Birth Date	12/16/2002		

#### 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	

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

#### Diagnosis Codes

#### Other Insurance Details

#	Carrier Name	Carrier ID	Policy ID	Payer Paid Amount	Paid Date
1	DELTA HEALTH SYSTEMS	02324	50998842		11/01/2019

#### Service Details

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

Svc #	Svc Date	Oral Cavity Area	Tooth Number	Tooth Surface	Procedure Code	Mod	Units	Charge Amount
1	04/01/2018		2-2nd Molar-UR-Permanent		D0350		1	\$150.00

No Attachments exist for this claim

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

- 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 ?
<b>Dental Claim Receipt</b>
Your Dental Claim was successfully submitted. The claim status is Finalized Payment. The Claim ID is <b>2218172000009</b> .
Click <b>Print Preview</b> to view the claim details as they have been saved on the payer's system. Click <b>Copy</b> to copy member or claim data. Click <b>Adjust</b> to resubmit the claim. Click <b>New</b> to submit a new claim. Click <b>View</b> to view the details of the submitted claim.
<a href="#">Print Preview</a> <a href="#">Copy</a> <a href="#">Adjust</a> <a href="#">New</a> <a href="#">View</a>

- Click the **Print Preview** button to view the claim details
- Click the **Copy** button to copy claim data
- Click the **Adjust** button to resubmit the claim
- Click the **New** button to submit a new claim
- Click the **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 1538 ID Type NPI

\*Billing Provider Service Location

Institutional Provider ID  ID Type

Attending Provider ID  ID Type

Operating Provider ID  ID Type

Other Operating Provider ID  ID Type

Referring Provider ID  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  \*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 indicate the type of institutional claim.

**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 1538 ID Type NPI

\*Billing Provider Service Location

Institutional Provider ID  ID Type

Attending Provider ID  ID Type

Operating Provider ID  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

---

**Provider Information**

If Surgical Procedure Code(s) are to be submitted with the claim, an Operating Provider ID is required.

Billing Provider ID	1538	ID Type	NPI
*Billing Provider Service Location	<input type="text" value="11-MEDICAL CENTER-1303 N MAIN ST,LAS VEGAS,NEVADA,89030"/>		
Institutional Provider ID	<input type="text" value="1265"/>	ID Type	<input type="text" value="NPI"/>
Attending Provider ID	<input type="text" value="1437"/>	ID Type	<input type="text" value="NPI"/>
Operating Provider ID	<input type="text" value="1437"/>	ID Type	<input type="text" value=""/>
*Operating Provider Service Location	<input type="text" value="20-JACKSON, MICHAEL E-1303 N MAIN ST,LAS VEGAS,NEVADA,89030"/>		
Other Operating Provider ID	<input type="text" value="1497"/>	ID Type	<input type="text" value="NPI"/>
Referring Provider ID	<input type="text" value="1962"/>	ID Type	<input type="text" value="NPI"/>

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
  - 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.

<b>Patient Information</b>	
*Recipient ID	<input type="text" value="00000000001"/>
Last Name	CLMGLZ
Birth Date	01/01/1999
First Name	ISAAC

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.

For example:

**\*Admission Source**

- 3-Reserved for assignment by the NUBC. (Discontinued effective 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			
<b>*Covered Dates</b>	03/01/2018 - *03/30/2018	<b>Discharge Hour</b>	07:56 (hh:mm)
<b>*Admission Date/Hour</b>	03/01/2018 19:23 (hh:mm)	<b>*Admission Source</b>	1-Non - Health Care Facility Point of Origin
<b>*Admission Type</b>	2-Urgent	<b>*Admitting Diagnosis</b>	G40011-Local-rel idio epi w seiz of loc onset,
<b>*Admitting Diagnosis Type</b>	ICD-10-CM	<b>*Facility Type Code</b>	111-Hospital Inpatient (Including Medicare)
<b>*Patient Status</b>	01-Discharged to Home or Self Ca	<b>Authorization Number</b>	20182345601
<b>*Patient Number</b>	1234	<b>Total Charged Amount</b> \$0.00	
<b>Include Other Insurance</b>	<input checked="" type="checkbox"/>		
<input type="button" value="Continue"/> <input type="button" value="Cancel"/>			

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

### Claim Information panel for Outpatient and Outpatient Crossover claims

Claim Information			
<b>*Covered Dates</b>	03/01/2018 - *03/30/2018	<b>Discharge Hour</b>	(hh:mm)
<b>Admission Date/Hour</b>	03/01/2018 19:23 (hh:mm)	<b>*Admission Source</b>	1-Non - Health Care Facility Point of Origin
<b>*Admission Type</b>	2-Urgent	<b>Admitting Diagnosis</b>	
<b>Admitting Diagnosis Type</b>	ICD-10-CM	<b>*Facility Type Code</b>	
<b>*Patient Status</b>	01-Discharged to Home or Self Ca	<b>Authorization Number</b>	20182345601
<b>*Patient Number</b>	1234	<b>Total Charged Amount</b> \$0.00	
<b>Include Other Insurance</b>	<input checked="" type="checkbox"/>		
<input type="button" value="Continue"/> <input type="button" value="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.

Medicare Crossover Details	
Allowed Medicare Amount	<input type="text" value="0.00"/>
Deductible Amount	<input type="text" value="0.00"/>
Medicare Payment Amount	<input type="text" value="0.00"/>
Co-insurance Amount	<input type="text" value="0.00"/>
Blood Deductible Amount	<input type="text" value="0.00"/>
Medicare Payment Date	<input type="text"/> 

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 the plus icons on each panel to open only that panel.

Submit Institutional Claim: Step 2

\* Indicates a required field.

Claim Type Inpatient

Provider Information

Billing Provider ID 1407146111
ID Type NPI

Patient and Claim Information

Recipient ID 53239301555
Recipient ILHWL H MZDAIF
Birth Date 12/16/2002
Covered Dates 07/01/2018 - 07/05/2018
Admitting Diagnosis Type ICD-10-CM

Gender Male
Total Charged Amount \$0.00
Admission Date/ Hour 07/01/2018 - 05:23
Admitting Diagnosis V80010A-Animl-ridr injured by fall fr horse in nondsn acc, init

Expand All
Collapse All

Diagnosis Codes

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

#	Diagnosis Type	Diagnosis Code	POA	Action
1	*Diagnosis Type ICD-10-CM	*Diagnosis Code		
	Present on Admission No			

Add
Reset

External Cause of Injury Diagnosis Codes

Condition Codes

Occurrence Codes

Value Codes

Surgical Procedures

Back to Step 1
Continue
Cancel

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

Submit Institutional Claim: Step 2
2

\* Indicates a required field.

Claim Type Inpatient

Provider Information

Billing Provider ID 1538
ID Type NPI

Patient and Claim Information

Recipient ID 0000000001
Recipient ISAAC E CLMGLZ
Birth Date 01/01/1999
Covered Dates 05/01/2018 - 05/10/2018
Admitting Diagnosis Type ICD-10-CM

Gender Male
Total Charged Amount \$0.00
Admission Date/Hour 05/01/2018
Admitting Diagnosis W261XXA-Contact with sword or dagger, initial encounter

Expand All
Collapse All

Diagnosis Codes

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

#	Diagnosis Type	Diagnosis Code	POA	Action
1				
1	*Diagnosis Type ICD-10-CM Present on Admission No	*Diagnosis Code		
Add Reset				

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			
1	*Diagnosis Type ICD-10-CM	*External Cause of Injury Diagnosis Code	
Add Reset			

Other Insurance Details

Enter the carrier and policy holder information below.  
  
Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjusted payment details, such as reason codes, in the Claim Adjustment Details section.  
  
Click the Remove link to remove the entire row.

Refresh Other Insurance

#	Carrier Name	Carrier ID	Policy ID	Payer Paid Amount	Paid Date	Action
Click to add a new other insurance.						

Condition Codes

Click the Remove link to remove the entire row.

#	Condition Code	Action
1		
1	*Condition Code	
Add Reset		

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				
1	*Occurrence Code	*From Date	*To Date	
Add Reset				

Value Codes

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

#	Value Code	Amount	Action
1			
1	*Value Code	*Amount	
Add Reset			

Surgical Procedures

Operating Provider is required to be entered back on Step 1 to allow for entry of surgical procedure codes within this panel.

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

**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
<a href="#">1</a>	ICD-10-CM	R4020-Unspecified coma	Yes	<a href="#">Remove</a>
<a href="#">2</a>				

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

Present on Admission: No

[Add](#)   [Reset](#)

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
<a href="#">1</a>	ICD-10-CM	R4020-Unspecified coma	<a href="#">Remove</a>
<a href="#">2</a>			

2    \*Diagnosis Type: ICD-10-CM    \*External Cause of Injury Diagnosis Code:

[Add](#)   [Reset](#)

## 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
  - 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 number to edit the row. Click the <b>Remove</b> 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	<a href="#">Remove</a>
2			
2	*Diagnosis Type <input type="text" value="ICD-10-CM"/>	*Patient Reason for Visit Diagnosis Code <input type="text"/>	
<input type="button" value="Add"/> <input type="button" value="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.

Other Insurance Details						
Enter the carrier and policy holder information below.						
Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjusted payment details, such as reason codes, in the Claim Adjustment Details section.						
Click the <b>Remove</b> link to remove the entire row.						
						<input type="button" value="Refresh Other Insurance"/>
#	Carrier Name	Carrier ID	Policy ID	Payer Paid Amount	Paid Date	Action
1	HPN HEALTH PLAN OF NEVADA, INC	01091	15006		-	<a href="#">Remove</a>
<div> <div> Carrier Name HPN HEALTH PLAN OF NEVADA, INC  Policy Holder Last Name IRAPSEU  Policy ID 15006  Insurance Type -  Responsibility U-Unknown  Payer Paid Amount <input type="text"/>  Remaining Patient Liability <input type="text"/>  *Claim Filing Indicator <input type="text"/> </div> <div> Carrier ID 01091  First Name GXCTBX  MI -  Patient Relationship to Insured 19-Child  *Paid Date <input type="text"/> </div> </div>						
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 <b>Remove</b> link to remove the entire row.						
#	Claim Adjustment Group Code	Reason Code	Adjustment Amount	Adjusted Units	Action	
<input type="checkbox"/> Click to collapse.						
<div> <div>*Claim Adjustment Group Code <input type="text"/></div> <div>*Reason Code <input type="text"/></div> <div>*Adjustment Amount <input type="text"/></div> <div>Adjusted Units <input type="text"/></div> </div>						
<input type="button" value="Add Adjustment"/> <input type="button" value="Cancel Adjustment"/>						
<input type="button" value="Save Insurance"/> <input type="button" value="Cancel 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 drop-down list
- Payer Paid Amount – Enter the amount paid by the other insurance
- Paid Date – Enter the date the other insurance paid
- Remaining Patient Liability – Enter the remaining patient liability
- Claim Filing Indicator – Select the claim filing indicator from the drop-down list.

