

Adult Day Health Care Provider Type 39 Training



Nevada Medicaid Provider Training

2018



Objectives



Objectives

- Locate Medicaid Policy
- Locate CMS-1500 Claim Form Instructions, Billing Manual and Billing Guidelines
- Utilize the Search Fee Schedule
- Locate Prior Authorization Forms
- Login to the Electronic Verification System (EVS) Secure Web Portal
- Review Delegate Access
- Successfully submit a Prior Authorization
- View Prior Authorizations
- Learn about benefits of Electronic Data Interchange (EDI)
- Locate the EDI Companion Guide
- Navigate to Web Announcements:
 - Review Web Announcement 1104
 - Review Web Announcement 1323



Provider Web Portal

Provider Web Portal www.medicaid.nv.gov

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

Contact Us DHCFP Home

Search

Providers EVS Pharmacy Prior Authorization Quick Links Calendar

User Manual
Provider Login (EVS)

Announcements
Web Announcement 1519
Vaccine Coverage
Web Announcement 1518
Attention Hospice Providers: Hospice Billing Authorization Letters No Longer Mailed
Web Announcement 1517
Update: Claims with Ocular Procedure Code 92014 Billed with 92015 and Code 92060 Billed with 92083 Are No Longer Denying in Error
Web Announcement 1516
Attention Provider Type 20 (Physician, M.D., Osteopath, D.O.) Specialty 134 (Pain Management): Update Regarding Claims for Surgical and Laboratory Procedure Codes
Web Announcement 1516
Update Regarding Claims for Casting Q Codes
View All Web Announcements

Welcome

New Provider Orientation

Introduction to Nevada Medicaid
Website Navigation
Getting Started on EVS - Access to the Provider Portal — EDI System - Enrollment Training
Overview of Claims Process

REGISTER TODAY

Nevada Medicaid

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

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

Notifications

Physician and Laboratory Payment Methodology Changes Implemented. [See Web Announcement 1484]

Individual Personal Care Assistant (PCA) Enrollment and National Provider Identifier Requirement. PCA Enrollment Project Survey. [See Web Announcement 1499]

The Division of Health Care Financing and Policy (DHCFP) has selected LIBERTY Dental Plan of Nevada (LIBERTY) as the new Managed Care Dental Benefits Administrator (DBA) effective January 1, 2018, to serve recipients enrolled in a Managed Care Organization (MCO). [See Web Announcement 1442]

Reminder of Requirements Regarding Ordering, Prescribing or Referring Provider on Claims. [See Web Announcement 1372]

Enrollment Termination Frequently Asked Questions (FAQs) [Review]

Provider Links

Billing Information
E-Prescribing
Forms

Featured Links

Authorization Criteria
DHCFP Home
EDI Enrollment Forms and Information
EVS User Manual
Online Provider Enrollment
Provider Login (EVS)
Prior Authorization
Search Fee Schedule

EVS

EVS is available 24 hours a day, seven days a week except during the scheduled weekly maintenance period, Monday through Friday 12:00–12:30 a.m. Pacific Time (PT) and Sunday 8:00 p.m.–12:30 a.m. PT

System Requirements

To access EVS, you must have internet access and a computer with a web browser (Microsoft Internet Explorer 9.0 or higher, Mozilla Firefox, or Google Chrome recommended)



Medicaid Services Manual (MSM)

Chapter 1800

Locating MSM Chapter 1800

The screenshot shows the Nevada Department of Health and Human Services website. The header includes the department name and logo, with links for "Contact Us" and "DHCFP Home". A search bar is located in the top right. Below the header is a blue navigation bar with links for "Providers", "EVS", "Pharmacy", "Prior Authorization", "Quick Links", and "Calendar".

A dropdown menu is open under "Quick Links", listing the following items:

- Change Provider Information
- PASRR
- Medicaid Services Manual**
- Rates Unit
- Get Adobe Reader

The main content area features a "New Provider Orientation" banner with a "REGISTER TODAY" button. Below the banner is a list of topics:

- Introduction to Nevada Medicaid
- Website Navigation
- Getting Started on EVS - Access to the Provider Portal
- EDI System - Enrollment Training
- Overview of Claims Process

On the left side, there are sections for "Announcements" and "Featured Links". The "Announcements" section lists several "Web Announcement" items with brief descriptions. The "Featured Links" section includes "Authorization Criteria" and "DHCFP Home".

On the right side, there is a "Notifications" section with several text-based notices regarding dental plan changes, PWP upgrades, and website updates.

- Step 1: Highlight Quick Links from top blue tool bar
- Step 2: Select **Medicaid Services Manual** from the drop-down menu
- Note: MSM Chapters will open in new web page through the DHCFP website

Locating MSM Chapter 1800, continued

ISHome/ NV MSMHome

Meetings, Workshops, Public Notices

CaseloadData

Medicaid Services Manual

To do a keyword search on any .PDF document, click Cntrl F to generate the search box. Enter the desired search word and click Previous or Next.

- Medicaid Services Manual - Complete
- 100 Medicaid Program
- 200 Hospital Services
- 300 Radiology Services
- 400 Mental Health and Alcohol and Substance Abuse Services
- 500 Nursing Facilities
- 600 Physician Services
- 700 Reimbursement, Analysis and Payment
- 800 Laboratory Services
- 900 Private Duty Nursing
- 1000 Dental
- 1100 Ocular Services
- 1200 Prescribed Drugs
- 1300 DME Disposable Supplies and Supplements
- 1400 Home Health Agency
- 1500 Healthy Kids Program
- 1600 Intermediate Care for Individuals with Intellectual Disabilities
- 1700 Therapy
- **1800 Adult Day Health Care**
- 1900 Transportation Services
- 2000 Audiology Services
- 2100 Home and Community Based Waiver for Individuals with Intellectual Disabilities
- 2200 Home and Community Based Waiver for the Frail Elderly
- 2300 Waiver for Persons with Physical Disabilities
- 2400 Home Based Habilitation Services
- 2500 Case Management
- 2600 Intermediary Service Organization
- 2700 Certified Community Behavioral Health Clinic
- 2800 School Based Child Health Services
- 3000 Indian Health
- 3100 Hearings
- 3200 Hospice
- 3300 Program Integrity
- 3400 Telehealth Services
- 3500 Personal Care Services Program
- 3600 Managed Care Organization
- 3800 Care Management Organization
- 3900 Home and Community Based Waiver for Assisted Living
- Addendum

- Select “1800 Adult Day Health Care”
- From the next page, always make sure that you select the “Current” policy



Medicaid Billing Information

Locating Medicaid Billing Information

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

Contact Us DHCFP Home

Search

Providers EVS Pharmacy Prior Authorization Quick Links Calendar

Announcements/Newsletters

- Billing Information**
- Electronic Claims/EDI
- E-Prescribing
- Forms
- NDC
- Provider Enrollment
- Provider Training

Web Announcement 1497
Medicaid Services Manual Chapters Updated

Web Announcement 1496
2018 New Codes Update Completed

View All Web Announcements

Featured Links

- Authorization Criteria
- DHCFP Home
- EDI Enrollment Forms and Information
- EVS User Manual
- Online Provider Enrollment
- Provider Login (EVS)
- Prior Authorization
- Search Fee Schedule
- Search Providers

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- Individual Personal Care Assistant (PCA) Enrollment and National Provider Identifier Requirement. PCA Enrollment Project Survey. [See Web Announcement 1499]
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- Reminder of Requirements Regarding Ordering, Prescribing or Referring Provider on Claims. [See Web Announcement 1372]
- Enrollment Termination Frequently Asked Questions (FAQs) [Review]

Provider Links

- Billing Information
- E-Prescribing
- Forms
- Provider Enrollment
- Provider Newsletters
- Provider Training

- Step 1: Highlight “Providers” from top blue tool bar
- Step 2: Select “Billing Information” from the drop-down menu

Locating Medicaid Billing Information, continued

Paper Claim Form Instructions

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

Utilize the **CMS-1500 Claim Form Instructions** to properly submit claims.

Billing Manual

For Archives [Click here](#)

Title	File Size	Last Update
Billing Manual	2 MB	09/01/2017

Utilize the **Billing Manual** for general billing information.

Billing Guidelines (by Provider Type)

39	Adult Day Health Center	07/24/17
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Utilize the **Billing Guidelines** for specific information for PT 39, including prior authorization information, covered and non-covered services.