Other Insurance Details

Enter the carrier and policy holder information below.  
  
Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjusted payment details, such as reason codes, in the Claim Adjustment Details section.  
  
Click the **Remove** link to remove the entire row.

Refresh Other Insurance

#	Carrier Name	Carrier ID	Policy ID	Payer Paid Amount	Paid Date	Action
<input type="checkbox"/> Click to collapse.						
	*Carrier Name <input type="text"/>	*Carrier ID <input type="text"/>	*Policy Holder Last Name <input type="text"/>	*First Name <input type="text"/>	MI <input type="text"/>	
	*Policy ID <input type="text"/>	*Responsibility <div> </div>	*Patient Relationship to Insured <div> </div>	Payer Paid Amount <input type="text"/>	*Paid Date <input type="text"/>	
	Remaining Patient Liability <input type="text"/>	*Claim Filing Indicator <div> </div>				
<div> Add Insurance Cancel Insurance </div>						

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

**Other Insurance Details**

Enter the carrier and policy holder information below.

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

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

**Refresh Other Insurance**

#	Carrier Name	Carrier ID	Policy ID	Payer Paid Amount	Paid Date	Action
1	Blue Shield	BS001	0000000011	\$150.00	06/01/2018	<a href="#">Remove</a>

**Carrier Name** Blue Shield

**Carrier ID** BS001

**\*Policy Holder Last Name** CLMGLZ

**\*First Name** ISACC MI E

**\*Policy ID** 0000000011

**\*Responsibility** P-Primary

**\*Patient Relationship to Insured** 18-Self

**Payer Paid Amount** 150.00

**\*Paid Date** 06/01/2018

**Remaining Patient Liability** 100.00

**\*Claim Filing Indicator** BL-Blue Cross/Blue Shield

**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.

☐ Click to collapse.

#	Claim Adjustment Group Code	Reason Code	Adjustment Amount	Adjusted Units	Action
<div><b>*Claim Adjustment Group Code</b> <input type="text"/></div> <div><b>*Reason Code</b> <input type="text"/></div> <div><b>*Adjustment Amount</b> <input type="text"/> <b>Adjusted Units</b> <input type="text"/></div> <div><a href="#">Add Adjustment</a> <a href="#">Cancel Adjustment</a></div>					

[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
  - 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 <b>Remove</b> link to remove the entire row.		
#	Condition Code	Action
1	04-Informational - Only Bill	<a href="#">Remove</a>
2		
2 *Condition Code <input type="text"/>		
<a href="#">Add</a> <a href="#">Reset</a>		

## Occurrence Codes

If applicable enter occurrence codes for the claim.

- The PWP allows for up to 24 occurrence codes
- Occurrence codes are searchable
  - 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 <b>Remove</b> 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	<a href="#">Remove</a>
2		-	-	
2 *Occurrence Code <input type="text"/> *From Date <input type="text"/> *To Date <input type="text"/>				
<a href="#">Add</a> <a href="#">Reset</a>				

## 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			
Select the row number to edit the row. Click the <b>Remove</b> link to remove the entire row.			
#	Value Code	Amount	Action
1	80-Covered Days	2.00	<a href="#">Remove</a>
2	81-Non Covered Days	1.00	<a href="#">Remove</a>
3	06-Blood Deductible	35.00	<a href="#">Remove</a>
4			
4 *Value Code <input type="text"/> *Amount <input type="text"/>			
<a href="#">Add</a> <a href="#">Reset</a>			

## 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
  - 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 Procedures				
Select the row number to edit the row. Click the <b>Remove</b> 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
<a href="#">1</a>	ICD-10-PCS	0001-THER HN VESSEL US	05/01/2018	<a href="#">Remove</a>
<a href="#">2</a>			-	

2

\*Surgical Procedure Type

\*Surgical Procedure Code

\*Date

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

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

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

Submit Institutional Claim: Step 3

\* Indicates a required field.

Claim Type Inpatient

Provider Information

Billing Provider ID 1538
ID Type NPI

Patient and Claim Information

Recipient ID 00000000001
Recipient ISAAC E CLMGLZ
Birth Date 01/01/1999
Covered Dates 05/01/2018 - 05/10/2018
Admitting Diagnosis Type ICD-10-CM

Gender Male
Total Charged Amount \$0.00
Admission Date/Hour 05/01/2018 - \_
Admitting Diagnosis W261XXA-Contact with sword or dagger, initial encounter

Expand All
Collapse All

Diagnosis Codes

+

External Cause of Injury Diagnosis Codes

+

Other Insurance Details

-

#	Carrier Name	Carrier ID	Policy ID	Payer Paid Amount	Paid Date
1	Blue Shield	BS001	000000000001	\$100.00	06/01/2018

Condition Codes

+

Occurrence Codes

+

Value Codes

+

Surgical Procedures

+

Service Details

-

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

Svc #	Revenue Code	HCPCS/Proc Code	From Date	To Date	Units	Charge Amount	Action
1					0.000		

1
\*Revenue Code
HCPCS/Proc Code
Modifiers
From Date
To Date
\*Units 0.000
\*Unit Type Unit
\*Charge Amount

Add
Reset

Attachments

-

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

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

Back to Step 1
Back to Step 2
Submit
Cancel

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

Service Details							
Select the row number to edit the row. Click the <b>Remove</b> link to remove the entire row.							
Svc #	Revenue Code	HCPSC/Proc 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	<a href="#">Remove</a>
2					0.000		

2 \*Revenue Code  HCPSC/Proc Code   
Modifiers      
From Date  To Date  \*Units  \*Unit Type   
\*Charge Amount

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
- HCPSC/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

Service Details							
Select the row number to edit the row. Click the <b>Remove</b> link to remove the entire row.							
Svc #	Revenue Code	HCPSC/Proc Code	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	<a href="#">Remove</a>
2					0.000		

2 \*Revenue Code  HCPSC/Proc Code   
Modifiers      
From Date  To Date  \*Units  \*Unit Type   
\*Charge Amount

NDCs for Svc. # 2

## 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.

Service Details

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

Svc #	Revenue Code	HCPCS/Proc Code	From Date	To Date	Units	Charge Amount	Action
1	0450-Emergency Room-General	99218-INITIAL OBSERVATION CARE	06/20/2018	06/20/2018	1.000 Unit	\$550.00	<a href="#">Remove</a>
2					0.000		

2

\*Revenue Code

0450-Emergency Room-General

HCPCS/Proc Code

J1885-Ketorolac tromethamine inj

Modifiers

From Date

06/20/2018

To Date

06/20/2018

\*Units

1.000

\*Unit Type

Unit

\*Charge Amount

150.00

NDCs for Svc. # 2

If applicable, only one NDC/UPN is allowed per service detail line. When adding an NDC/UPN, the Code Type, Quantity and Unit of Measure fields are required. Additionally, NDC/UPN information is required when adding or saving NDC/UPN with prescription information (Prescription Number, Prescription Type).

Code Type

National Drug Code in 5-4-2 Format

NDC/UPN

00409379601-KETOROLAC TROMETHAMINE

Quantity

1.000

Unit of Measure

Milliliter

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.

Service Details

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

Svc #	Revenue Code	HCPCS/Proc Code	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	<a href="#">Remove</a>

1

\*Revenue Code

0450-Emergency Room-General

HCPCS/Proc Code

77012-Ct scan for needle biopsy

Modifiers

TC-Technical component

From Date

05/01/2018

To Date

05/01/2018

\*Units

1.000

\*Unit Type

Unit

\*Charge Amount

250.00

NDCs for Svc. # 1

Other Insurance for Service Detail

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



To include attachments electronically with a claim:

- Click on the **Cancel** button to cancel and close the attachment line

Attachments

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	<a href="#">Remove</a>

Click to collapse.

\*Transmission Method

FT-File Transfer

\*Upload File

Browse...

\*Attachment Type

Description

Add

Cancel

Back to Step 1

Back to Step 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 Institutional Claim

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

[Print Preview](#)

**Confirm Institutional Claim** 

Select Print Preview **before** you Confirm if you want to assure you view the claim as you entered it. After confirmation, Print Preview may reflect changes as the claim has been saved on the payer system.

**Claim Type** Outpatient

**Provider Information**

<b>Billing Provider ID</b>	1538	<b>ID Type</b>	NPI
<b>Billing Provider Service Location</b>	11-MEDICAL CENTER-1303 N MAIN ST,LAS VEGAS,NEVADA,89030		
<b>Institutional Provider ID</b>	_	<b>ID Type</b>	_
<b>Attending Provider ID</b>	_	<b>ID Type</b>	_
<b>Operating Provider ID</b>	1437	<b>ID Type</b>	NPI
<b>Operating Provider Service Location</b>	20-JACKSON, MICHAEL E-1303 N MAIN ST,LAS VEGAS,NEVADA,89030		
<b>Other Operating Provider ID</b>	_	<b>ID Type</b>	_
<b>Referring Provider ID</b>	_	<b>ID Type</b>	_


**Patient Information**


<b>Recipient ID</b>	00000000001	<b>Gender</b>	Male
<b>Recipient</b>	ISAAC E CLMGLZ		
<b>Birth Date</b>	01/01/1999		


**Claim Information**


<b>Covered Dates</b>	05/01/2018	<b>Admission Date/Hour</b>	05/01/2018 - _
<b>Admission Type</b>	1-Emergency	<b>Admission Source</b>	2
<b>Admitting Diagnosis Type</b>	_	<b>Discharge Hour</b>	_
<b>Admitting Diagnosis</b>	_	<b>Facility Type Code</b>	131-Hospital Outpatient: Admit through Discharge Claim
<b>Patient Status</b>	01	<b>Authorization Number</b>	12345678900
<b>Patient Number</b>	12345		
<b>Previous Claim ICN</b>	_		
<b>Note</b>	_		
		<b>Total Charged Amount</b>	\$250.00

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


**Diagnosis Codes** 


**External Cause of Injury Diagnosis Codes** 


**Patient Reason for Visit Diagnosis Codes** 


**Other Insurance Details** 


#	Carrier Name	Carrier ID	Policy ID	Payer Paid Amount	Paid Date
1	Blue Shield	BS001	00000000001	\$100.00	06/01/2018

**Condition Codes** 


**Occurrence Codes** 

**Value Codes** 

**Surgical Procedures** 

**Service Details** 

Svc #	Revenue Code	HCPCS/Proc Code	Mod	From Date	To Date	Units/Type	Charge Amount
1	0450-Emergency Room-General	77012-Ct scan for needle biopsy	TC	05/01/2018	05/01/2018	1.000 Unit	\$250.00

**Attachments** 

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

- 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 <span>?</span>	
<b>Outpatient Claim Receipt</b>	
Your Outpatient Claim was successfully submitted. The claim status is Finalized Payment. The Claim ID is <b>2218172000008</b> .	
<p>Click <b>Print Preview</b> to view the claim details as they have been saved on the payer's system.</p> <p>Click <b>Copy</b> to copy member or claim data.</p> <p>Click <b>Adjust</b> to resubmit the claim.</p> <p>Click <b>New</b> to submit a new claim.</p> <p>Click <b>View</b> to view the details of the submitted claim.</p>	
<b>Print Preview</b>	<b>Copy</b> <b>Adjust</b> <b>New</b> <b>View</b>

- Click the **Print Preview** button to view the claim details
- Click the **Copy** button to copy claim data
- Click the **Adjust** button to resubmit the claim
- Click the **New** button to submit a new claim
- Click the **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	
Provider Information	
Billing Provider ID 1124098421	ID Type NPI
*Billing Provider Service Location	
Rendering Provider ID	ID Type
Rendering Provider Service Location	
Referring Provider ID	ID Type
Supervising Provider ID	ID Type
Service Facility Location ID	ID Type
Patient Information	
*Recipient ID	
Last Name	First Name
Birth Date	
Claim Information	
Date Type	Date of Current
Accident Related	Admission Date
*Patient Number	Authorization Number
*Transport Certification Yes No	
*Does 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.

## 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 Crossover Professional

**Provider Information**

Billing Provider ID	1124098421	ID Type	NPI
*Billing Provider Service Location			
Rendering Provider ID		ID Type	
Rendering Provider Service Location	-		
Referring Provider ID		ID Type	
Supervising Provider ID		ID Type	
Service Facility Location ID		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 CENTER-1155 MILL ST,RENO,NEVADA,895021576		
Rendering Provider ID	1497716146	ID Type	NPI
*Rendering Provider Service Location	20-JONES, MICHAEL A-1200 N MOUNTAIN ST,CARSON CITY,NEVADA,897033821		
Referring Provider ID		ID Type	
Supervising Provider ID		ID Type	
Service Facility Location ID		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
  - 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
Birth Date	07/27/2002
First Name	HVXQOSDCN

## Claim Information

Claim Information	
Date Type	Injury
Accident Related	Auto Accident
Date of Current	04/15/2018
Admission Date	04/15/2018
Please Select at least one option from the Accident State or Accident Country dropdowns below.	
Accident State	NEVADA
Accident Country	
*Patient Number	1234
Authorization Number	12345678900
*Transport Certification	<input checked="" type="radio"/> Yes <input type="radio"/> No
*Certification Condition Indicator	<input checked="" type="radio"/> Yes <input type="radio"/> No
*Condition Indicator	Patient was transported in an emergency situation
*Transport Distance	3.00
*Ambulance Transport Reason	Patient was transported for the care of a specialist or for availability of specialized equipment
*Does the provider have a signature on file?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Include Other Insurance	<input checked="" type="checkbox"/>
Total Charged Amount	\$0.00
<a href="#">Continue</a> <a href="#">Cancel</a>	

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 drop-down 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
Deductible Amount	0.00
Medicare Payment Amount	0.00
Co-insurance Amount	0.00
Psychiatric Services Amount	0.00
Medicare Payment Date	<input type="text"/> 

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 the minus icons on each panel to close only that panel.

Submit Professional Claim: Step 2

\* Indicates a required field.

Claim Type Professional

Provider Information

Billing Provider ID 1912ID Type NPI

Patient and Claim Information

Recipient ID 30356532844  
Recipient HVXQOSDCN I IRAPSEUGender Female  
Birth Date 07/27/2002Total Charged Amount \$0.00

Expand AllCollapse All

Diagnosis Codes

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

#	Diagnosis Type	Diagnosis Code	Action
1			

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

AddReset

Other Insurance Details

Enter the carrier and policy holder information below.  
Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjusted payment details, such as reason codes, in the Claim Adjustment Details section.  
Click the **Remove** link to remove the entire row.

Refresh Other Insurance

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

Click to add a new other insurance.

Back to Step 1ContinueCancel

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



**Submit Professional Claim: Step 2** ?

\* Indicates a required field.

**Claim Type** Professional

**Provider Information**

**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 Codes**

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

#	Diagnosis Type	Diagnosis Code	Action
1			

1 \*Diagnosis Type  \*Diagnosis Code

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

**Other Insurance 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 Professional Claim: Step 2** ?

\* Indicates a required field.

**Claim Type** Professional

**Provider Information**

**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 Codes**

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

#	Diagnosis Type	Diagnosis Code	Action
1	ICD-10-CM	S8290XA-Unsp fracture of unsp lower leg, init for clos fx	<a href="#">Remove</a>
2			

2 \*Diagnosis Type  \*Diagnosis Code

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

**Other Insurance Details** +

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

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

## Condition Codes

If applicable enter condition codes for the claim.

- The PWP allows for up to 24 condition codes
- Condition codes are searchable
  - 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

**Submit Professional Claim: Step 2** ?

\* Indicates a required field.

**Claim Type** Professional

---

**Provider Information**

**Billing Provider ID** 1811177454 **ID Type** NPI

---

**Patient and Claim Information**

**Recipient ID** 13420240003 **Gender** Female  
**Recipient** 64742 FN 64742 LN **Total Charged Amount** \$250.00  
**Birth Date** 02/28/1990

---

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

**Diagnosis Codes** +

**Condition Codes** -

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

#	Condition Code	Action
1	AA-Abortion Performed due to Rape	<a href="#">Remove</a>
2		

2 \*Condition Code

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

---

[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	000000011	\$15.00	01/01/2019	<a href="#">Remove</a>

Carrier Name

Blue Shield

Carrier ID

12345

\*Policy Holder Last Name

KJUYD

\*First Name

PXMYE

MI

☐

\*Policy ID

000000011

Insurance Type

\*Responsibility

P-Primary

\*Patient Relationship to Insured

18-Self

Payer Paid Amount

15.00

\*Paid Date

01/01/2019

Remaining Patient Liability

100.00

\*Claim Filing Indicator

BL-Blue Cross/Blue Shield

Claim Adjustment Details

Save Insurance

Cancel Insurance

Click to add a new other insurance.

Back to Step 1

Continue

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 drop-down list
- Payer Paid Amount – Enter the amount paid by the other insurance
- Paid Date – Enter the date the other insurance paid
- Remaining Patient Liability – Enter the remaining patient liability
- Claim Filing Indicator – Select the claim filing indicator from the drop-down list.

Other Insurance Details

Enter the carrier and policy holder information below.  
  
Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjusted payment details, such as reason codes, in the Claim Adjustment Details section.  
  
Click the **Remove** link to remove the entire row.

Refresh Other Insurance

#	Carrier Name	Carrier ID	Policy ID	Payer Paid Amount	Paid Date	Action
<input type="checkbox"/> Click to collapse.						
<div> <div> <div>*Carrier Name</div> <input type="text"/> </div> <div> <div>*Carrier ID</div> <input type="text"/> </div> </div> <div> <div> <div>*Policy Holder Last Name</div> <input type="text"/> </div> <div> <div>*First Name</div> <input type="text"/> <div>MI</div> <input type="text"/> </div> </div> <div> <div>*Policy ID</div> <input type="text"/> </div> <div> <div>Insurance Type</div> <input type="text"/> </div> <div> <div>*Responsibility</div> <input type="text"/> </div> <div> <div>*Patient Relationship to Insured</div> <input type="text"/> </div> <div> <div>Payer Paid Amount</div> <input type="text"/> </div> <div> <div>*Paid Date</div> <input type="text"/> </div> <div> <div>Remaining Patient Liability</div> <input type="text"/> </div> <div> <div>*Claim Filing Indicator</div> <input type="text"/> </div>						
<div> <div>Add Insurance</div> <div>Cancel Insurance</div> </div>						
<div> <div>Back to Step 1</div> <div>Continue</div> <div>Cancel</div> </div>						

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	000000011	\$15.00	01/01/2019	<a href="#">Remove</a>

Carrier Name

Blue Shield

Carrier ID

12345

\*Policy Holder Last Name

KJUYD

\*First Name

PXMYE

MI

☐

\*Policy ID

000000011

Insurance Type

\*Responsibility

P-Primary

\*Patient Relationship to Insured

18-Self

Payer Paid Amount

15.00

\*Paid Date

01/01/2019

Remaining Patient Liability

100.00

\*Claim Filing Indicator

BL-Blue Cross/Blue Shield

Claim Adjustment Details

Save Insurance

Cancel Insurance

Click to add a new other insurance.

Back to Step 1

Continue

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

Submit Professional Claim: Step 3

\* Indicates a required field.

Claim Type Professional

Provider Information

Billing Provider ID 1124098421

ID Type NPI

Patient and Claim Information

Recipient ID 30356532844

Recipient HVXQOSDCN I IRAPSEU

Birth Date 07/27/2002

Gender Female

Total Charged Amount \$0.00

Expand All

Collapse All

Diagnosis Codes

Other Insurance Details

#	Carrier Name	Carrier ID	Policy ID	Payer Paid Amount	Paid Date
1	Blue Shield	12345	0000000011	\$15.00	01/01/2019

Service Details

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

Svc #	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
1						0.000	

1

\*From Date

To Date

\*Place of Service

EMG

\*Procedure Code

Modifiers

\*Diagnosis

Pointers

\*Charge Amount

\*Units 0.000

\*Unit Type Unit

EPSDT

Family Plan

Clin Number

Rendering Provider ID

ID Type

Rendering Provider Service Location

Referring / Ordering Provider ID

ID Type

Ordering Provider

Yes

No

NDCs for Svc. # 1

Add

Reset

Attachments

Click the Remove link to remove the entire row.