Fee Schedule and Rates Unit

Fee Schedule

Featured Links

[Authorization Criteria](#)

[DHCFP Home](#)

[EDI Enrollment Forms and Information](#)

[EVS User Manual](#)

[Online Provider Enrollment](#)

[Provider Login \(EVS\)](#)

[Prior Authorization](#)

[Search Fee Schedule](#)

[Search Providers](#)

- Utilize the Search Fee Schedule to determine the rate of reimbursement for a procedure code

Fee Schedule, continued



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

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

Home

[Resources](#) > Search Fee Schedule

LICENSE FOR USE OF "CURRENT PROCEDURAL TERMINOLOGY", FOURTH EDITION ("CPT®")

End User Point and Click Agreement

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Applicable FARS\DFARS Restrictions Apply to Government Use

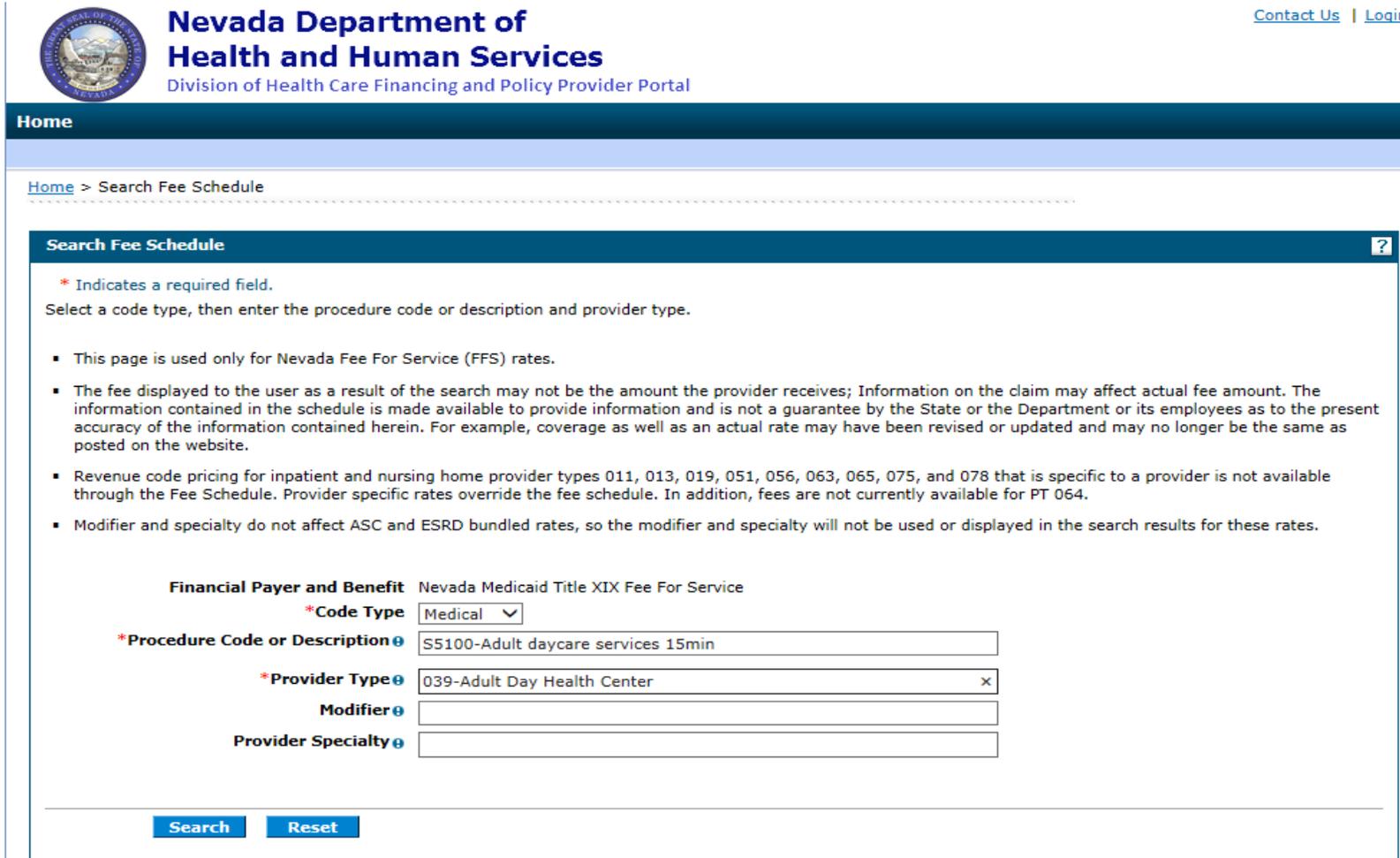
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AMA Disclaimer of Warranties and Liabilities