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

Back to Step 1

Back to Step 2

Submit

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 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

Service Details							
Select the row number to edit the row. Click the Remove link to remove 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	<a href="#">Remove</a>
2						0.000	

2 \*From Date  To Date  \*Place of Service  EMG

\*Procedure Code  Modifiers     \*Diagnosis Pointers

\*Charge Amount  \*Units  \*Unit Type  EPSDT ☐ Family Plan ☐

Clin Number

Rendering Provider ID  ID Type

Rendering Provider Service Location

Referring / Ordering Provider ID  ID Type  Ordering Provider ☐ Yes ☐ No

NDCs for Svc. # 2

[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.

Service Details							
Select the row number to edit the row. Click the Remove link to remove 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	<a href="#">Remove</a>
2						0.000	

2 \*From Date  To Date  \*Place of Service  EMG

\*Procedure Code  Modifiers     \*Diagnosis Pointers

\*Charge Amount  \*Units  \*Unit Type  EPSDT ☐ Family Plan ☐

Clin Number

Rendering Provider ID  ID Type

Rendering Provider Service Location

Referring / Ordering Provider ID  ID Type  Ordering Provider ☐ Yes ☐ No

NDCs for Svc. # 2

If applicable, only one NDC/UPN is allowed per service detail line. When adding an NDC/UPN, the Code Type, Quantity and Unit of Measure fields are required. Additionally, NDC/UPN information is required when adding or saving NDC/UPN with prescription information (Prescription Number, Prescription Type, Prescription Date).

Code Type  National Drug Code in 5-4-2 Format

NDC/UPN

Quantity  Unit of Measure

[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.

**Service Details**

Select the row number to edit the row. Click the **Remove** link to remove 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	<a href="#">Remove</a>

**1 \*From Date** 04/15/2018 **To Date** 04/15/2018 **\*Place of Service** 11-Office **EMG** ☐

**\*Procedure Code** 99213-OFFICE/OUT **Modifiers**     **\*Diagnosis Pointers** 1

**\*Charge Amount** 350.00 **\*Units** 1,000 **\*Unit Type** Unit  **EPSTD** ☐ **Family Plan** ☐

**Clin Number**

**Rendering Provider ID**  **ID Type**

**Rendering Provider Service Location**

**Referring / Ordering Provider ID**  **ID Type**  **Ordering Provider** ☐ Yes ☐ No

**NDCs for Svc. # 1**

**Other Insurance for Service Detail**

**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 and click the **Add Insurance** button.

Service Details

Select the row number to edit the row. Click the **Remove** link to remove 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	<a href="#">Remove</a>

1

\*From Date

04/15/2018

To Date

04/15/2018

\*Place of Service

11-Office

EMG

\*Procedure Code

99213-OFFICE/OUT

Modifiers

\*Diagnosis Pointers

1

\*Charge Amount

350.00

\*Units

1.000

\*Unit Type

Unit

EPSDT

Family Plan

Clin Number

Rendering Provider ID

ID Type

Rendering Provider Service Location

Referring / Ordering Provider ID

ID Type

Ordering Provider

Yes

No

NDCs for Svc. # 1

Other Insurance for Service Detail

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

#	Carrier ID	Procedure Code	Modifiers	Payer Paid Amount	Paid Date	Paid Units	Remaining Patient Liability	Action
<div>Click to collapse.</div> <div> <div>*Other Carrier</div> <div>12345-Blue Shield</div> </div> <div> <div>*Procedure Code</div> <div>99213-OFFICE/OUTPATIENT VISIT EST</div> </div> <div> <div>Modifiers</div> <div></div> </div> <div> <div>Payer Paid Amount</div> <div>15.00</div> </div> <div> <div>*Paid Date</div> <div>01/01/2019</div> </div> <div> <div>Paid Units</div> <div>1.00</div> </div> <div> <div>Remaining Patient Liability</div> <div>100.00</div> </div> <div> <div>Add Insurance</div> <div>Cancel Insurance</div> </div>								

Save

Reset

Cancel

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

Service Details

Select the row number to edit the row. Click the **Remove** link to remove 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	<a href="#">Remove</a>

1

\*From Date

04/15/2018

To Date

04/15/2018

\*Place of Service

11-Office

EMG

\*Procedure Code

99213-OFFICE/OUT

Modifiers

\*Diagnosis

1

\*Charge Amount

350.00

\*Units

1.000

\*Unit Type

Unit

EPSDT

Family Plan

Clin Number

Rendering Provider ID

ID Type

Rendering Provider Service Location

Referring / Ordering Provider ID

ID Type

Ordering Provider

Yes

No

NDCs for Svc. # 1

Other Insurance for Service Detail

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

#	Carrier ID	Procedure Code	Modifiers	Payer Paid Amount	Paid Date	Paid Units	Remaining Patient Liability	Action
1	12345	99213-OFFICE/OUTPATIENT VISIT EST		\$15.00	01/01/2019	1.00	\$100.00	<a href="#">Remove</a>

\*Other Carrier

12345-Blue Shield

\*Procedure Code

99213-OFFICE/OUTPATIENT VISIT EST

Modifiers

Payer Paid Amount

15.00

\*Paid Date

01/01/2019

Paid Units

1.00

Remaining Patient Liability

100.00

Claim Adjustment Details

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

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

#	Claim Adjustment Group Code	Reason Code	Adjustment Amount	Adjusted Units	Action
Click to collapse.					

\*Claim Adjustment Group Code

\*Reason Code

\*Adjustment Amount

Adjusted Units

Add Adjustment

Cancel Adjustment

Save Insurance

Cancel Insurance

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

Other Insurance for Service Detail

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

#	Carrier ID	Procedure Code	Modifiers	Payer Paid Amount	Paid Date	Paid Units	Remaining Patient Liability	Action
1	12345	99213-OFFICE/OUTPATIENT VISIT EST		\$15.00	01/01/2019	1.00	\$100.00	<a href="#">Remove</a>

\*Other Carrier12345-Blue Shield

\*Procedure Code99213-OFFICE/OUTPATIENT VISIT EST

Modifiers

Payer Paid Amount15.00

\*Paid Date01/01/2019

Paid Units1.00

Remaining Patient Liability100.00

Claim Adjustment Details

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

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

#	Claim Adjustment Group Code	Reason Code	Adjustment Amount	Adjusted Units	Action
Click to collapse.					
	*Claim Adjustment Group CodePR-Patient Responsibility	*Reason Code1-Deductible Amount	*Adjustment Amount100.00	Adjusted Units	
<div>Add Adjustment</div> <div>Cancel Adjustment</div>					

Save Insurance

Cancel Insurance

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

Other Insurance for Service Detail

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

#	Carrier ID	Procedure Code	Modifiers	Payer Paid Amount	Paid Date	Paid Units	Remaining Patient Liability	Action
1	12345	99213-OFFICE/OUTPATIENT VISIT EST		\$15.00	01/01/2019	1.00	\$100.00	<a href="#">Remove</a>

\*Other Carrier12345-Blue Shield

\*Procedure Code99213-OFFICE/OUTPATIENT VISIT EST

Modifiers

Payer Paid Amount15.00

\*Paid Date01/01/2019

Paid Units1.00

Remaining Patient Liability100.00

Claim Adjustment Details

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

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

#	Claim Adjustment Group Code	Reason Code	Adjustment Amount	Adjusted Units	Action
1	PR-Patient Responsibility	1-Deductible Amount	\$100.00		<a href="#">Remove</a>
Click to add a new adjustment.					

Save Insurance

Cancel Insurance

- Click the **Save** button to save the updates to the Service Detail Line.

Service Details

Select the row number to edit the row. Click the **Remove** link to remove 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	<a href="#">Remove</a>

1

\* From Date 04/15/2018

To Date 04/15/2018

\* Place of Service 11-Office

EMG

\* Procedure Code 99213-OFFICE/OUT

Modifiers

\* Charge Amount 350.00

\* Units 1.000

\* Unit Type Unit

EPSTD

\* Diagnosis Pointers 1

Family Plan

Clin Number

Rendering Provider ID

Rendering Provider Service Location

Referring / Ordering Provider ID

ID Type

ID Type

Ordering Provider

Yes

No

NDCs for Svc. # 1

Other Insurance for Service Detail

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

#	Carrier ID	Procedure Code	Modifiers	Payer Paid Amount	Paid Date	Paid Units	Remaining Patient Liability	Action
1	12345	99213-OFFICE/OUTPATIENT VISIT EST		\$15.00	01/01/2019	1.00	\$100.00	<a href="#">Remove</a>

Click to add a new other insurance.

Save

Reset

Cancel

## Attachments

To include attachments electronically with a claim:

- Transmission Method – FT - File Transfer is selected by default
- Upload file – click the **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 the **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

Attachments

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	<a href="#">Remove</a>

☐ Click to collapse.

\*Transmission Method

FT-File Transfer

\*Upload File

Browse...

\*Attachment Type

Description

Add

Cancel

Back to Step 1

Back to Step 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.

[Print Preview](#)

**Confirm Professional Claim**

Select Print Preview **before** you Confirm if you want to assure you view the claim as you entered it. After confirmation, Print Preview may reflect changes as the claim has been saved on the payer system.

**Claim Type** Professional

**Provider Information**

<b>Billing Provider ID</b>	1124098421	<b>ID Type</b>	NPI
<b>Billing Provider Service Location</b>	20-RENOWN REGIONAL MEDICAL CENTER-1155 MILL ST,RENO,NEVADA,895021576		
<b>Rendering Provider ID</b>	—	<b>ID Type</b>	—
<b>Rendering Provider Service Location</b>	—		
<b>Referring Provider ID</b>	—	<b>ID Type</b>	—
<b>Supervising Provider ID</b>	—	<b>ID Type</b>	—
<b>Service Facility Location ID</b>	—	<b>ID Type</b>	—

**Patient Information**

<b>Recipient ID</b>	30356532844	<b>Gender</b>	Female
<b>Recipient</b>	HVXQOSDCN I IRAPSEU		
<b>Birth Date</b>	07/27/2002		

**Claim Information**

<b>Date Type</b>	—	<b>Date of Current</b>	—
<b>Accident Related</b>	—	<b>Admission Date</b>	—
<b>Patient Number</b>	12345	<b>Authorization Number</b>	—
<b>Transport Certification</b>	No		
<b>Previous Claim ICN</b>	—		
<b>Note</b>	—		
<b>Does the provider have a signature on file?</b> Yes			
<b>Total Charged Amount</b> \$600.00			

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

**Diagnosis Codes**

**Other Insurance Details**

#	Carrier Name	Carrier ID	Policy ID	Payer Paid Amount	Paid Date
1	Blue Shield	12345	0000000011	\$15.00	01/01/2019

**Service 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	<input type="checkbox"/>	<input type="checkbox"/>	\$350.00
2	04/15/2018	04/15/2018	11		J1050		1	1,000 Unit	<input type="checkbox"/>	<input type="checkbox"/>	\$250.00

**No Attachments exist for this claim**

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

- 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 the **Print Preview** button to view the claim details
- Click the **Copy** button to copy claim data
- Click the **Adjust** button to resubmit the claim
- Click the **New** button to submit a new claim
- Click the **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 PWP, 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 PWP User Manual Chapter 8 File Exchange.

**Attachments**

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

#	Transmission Method	File	Control #	Attachment Type	Action
<input type="checkbox"/> Click to collapse.					
<div><div><b>*Transmission Method</b> FT-File Transfer <span>▼</span></div><div><b>*Upload File</b> C:\Users\Desktop\Special Processing <span>Browse...</span></div><div><b>*Attachment Type</b> OZ-Support Data for Claim <span>▼</span></div><div><div>Description EXCP letter</div></div></div>					
<div><b>Add</b> <b>Cancel</b></div>					
<div><b>Back to Step 1</b> <b>Back to Step 2</b> <b>Submit</b> <b>Cancel</b></div>					

**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.

Header level example (Dental claim):

#	Carrier Name	Carrier ID	Policy ID	Payer Paid Amount	Paid Date	Action
1	Blue Shield	12345	000000011	\$15.00	01/01/2019	<a href="#">Remove</a>

Carrier Name

Blue Shield

Carrier ID

12345

\*Policy Holder Last Name

KJUYD

\*First Name

PXMYE

MI

☐

\*Policy ID

000000011

Insurance Type

\*Responsibility

P-Primary

\*Patient Relationship to Insured

18-Self

Payer Paid Amount

15.00

\*Paid Date

01/01/2019

Remaining Patient Liability

100.00

\*Claim Filing Indicator

BL-Blue Cross/Blue Shield

Claim Adjustment Details

Save Insurance

Cancel Insurance

Click to add a new other insurance.

Back to Step 1

Continue

Cancel



### Detail level example (Dental claim):

Other Insurance for Service Detail

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

#	Carrier ID	Procedure Code	Modifiers	Payer Paid Amount	Paid Date	Paid Units	Remaining Patient Liability	Action
1	04432	D0350-Oral/facial photo images		\$50.00	08/01/2018	1.00	\$50.00	<a href="#">Remove</a>

\*Other Carrier

04432-Nevada Pacific Dental

\*Procedure Code

D0350-Oral/facial photo images

Modifiers

Payer Paid Amount

50.00

\*Paid Date

08/01/2018

Paid Units

1.00

Remaining Patient Liability

50.00

Claim Adjustment Details

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

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

#	Claim Adjustment Group Code	Reason Code	Adjustment Amount	Adjusted Units	Action
<div>Click to collapse.</div> <div> <div>*Claim Adjustment Group Code</div> <div>CO-Contractual Obligations</div> <div>*Reason Code</div> <div>45-Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustme</div> <div>*Adjustment Amount</div> <div>50.00</div> <div>Adjusted Units</div> <div>1</div> <div> <div>Add Adjustment</div> <div>Cancel Adjustment</div> </div> </div>					

Save Insurance

Cancel Insurance

### Header level example (Professional claim):

#	Carrier Name	Carrier ID	Policy ID	Payer Paid Amount	Paid Date	Action
1	Blue Shield	12345	000000011	\$15.00	01/01/2019	<a href="#">Remove</a>

Carrier Name

Blue Shield

Carrier ID

12345

\*Policy Holder Last Name

KJUYD

\*First Name

PXMYE

MI

\*Policy ID

000000011

Insurance Type

\*Responsibility

P-Primary

\*Patient Relationship to Insured

18-Self

Payer Paid Amount

15.00

\*Paid Date

01/01/2019

Remaining Patient Liability

100.00

\*Claim Filing Indicator

BL-Blue Cross/Blue Shield

Claim Adjustment Details

Save Insurance

Cancel Insurance

Click to add a new other insurance.

Back to Step 1

Continue

Cancel

Detail level example (Professional claim):

Other Insurance for Service Detail

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

#	Carrier ID	Procedure Code	Modifiers	Payer Paid Amount	Paid Date	Paid Units	Remaining Patient Liability	Action
1	07829	99214-OFFICE/OUTPATIENT VISIT EST		\$50.00	08/01/2018	1.00	\$50.00	<a href="#">Remove</a>

\*Other Carrier

07829-Cigna

\*Procedure Code

99214-OFFICE/OUTPATIENT VISIT EST

Modifiers

Payer Paid Amount

50.00

\*Paid Date

08/01/2018

Paid Units

1.00

Remaining Patient Liability

50.00

Claim Adjustment Details

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

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

#	Claim Adjustment Group Code	Reason Code	Adjustment Amount	Adjusted Units	Action
<div>Click to collapse.</div> <div> <div>*Claim Adjustment Group Code</div> <div>CO-Contractual Obligations</div> </div> <div> <div>*Reason Code</div> <div>45-Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustme</div> </div> <div> <div>*Adjustment Amount</div> <div>50.00</div> </div> <div> <div>Adjusted Units</div> <div></div> </div> <div> <div>Add Adjustment</div> <div>Cancel Adjustment</div> </div>					

Save Insurance

Cancel Insurance

## 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):

**Other Insurance Details**

Enter the carrier and policy holder information below.

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

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

**Refresh Other Insurance**

#	Carrier Name	Carrier ID	Policy ID	Payer Paid Amount	Paid Date	Action
1	HPN HEALTH PLAN OF NEVADA, INC	01091	15006		-	<a href="#">Remove</a>

**Carrier Name** HPN HEALTH PLAN OF NEVADA, INC

**Carrier ID** 01091

**Policy Holder Last Name** IRAPSEU

**First Name** GXCTBX

**Policy ID** 15006

**Insurance Type** -

**MI** -

**Responsibility** U-Unknown

**Patient Relationship to Insured** 19-Child

**Payer Paid Amount**

**\*Paid Date**

**Remaining Patient Liability**

**\*Claim Filing Indicator**

**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.

☐ Click to collapse.

**\*Claim Adjustment Group Code**

**\*Reason Code**

**\*Adjustment Amount**

**Adjusted Units**

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

[Save Insurance](#) [Cancel 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 PWP 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

ID Type

Claim Type

Service From

To

Claim Status

Search

Reset

Search Results

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

Total Records: 1

	Claim ID	TCN	Claim Type	Claim Status	Service Date	Recipient ID	Rendering Provider ID	Medicaid Paid Amount	Paid Date	Recipient Responsibility
+	2018105000012		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 Preview](#)

**View Institutional Claim - ID 2218178000021**
[Back to Claims](#)

**Claim Type** Inpatient

**Provider Information**

<b>Billing Provider ID</b> 1538	<b>ID Type</b> NPI
<b>Billing Provider Service Location</b> 11- MEDICAL CENTER-1303 N MAIN ST,LAS VEGAS,NEVADA,89119	
<b>Institutional Provider ID</b> _	<b>ID Type</b> _
<b>Attending Provider ID</b> _	<b>ID Type</b> _
<b>Operating Provider ID</b> _	<b>ID Type</b> _
<b>Operating Provider Service Location</b> _	
<b>Other Operating Provider ID</b> _	<b>ID Type</b> _
<b>Referring Provider ID</b> _	<b>ID Type</b> _

**Patient Information**

<b>Recipient ID</b> 3035653	<b>Gender</b> Female
<b>Recipient</b> HVXQOSDCN I IRAPSEU	
<b>Birth Date</b> 07/27/2002	

**Claim Information**

<b>Claim Status</b> Finalized Denied <b>Covered Dates</b> 06/01/2018 <b>Admission Type</b> 1-Emergency <b>Admitting Diagnosis Type</b> ICD-10-CM <b>Admitting Diagnosis</b> R4020  <b>Patient Status</b> 01-Discharged to Home or Self Care (Routine Discharge) <b>Patient Number</b> 1234 <b>Previous Claim ICN</b> _ <b>Note</b> _	<b>Admission Date/Hour</b> 06/01/2018 - _ <b>Admission Source</b> E-Transfer from Ambulatory Surgery Center <b>Discharge Hour</b> _ <b>Facility Type Code</b> 115-Hospital Inpatient (Including Medicare Part A)- Late Charge(s) Only <b>Authorization Number</b> _ <b>Related Claim ICN</b> _  <b>Total Charged Amount</b> \$1,050.00 <b>Total Paid Amount</b> \$0.00
<b>Total Allowed Amount</b> \$0.00 <b>Total Co-pay Amount</b> \$0.00	

[Expand All](#)   [Collapse All](#)

**Adjudication Errors**

**Diagnosis Codes**

**Service Details**

Svc #	Revenue Code	HCP/CS/Proc Code	Mod	From Date	To Date	Units/Type	Charge Amount	Allowed Amount	Co-pay Amount	Paid Amount
<a href="#">1</a>	0121-R&B-2 Bed-Med-Surg-Gyn			06/01/2018	06/01/2018	1.000 Days	\$1,050.00	\$0.00	\$0.00	\$0.00

No External Cause of Injury Diagnosis Codes exist for this claim

No Other Insurance Details exist for this claim

No Condition Codes exist for this claim

No Occurrence Codes exist for this claim

No Value Codes exist for this claim

No Surgical Procedures exist for this claim

No Attachments exist for this claim

Copy

Print Preview

### 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 <span>?</span>
<b>Professional Claim Receipt</b>
Your Professional Claim was successfully submitted. The claim status is Finalized Payment. The Claim ID is <b>2318178000001</b> .
Click <b>Print Preview</b> to view the claim details as they have been saved on the payer's system. Click <b>Copy</b> to copy member or claim data. Click <b>Adjust</b> to resubmit the claim. Click <b>New</b> to submit a new claim. Click <b>View</b> to view the details of the submitted claim.
<div><a href="#">Print Preview</a> <a href="#">Copy</a> <a href="#">Adjust</a> <a href="#">New</a> <a href="#">View</a></div>

## View page

[Print Preview](#)

View Institutional Claim - ID 2018105000012 [Back to Search Results](#) ?