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

- Step 1: Click “I Accept”
- Step 2: Click “Submit”

Fee Schedule, continued



The screenshot shows the Nevada Department of Health and Human Services website. The header includes the state seal and the text "Nevada Department of Health and Human Services" and "Division of Health Care Financing and Policy Provider Portal". There are links for "Contact Us" and "Login". Below the header is a "Home" navigation bar. The main content area is titled "Search Fee Schedule" and contains a search form. The form includes a legend for required fields, instructions, and a list of disclaimers. The search form fields are: "Financial Payer and Benefit" (Nevada Medicaid Title XIX Fee For Service), "*Code Type" (Medical), "*Procedure Code or Description" (S5100-Adult daycare services 15min), "*Provider Type" (039-Adult Day Health Center), "Modifier", and "Provider Specialty". There are "Search" and "Reset" buttons at the bottom of the form.

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

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

Home

[Home](#) > Search Fee Schedule

Search Fee Schedule

* Indicates a required field.
Select a code type, then enter the procedure code or description and provider type.

- This page is used only for Nevada Fee For Service (FFS) rates.
- The fee displayed to the user as a result of the search may not be the amount the provider receives; Information on the claim may affect actual fee amount. The information contained in the schedule is made available to provide information and is not a guarantee by the State or the Department or its employees as to the present accuracy of the information contained herein. For example, coverage as well as an actual rate may have been revised or updated and may no longer be the same as posted on the website.
- Revenue code pricing for inpatient and nursing home provider types 011, 013, 019, 051, 056, 063, 065, 075, and 078 that is specific to a provider is not available through the Fee Schedule. Provider specific rates override the fee schedule. In addition, fees are not currently available for PT 064.
- Modifier and specialty do not affect ASC and ESRD bundled rates, so the modifier and specialty will not be used or displayed in the search results for these rates.

Financial Payer and Benefit Nevada Medicaid Title XIX Fee For Service

*Code Type

*Procedure Code or Description

*Provider Type

Modifier

Provider Specialty

- Step 1: Select Code Type from drop-down menu
- Step 2: Input Procedure Code of Description (see Billing Guide for codes)
- Step 3: Input appropriate Provider Type
- Step 4: Click “Search” to populate results

Fee Schedule, continued

Search Fee Schedule ?

* Indicates a required field.
 Select a code type, then enter the procedure code or description and provider type.

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Financial Payer and Benefit Nevada Medicaid Title XIX Fee For Service

*Code Type

*Procedure Code or Description

*Provider Type

Modifier

Provider Specialty

– Note: Make sure that the Effective Date ends in 9999 for current rates of reimbursement

Search Results Total Records: 2

Procedure	Provider Type	Provider Specialty	Modifier	Fee Amount	Age Restrictions	Effective Date ▼
S5100-Adult daycare services 15min	039-Adult Day Health Center	000-No Specialty		\$2.27	REGULAR	7/1/2004 - 12/31/9999
S5100-Adult daycare services 15min	039-Adult Day Health Center	000-No Specialty		\$1.67	REGULAR	1/1/1980 - 6/30/2004

Rates Unit

Quick Links ▾ Calendar

Change Provider Information

PASRR

Medicaid Services Manual

Rates Unit

Get Adobe Reader

- Step 1: Highlight Quick Links from tool bar
- Step 2: Select “Rates Unit”
- Step 3: From new window, select “Accept”

The screenshot shows the website for the Nevada Department of Health and Human Services, Division of Health Care Financing and Policy. The page features a navigation menu with links for HOME, ABOUT, PROGRAMS, PROVIDERS, MEMBERS, PUBLIC NOTICES, RESOURCES, BOARDS/COMMITTEES, and CONTACT. A search bar is present with the text "Google" and a magnifying glass icon. The main content area displays a license agreement titled "POINT AND CLICK LICENSE AGREEMENT FOR AMA/CPT AND ADA/CDT". The agreement text includes "LICENSE FOR USE OF 'CURRENT PROCEDURAL TERMINOLOGY', FOURTH EDITION ('CPT®')", "End User Point and Click Agreement", and two buttons: "ACCEPT" and "DECLINE".

Rates Unit, continued

REIMBURSEMENT, ANALYSIS AND DEVELOPMENT

Rates Unit - Nevada Medicaid

The Rate Setting Unit is responsible for: rate development; rate study/review, rate appeals; annual and quarterly updates; and nursing facility rates.