Claim Type Outpatient

Provider Information

Billing Provider ID	1538	ID Type	NPI
Billing Provider Service Location	11- MEDICAL CENTER-1303 N MAIN ST,LAS VEGAS,NEVADA,89119		
Institutional Provider ID	—	ID Type	—
Attending Provider ID	1801	ID Type	NPI
Operating Provider ID	—	ID Type	—
Operating Provider Service Location	—		
Other Operating Provider ID	—	ID Type	—
Referring Provider ID	1801	ID Type	NPI

Patient Information

Recipient ID	354563	Gender	Male
Recipient	YDYE J MDKDDZSC		
Birth Date	01/29/1940		

Claim Information

Claim Status	Finalized Payment	Admission Date/Hour	02/07/2018 - 12:00
Covered Dates	02/07/2018 - 02/08/2018	Admission Source	1-Non - Health Care Facility Point of Origin
Admission Type	1-Emergency	Discharge Hour	—
Admitting Diagnosis Type	—	Facility Type Code	130-Hospital Outpatient: Non-Payment/Zero
Admitting Diagnosis	—	Authorization Number	—
Patient Status	01-Discharged to Home or Self Care (Routine Discharge)	Related Claim ICN	—
Patient Number	TTG-CLAIM		
Previous Claim ICN	—		
Note	—		
Total Allowed Amount	\$400.00	Total Co-pay Amount	\$0.00
		Total Charged Amount	\$800.00
		Total Paid Amount	\$0.00

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

Adjudication Errors

+

Diagnosis Codes

+

External Cause of Injury Diagnosis Codes

+

Patient Reason for Visit Diagnosis Codes

+

Condition Codes

+

Occurrence Codes

+

Value Codes

+

Service Details

-

Svc #	Revenue Code	HCPCS/Proc Code	Mod	From Date	To Date	Units/Type	Charge Amount	Allowed Amount	Co-pay Amount	Paid Amount
1	0112-R&B-Pvt-Obstetric	40650-Repair lip		02/07/2018	02/07/2018	1.000 Unit	\$400.00	\$400.00	\$0.00	\$0.00
2	0120-R&B-Semi-Pvt-2 Bed-General			02/08/2018	02/08/2018	1.000 Unit	\$400.00	\$0.00	\$0.00	\$0.00

No Other Insurance Details exist for this claim

No Surgical Procedures exist for this claim

No Attachments exist for this claim

Adjust

Copy

Void

Print Preview

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 Institutional Claim ID 2018105000012: Step 1

\* Indicates a required field.

Claim Type Outpatient

### Provider Information

If Surgical Procedure Code(s) are to be submitted with the claim, an Operating Provider ID is required.

Billing Provider ID	1538	ID Type	NPI
*Billing Provider Service Location	11- MEDICAL CENTER-1303 N MAIN ST,LAS VEGAS,NEVADA,89119		
Institutional Provider ID		ID Type	
Attending Provider ID	1801	ID Type	NPI
Operating Provider ID		ID Type	
Other Operating Provider ID		ID Type	
Referring Provider ID	1801195276	ID Type	NPI

### Patient Information

*Recipient ID	3545636	First Name	YDYE
Last Name	MDKKDZSC	Birth Date	01/29/1940

### Claim Information

Claim Status	Finalized Payment		
*Covered Dates	02/07/2018 - 02/08/2018	Discharge Hour	
Admission Date/Hour	02/07/2018 - 12:00 (hh:mm)	Admission Source	1-Non - Health Care Facility Point of Origin
*Admission Type	1-Emergency	Admitting Diagnosis	
Admitting Diagnosis Type	ICD-10-CM	*Facility Type Code	130-Hospital Outpatient: Non-Payment/Ze
*Patient Status	01-Discharged to Home or Self Care	Authorization Number	
*Patient Number	TTG-CLAIM	Total Charged Amount	\$800.00
Include Other Insurance	<input type="checkbox"/>		

### Adjudication 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
Cancel



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

Resubmit Institutional Claim ID 2018105000012: Step 3

\* Indicates a required field.

Claim Type Outpatient

Provider Information

Billing Provider ID 1538
ID Type NPI

Patient and Claim Information

Claim Status Finalized Payment
Recipient ID 3545636
Recipient YDYE J MDKKDZSC
Birth Date 01/29/1940
Covered Dates 02/07/2018 - 02/08/2018

Gender Male
Total Charged Amount \$8.00
Admission Date/Hour 02/07/2018 - 12:00

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

Adjudication Errors

+

Diagnosis Codes

+

External Cause of Injury Diagnosis Codes

+

Patient Reason for Visit Diagnosis Codes

+

Condition Codes

+

Occurrence Codes

+

Value Codes

+

Service Details

-

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

Svc #	Revenue Code	HCPCS/Proc Code	From Date	To Date	Units	Charge Amount	Action
<a href="#">1</a>	0112-R&B-Pvt-Obstetric	40650-Repair lip	02/07/2018	02/07/2018	1.000 Unit	\$400.00	
<a href="#">2</a>	0120-R&B-Semi-Pvt-2 Bed-General		02/08/2018	02/08/2018	1.000 Unit	\$400.00	
<a href="#">3</a>					0.000		

Attachments

-

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

#	Transmission Method	File	Control #	Attachment Type	Action
<div> Click to add attachment. </div>					

Back to Step 1

Back to Step 2

Resubmit

Cancel

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

## Confirmation page

[Print Preview](#)

**Confirm Institutional Claim - ID 2018105000012**

Select Print Preview **before** you Confirm if you want to assure you view the claim as you entered it. After confirmation, Print Preview may reflect changes as the claim has been saved on the payer system.

**Claim Type** Outpatient

**Provider Information**

<b>Billing Provider ID</b>	15381	<b>ID Type</b>	NPI
<b>Billing Provider Service Location</b>	11- MEDICAL CENTER-1303 N MAIN ST,LAS VEGAS,NEVADA,89119		
<b>Institutional Provider ID</b>	_	<b>ID Type</b>	_
<b>Attending Provider ID</b>	1801	<b>ID Type</b>	NPI
<b>Operating Provider ID</b>	_	<b>ID Type</b>	_
<b>Operating Provider Service Location</b>	_		
<b>Other Operating Provider ID</b>	_	<b>ID Type</b>	_
<b>Referring Provider ID</b>	1801	<b>ID Type</b>	NPI

**Patient Information**

<b>Recipient ID</b>	3545636	<b>Gender</b>	Male
<b>Recipient</b>	YDYE J MDKDKZSC		
<b>Birth Date</b>	01/29/1940		

**Claim Information**

<b>Claim Status</b>	Finalized Payment	<b>Admission Date/Hour</b>	02/07/2018 - 12:00
<b>Covered Dates</b>	02/07/2018 - 02/08/2018	<b>Admission Source</b>	1
<b>Admission Type</b>	1-Emergency	<b>Discharge Hour</b>	_
<b>Admitting Diagnosis Type</b>	_	<b>Facility Type Code</b>	130-Hospital Outpatient: Non-Payment/Zero
<b>Admitting Diagnosis</b>	_	<b>Authorization Number</b>	_
<b>Patient Status</b>	01	<b>Related Claim ICN</b>	_
<b>Patient Number</b>	TTG-CLAIM		
<b>Previous Claim ICN</b>	2018105000012		
<b>Note</b>	_		
<b>Total Charged Amount</b>	\$800.00		

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

**Adjudication Errors**

**Diagnosis Codes**

**External Cause of Injury Diagnosis Codes**

**Patient Reason for Visit Diagnosis Codes**

**Condition Codes**

**Occurrence Codes**

**Value Codes**

**Service Details**

Svc #	Revenue Code	HCPCS/Proc Code	Mod	From Date	To Date	Units/Type	Charge Amount
<a href="#">1</a>	0112-R&B-Pvt-Obstetric	40650-Repair lip		02/07/2018	02/07/2018	1.000 Unit	\$400.00
<a href="#">2</a>	0120-R&B-Semi-Pvt-2 Bed-General			02/08/2018	02/08/2018	1.000 Unit	\$400.00

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

**No Surgical Procedures exist for this claim**

**No Attachments exist for this claim**

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

## 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

**Service Information**

Rendering Provider ID   ID Type  Claim Type

Service From   To   Claim Status

[Search](#) [Reset](#)

**Search Results**

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
<a href="#">+</a>	<a href="#">2218178000008</a>		Outpatient	Finalized Payment	02/07/2018	234567890123	1538178801	\$100.00	02/26/2018	
<a href="#">+</a>	<a href="#">2218172000008</a>		Outpatient	Finalized Payment	02/05/2018	234567890123	1538178801	\$100.00	02/08/2018	
<a href="#">+</a>	<a href="#">2218110000008</a>		Outpatient	Finalized Payment	02/02/2018	234567890123	1538178801	\$0.00	02/28/2018	

## View claims page

[Claims](#) > [Search Claims](#) > View Institutional Claim

[Print Preview](#)

View Institutional Claim - ID 2218178000008
[Back to Search Results](#) ?

**Claim Type** Outpatient

**Provider Information**

<b>Billing Provider ID</b>	1538178801	<b>ID Type</b>	NPI
<b>Billing Provider Service Location</b>	10-VALLEY VIEW MEDICAL CENTER-1303 N MAIN ST, CEDAR CITY, UTAH, 84721-9746		
<b>Institutional Provider ID</b>	—	<b>ID Type</b>	—
<b>Attending Provider ID</b>	1750363404	<b>ID Type</b>	NPI
<b>Operating Provider ID</b>	—	<b>ID Type</b>	—
<b>Other Operating Provider ID</b>	—	<b>ID Type</b>	—
<b>Referring Provider ID</b>	—	<b>ID Type</b>	—

**Patient Information**

<b>Recipient ID</b>	234567890123	<b>Gender</b>	Female
<b>Recipient</b>	DEF ABC		
<b>Birth Date</b>	06/29/1990		

**Claim Information**

<b>Claim Status</b> Finalized Payment <b>Covered Dates</b> 02/28/2018 <b>Admission Type</b> 2-Urgent <b>Admitting Diagnosis Type</b> — <b>Admitting Diagnosis</b> —  <b>Patient Status</b> 01-Discharged to Home or Self Care (Routine Discharge) <b>Patient Number</b> 234567890123 <b>Previous Claim ICN</b> — <b>Note</b> —	<b>Admission Date/Hour</b> 02/28/2018 - 01:00 <b>Admission Source</b> 2-Clinic or Physician's Office <b>Discharge Hour</b> — <b>Facility Type Code</b> 131-Hospital Outpatient: Admit through Discharge Claim <b>Authorization Number</b> 45181080003 <b>Related Claim ICN</b> —  <b>Total Charged Amount</b> \$100.00 <b>Total Allowed Amount</b> \$100.00 <b>Total Co-pay Amount</b> \$0.00 <b>Total Paid Amount</b> \$100.00
---	---

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

**Adjudication Errors** +

**Diagnosis Codes** +

**Patient Reason for Visit Diagnosis Codes** +

**Condition Codes** +

**Occurrence Codes** +

**Value Codes** +

**Service Details** -

Svc #	Revenue Code	HCP/Proc Code	Mod	From Date	To Date	Units/Type	Charge Amount	Allowed Amount	Co-pay Amount	Paid Amount
1	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	\$0.00

No External Cause of Injury Diagnosis Codes exist for this claim

No Other Insurance Details exist for this claim

No Surgical Procedures exist for this claim

No Attachments exist for this claim

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

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

Service Details			Benefit	Allowed Amount	Co-pay Amount	Paid Amount
Svc #	Revenue Code	HCP				
1	0100-All Inclusive Rate ( R&B + Ancillary)	58674-LA	00.00	\$100.00	\$0.00	\$0.00

**Confirmation**

Are you sure you want to void this Outpatient Claim ID 2218178000008?

OK Cancel

No External Cause of Injury Diagnosis Code

No Other Insurance Details exist for this claim

No Surgical Procedures exist for this claim

No Attachments exist for this claim

Adjust Copy Void 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 range of 45 days.

Claim Information

Claim ID 2218178

Recipient Information

Recipient ID

Service Information

Rendering Provider ID

ID Type

Claim Type

Service From

To

Claim Status

Search Reset

**Confirmation**

Your Outpatient Claim ID was successfully voided.

OK

## 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 Receipt page, or View claims page.

### Submit Receipt page

<b>Submit Professional Claim: Confirmation</b>	?
<b>Professional Claim Receipt</b>	
Your Professional Claim was successfully submitted. The claim status is Finalized Payment. The Claim ID is <b>2318178000001</b> .	
Click <b>Print Preview</b> to view the claim details as they have been saved on the payer's system. Click <b>Copy</b> to copy member or claim data. Click <b>Adjust</b> to resubmit the claim. Click <b>New</b> to submit a new claim. Click <b>View</b> to view the details of the submitted claim.	
<a href="#">Print Preview</a>	<a href="#">Copy</a>
<a href="#">Adjust</a>	<a href="#">New</a>
<a href="#">View</a>	

## View page

[Print Preview](#)

View Institutional Claim - ID 2018105000012 [Back to Search Results](#) ?

Claim Type Outpatient

Provider Information

Billing Provider ID	1538	ID Type	NPI
Billing Provider Service Location	11- MEDICAL CENTER-1303 N MAIN ST,LAS VEGAS,NEVADA,89119		
Institutional Provider ID	—	ID Type	—
Attending Provider ID	1801	ID Type	NPI
Operating Provider ID	—	ID Type	—
Operating Provider Service Location	—		
Other Operating Provider ID	—	ID Type	—
Referring Provider ID	1801	ID Type	NPI

Patient Information

Recipient ID	354563	Gender	Male
Recipient	YDYE J MDKDDZSC		
Birth Date	01/29/1940		

Claim Information

Claim Status	Finalized Payment	Admission Date/Hour	02/07/2018 - 12:00
Covered Dates	02/07/2018 - 02/08/2018	Admission Source	1-Non - Health Care Facility Point of Origin
Admission Type	1-Emergency	Discharge Hour	—
Admitting Diagnosis Type	—	Facility Type Code	130-Hospital Outpatient: Non-Payment/Zero
Admitting Diagnosis	—	Authorization Number	—
Patient Status	01-Discharged to Home or Self Care (Routine Discharge)	Related Claim ICN	—
Patient Number	TTG-CLAIM		
Previous Claim ICN	—		
Note	—		
Total Allowed Amount	\$400.00	Total Co-pay Amount	\$0.00
		Total Charged Amount	\$800.00
		Total Paid Amount	\$0.00

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

Adjudication Errors

+

Diagnosis Codes

+

External Cause of Injury Diagnosis Codes

+

Patient Reason for Visit Diagnosis Codes

+

Condition Codes

+

Occurrence Codes

+

Value Codes

+

Service Details

-

Svc #	Revenue Code	HCPCS/Proc Code	Mod	From Date	To Date	Units/Type	Charge Amount	Allowed Amount	Co-pay Amount	Paid Amount
1	0112-R&B-Pvt-Obstetric	40650-Repair lip		02/07/2018	02/07/2018	1.000 Unit	\$400.00	\$400.00	\$0.00	\$0.00
2	0120-R&B-Semi-Pvt-2 Bed-General			02/08/2018	02/08/2018	1.000 Unit	\$400.00	\$0.00	\$0.00	\$0.00

No Other Insurance Details exist for this claim

No Surgical Procedures exist for this claim

No Attachments exist for this claim

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

## Copy Claim Information

- Select the information you would like to copy to a new claim.
- Click the **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.

Copy Outpatient Claim

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

☐ Recipient Information
Recipient ID  
Last Name  
First Name  
Birth Date  
Condition Code(s)

☐ Service Information
Inpatient/Outpatient Ind.  
Admission Source  
Admission 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 Unit of Measure(s)

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

☐ Entire Claim
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 Type(s)  
Other Insurance Details  
All Dates  
All Amounts

Copy

Cancel

## 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 PWP functions in a secure environment and receive answers through the website. For more information on Secure Correspondence, refer to [PWP User Manual Chapter 13](#).

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.

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Updated 04/11/2025 (pv 01/03/2025)



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

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

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

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

My Home

**Provider**

Name: ABC MEDICAL  
Provider ID: 1073518007 (NPI)  
Location ID: 250000259  
Revalidation Date: 05/17/2028  
License: \_

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

**Provider Services**

[Member Focused Viewing](#)  
[Search Payment History](#)  
[Revalidate-Update Provider](#)  
[Pharmacy PA](#)  
[PASRR](#)  
[Presumptive Eligibility](#)  
[Affiliated Providers](#)

**Welcome Health Care Professional!**

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

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

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

Use Secure Correspondence to communicate with Nevada Medicaid representatives regarding Nevada Medicaid questions and to submit claim appeals.

A Contact Tracking Number (CTN) will be generated once the request is submitted. You will receive an email to notify you when there is a response to your inquiry.

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

**My Home** | **Eligibility** | **Claims** | **Care Management** | **Resources** | **Switch Provider**

My Home > Secure Correspondence

**Secure Correspondence - Message Box**

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

[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](#) > Create Message

---

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

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

Technical Support will accept Provider Web Portal usage issues submitted through this page except for those relating to prior authorization. For pharmacy prior authorization questions call (800) 695-5526. For non-pharmacy prior authorization questions, call 800-525-2395. For non-technical support related issues, please go to [www.medicaid.nv.gov](http://www.medicaid.nv.gov) or call 1-877-638-3472.

\* Indicates a required field.

③ \*Subject

④ \*Message Category

⑤ \*Email

⑥ \*Confirm Email

⑦ \*ICN

⑧ \*Service Provider ID

⑨ \*ID Type

Service Provider Location

⑩ \*Denial Reason

⑪ \*RA Date

⑫ \*Message

**Attachments**

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

#	Transmission Method	File	Control #	Attachment Type	Action
<input type="checkbox"/> Click to collapse.					
⑬	*Transmission Method <input type="text" value="EL-Electronic Only"/>	⑭ *Upload File <input type="button" value="Choose File"/> No file chosen		*Attachment Type <input type="text"/> Description <input type="text"/>	
⑮	<input type="button" value="Add"/> <input type="button" value="Cancel"/>				

⑯

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 the **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**.



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

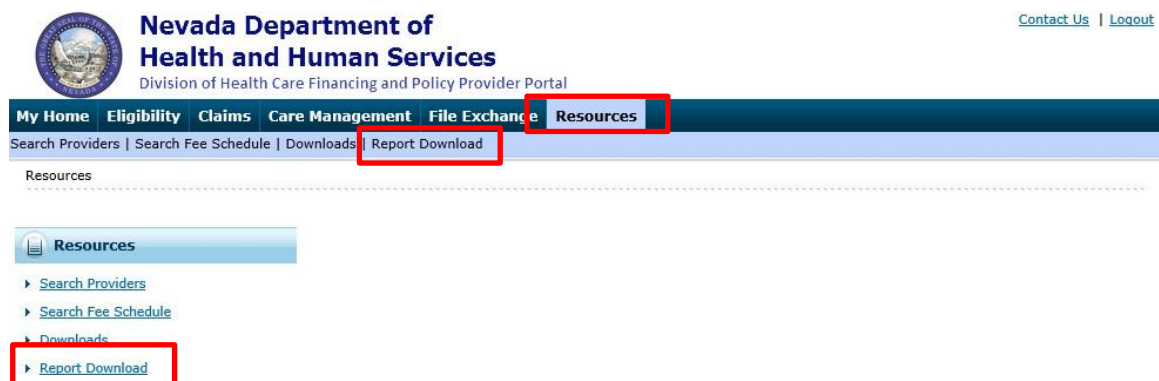
**Please note:** Claim appeals must be submitted electronically to Nevada Medicaid via the PWP no later than 30 calendar days from the date on the remittance advice (RA). If the RA date entered is greater than 30 calendar days from the date on the remittance advice, the following error message will display.

\*RA Date 02/14/2024

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.

## 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.



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 PM PST

---

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  x

To Date

Recipient ID

Contact Tracking Number

Search

Reset

## 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.

My Home

Eligibility

Claims

Care Management

File Exchange

Resources

---

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

Claims

Wednesday 06/27/2018 10:38 AM PST

Claims

Search Claims

Submit Claim Dental

Submit Claim Inst

Submit Claim Prof

Search Payment History

Treatment 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.

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## Claims submenu

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

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

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

[My Home](#) | [Provider](#) | [Broadcast Messages](#) | [Contact Us](#)

Wednesday 06/27/2018 10:41 AM PST

## Claims landing page

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

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

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

Wednesday 06/27/2018 10:38 AM PST

## 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 | Medical | Dental

A minimum one field is required.  
Recipient ID, Service From and To Date are required fields for the search when Claim ID is not entered.  
Claim searches are limited to a maximum range of 45 days.

**Claim Information**

Claim ID

**Recipient Information**

Recipient ID

**Service Information**

Rendering Provider ID   ID Type  Claim Type

Service From   To   Claim Status

### Claim Status field requirements

Field	Format
<b>Claim Information</b>	
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."
<b>Recipient Information</b>	
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."
<b>Service Information</b>	
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."
ID Type	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 the **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 ID Type Claim Type

Service From 02/01/2018 To 02/28/2018 Claim Status


Search Reset

Search Results

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			02/26/2018	
+	2218172000008		Outpatient	Finalized Payment	02/05/2018	234567890123			02/08/2018	
+	2218110000008		Outpatient	Finalized Payment	02/02/2018	234567890123			02/28/2018	

- Claim ID – ICN is listed
  - 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.

Search Results

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
+	<a href="#">2218178000008</a>		Outpatient	Finalized Payment	02/07/2018			\$100.00	02/26/2018	
-	<a href="#">2218172000008</a>		Outpatient	Finalized Payment	02/05/2018			\$100.00	02/08/2018	

Outpatient Claim Information

Recipient

DEF ABC

Birth Date

06/29/1990

Rendering Provider

VALLEY VIEW MEDICAL CENTER

Claim Status

Finalized Payment

Total Charge Amount

\$100.00

Total Paid Amount

\$100.00

Paid Date

02/08/2018

Reason Code

Finalized/Payment-The claim/line has been paid.

Service Information

Service	Service Date	Line Status	Reason Code	Units	Revenue	Procedure/Modifiers	Charge	Paid
1	02/05/2018	Finalized Payment	Finalized/Payment-The claim/line has been paid.	1	100	58674	\$100.00	\$100.00

RA Copy (PDF)

+	<a href="#">2218110000008</a>		Outpatient	Finalized Payment	02/02/2018	234567890123	1538178801	\$0.00	02/28/2018	
---	-------------------------------	--	------------	-------------------	------------	--------------	------------	--------	------------	--

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

ID Type

Claim Type

Service From 02/01/2018

To 02/28/2018

Claim Status

Search

Reset

Search Results

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			\$100.00	02/26/2018	
+	2218172000008		Outpatient	Finalized Payment	02/05/2018			\$100.00	02/08/2018	
+	2218110000008		Outpatient	Finalized Payment	02/02/2018			\$0.00	02/28/2018	

The View claims page will display.

[Print Preview](#)

View Institutional Claim - ID 2218178000008										Back to Search Results ?	
<b>Claim Type</b> Outpatient											
<b>Provider Information</b>											
Billing Provider ID				ID Type		NPI					
Billing Provider Service Location				ID Type		-					
Institutional Provider ID				ID Type		-					
Attending Provider ID				ID Type		NPI					
Operating Provider ID				ID Type		-					
Other Operating Provider ID				ID Type		-					
Referring Provider ID				ID Type		-					
<b>Patient Information</b>											
Recipient ID				021567890123		Gender		Female			
Recipient Birth Date											
<b>Claim Information</b>											
Claim Status				Finalized Payment							
Covered Dates				02/28/2018		Admission Date/Hour		02/28/2018 - 01:00			
Admission Type				2-Urgent		Admission Source		2-Clinic or Physician's Office			
Admitting Diagnosis Type				-		Discharge Hour		-			
Admitting Diagnosis				-		Facility Type Code		131-Hospital Outpatient: Admit through Discharge Claim			
Patient Status				01-Discharged to Home or Self Care (Routine Discharge)				Authorization Number			
Patient Number				234567890123		Related Claim ICN					
Previous Claim ICN				-							
Note				-							
Total Allowed Amount				\$100.00		Total Co-pay Amount		\$0.00		Total Charged Amount \$100.00	
										Total Paid Amount \$100.00	
<a href="#">Expand All</a>   <a href="#">Collapse All</a>											
<b>Adjudication Errors</b> +											
<b>Diagnosis Codes</b> +											
<b>Patient Reason for Visit Diagnosis Codes</b> +											
<b>Condition Codes</b> +											
<b>Occurrence Codes</b> +											
<b>Value Codes</b> +											
<b>Service Details</b> -											
Svc #	Revenue Code	HCPCS/Proc Code	Mod	From Date	To Date	Units/Type	Charge Amount	Allowed Amount	Co-pay Amount	Paid Amount	
1	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	\$0.00	
No External Cause of Injury Diagnosis Codes exist for this claim											
No Other Insurance Details exist for this claim											
No Surgical Procedures exist for this claim											
No Attachments exist for this claim											
<a href="#">Adjust</a> <a href="#">Copy</a> <a href="#">Void</a> <a href="#">Print Preview</a> <a href="#">RA Copy (PDF)</a>											

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   ID Type  Claim Type


Service From   To   Claim Status

**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 PWP. When you search for other members in PWP, 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**.




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 Division of Health Care Financing and Policy Provider Portal

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[My Home](#)
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[Claims](#)
[Care Management](#)
[File Exchange](#)
[Resources](#)

My Home



**Provider**

**Name** ABC MEDICAL  
**Provider ID** 1073518007 (NPI)  
**Location ID** 250000259  
**Revalidation Date** 05/17/2028  
**License** \_

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


**Provider Services**

[Member Focused Viewing](#)  
[Search Payment History](#)  
[Revalidate-Update Provider](#)  
[Pharmacy PA](#)  
[PASRR](#)  
[Presumptive Eligibility](#)  
[Affiliated Providers](#)

**Welcome Health Care Professional!**


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


Use Secure Correspondence to communicate with Nevada Medicaid representatives regarding Nevada Medicaid questions and to submit claim appeals.

A Contact Tracking Number (CTN) will be generated once the request is submitted. You will receive an email to notify you when there is a response to your inquiry.

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

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

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.

**Member Focus Search**


Last Members Viewed

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	<a href="#">DEF ABC</a>	Female	06/29/1990	EL PASO	79835-0000
35456362520	<a href="#">YDYE J MDKDKZSC</a>	Male	01/29/1940	ELKO	89801-0000
00000000001	<a href="#">ISAAC E CLMGLZ</a>	Male	01/01/1999	RENO	89511-0000

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 in Focus: YDYE J MDKCDZSC [Change](#)

ID: 35456362520

[Close Member Focus](#) ✕



Other Details

[Secure Correspondence](#)  
Review previously sent messages or send new secure messages.

Member Details

Recipient ID 35456362520  
Name YDYE J MDKCDZSC  
Birth Date 01/29/1940  
City ELKO  
State NEVADA  
Gender Male  
Primary Language English

Coverage Details

Coverage	Effective Date	End Date
<a href="#">Medicaid Fee For Service</a>	06/28/2018	06/30/2018

[View eligibility verification information](#)

Your Member Claims

Medical/Dental

[Submit a Professional Claim](#)
[Submit a Dental Claim](#)

[Submit an Institutional Claim](#)

Claim ID	Service Date	Claim Type	Claim Status
<a href="#">2318082000001</a>	03/15/2018 - 03/15/2018	Outpatient	Pending In Process
<a href="#">2018082000033</a>	03/15/2018 - 03/15/2018	Outpatient	Pending In Process
<a href="#">2018082000052</a>	03/15/2018 - 03/15/2018	Outpatient	Pending In Process
<a href="#">2318082000003</a>	03/15/2018 - 03/15/2018	Outpatient	Pending In Process
<a href="#">2018082000097</a>	03/15/2018 - 03/15/2018	Outpatient	Pending In Process

[View more claims for this member](#)

Your Member Authorizations

[Submit an Authorization](#)


There are no authorizations for this member.

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

Member in Focus: YDYE J MDKCDZSC [Change](#)

ID: 35456362520

[Close Member Focus](#) ✕



Other Details

[Secure Correspondence](#)  
Review previously sent messages or send new secure messages.

Member Details

Recipient ID 35456362520  
Name YDYE J MDKCDZSC  
Birth Date 01/29/1940  
City ELKO  
State NEVADA  
Gender Male  
Primary Language English

Coverage Details

Coverage	Effective Date	End Date
<a href="#">Medicaid Fee For Service</a>	06/28/2018	06/30/2018

[View eligibility verification information](#)

Your Member Claims

Medical/Dental

[Submit a Professional Claim](#)
[Submit a Dental Claim](#)

[Submit an Institutional Claim](#)

Claim ID	Service Date	Claim Type	Claim Status
<a href="#">2318082000001</a>	03/15/2018 - 03/15/2018	Outpatient	Pending In Process
<a href="#">2018082000033</a>	03/15/2018 - 03/15/2018	Outpatient	Pending In Process
<a href="#">2018082000052</a>	03/15/2018 - 03/15/2018	Outpatient	Pending In Process
<a href="#">2318082000003</a>	03/15/2018 - 03/15/2018	Outpatient	Pending In Process
<a href="#">2018082000097</a>	03/15/2018 - 03/15/2018	Outpatient	Pending In Process

[View more claims for this 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 criteria 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](#) ✕

Search Claims ?

Medical/Dental

A minimum one field is required.  
Recipient ID, Service From and To Date are required fields for the search when Claim ID is not entered.  
Claim searches are limited to a maximum range of 45 days.

Claim Information

Claim ID

Recipient Information

Recipient ID

Service Information

Rendering Provider ID

ID Type

Claim Type

Service From

To

Claim Status

Search


Reset

There are no claims to show based on the search criteria selected.

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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.
5. To remove the member in focus while checking claim status on another member, click **Close Member Focus** or click on the "X" 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 MDKQDZSC [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  
ID Type 
Claim Type

Service From  
To  
Claim Status

[Search](#) [Reset](#)