Nevada Medicaid administers the program with provisions of the [Nevada Medicaid State Plan](#), Titles XI and XIX for the Social Security Act, all applicable Federal regulations and other official issuance of the Department. Methods and standards used to determine rates for inpatient and outpatient services are located in the State Plan under Attachments 4.19 A through E.

New Codes for 2017

- [Status Update](#)
- [Annual New Code Update Process](#)
- [2017 New Codes](#)
- [2017 New Codes PT 10 & 46](#)

Fee Schedule Search

Nevada Medicaid has a new feature on the [Medicaid.nv.gov](#) website under the Provider "Home" page (EVS). The new feature will allow Providers to not only view fee schedules, but also the ability to verify member eligibility, search for claims, payment information and Remittance Advices. For modifier or anesthesia base units, see the appropriate links below. Please refer to the appropriate Medicaid policy to fully determine coverage as well as any coverage limitations. Medicaid policy takes precedence over any code and rate listed here for a particular provider type.

- [Fee Schedule Search](#)
- [Web Portal User Manual](#)
- [Anesthesiology Unit Values](#)
- [Nevada Medicaid Modifier Listing](#)

Fee Schedules

The fee schedules found here are updated on an annual basis, sometimes more frequently. Information regarding the [annual new code update](#) may be found on this website.

The information contained in these schedules is made available to provide information and is not a guarantee by the State or the Department or its employees as to the present accuracy of the information contained herein.

- [Managed Care Capitation Rates](#)
- [Fee-for-Service PDF Fee Schedules](#)

Contact

rates@dhcp.nv.gov

Reports

Rate Increases

- Locate the “Fee-for-Service PDF Fee Schedules” from the Fee Schedules Section

Rates Unit, continued

FEE SCHEDULES

The information contained in these schedules is made available to provide information and is not a guarantee by the State or the Department or its employees as to the present accuracy of the information contained herein.

■ [Provider Type 39 Adult Day Health Center](#)

Provider Type 39 Adult Day Health Center Reimbursement Schedule

This schedule reflects rate data as of : 1/1/2018

The information contained in the schedule is made available to provide information and is not a guarantee by the State or the Department or its employees as to the present accuracy of the information contained herein. For example, coverage as well as an actual rate may have been revised or updated and may no longer be the same as posted on the website.

This provider type was last subject to a rate review* on : **11/2016**

*Rate review refers to a comprehensive review of all the rates associated with this provider type. In 2017 the NV Legislature passed Assembly Bill 108 which, starting in 2018, requires NV Medicaid to perform a comprehensive rate review for each provider type at least once every four years. These reviews may or may not result in changes to reimbursement amounts.

Notes:

Procedure codes with a rate of \$0.00 are reimbursed at 62% of Usual and Customary charges unless noted otherwise in Nevada Medicaid policy.

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Proc	Mod	Description	Rate	Rate Begin
S5100		Adult daycare services 15min	2.27	7/1/2004
S5102		Adult day care per diem	54.48	10/1/2011

- Select appropriate title to open the PDF pertaining to the Reimbursement Schedule you would like to review



Prior Authorization Form

Locating Prior Authorization Form (FA-17)

The screenshot shows the Nevada Department of Health and Human Services website. The top navigation bar is blue and contains the following items: Providers, EVS, Pharmacy, Prior Authorization, Quick Links, and Calendar. A search bar is located on the right side of the navigation bar. The main content area features a large banner for 'New Provider Orientation' with the text 'REGISTER TODAY' and a hand icon. The banner lists several topics: Introduction to Nevada Medicaid, Website Navigation, Getting Started on EVS - Access to the Provider Portal, EDI System - Enrollment Training, and Overview of Claims Process. The Nevada Medicaid logo is at the bottom of the banner. Below the banner is a welcome message: 'Welcome to the Nevada Medicaid and Nevada Check Up Provider Web Portal. Through this easy-to-use internet portal, healthcare providers have access to useful information and tools regarding provider enrollment and revalidation, recipient eligibility, verification, prior authorization, billing instructions, pharmacy news and training opportunities. The notifications and web announcements keep providers updated on enhancements to the online tools, as well as updates and reminders on policy changes and billing procedures. Thank you for your participation in Nevada Medicaid and Nevada Check Up.'

On the left side, there is a drop-down menu with the following items: Announcements/Newsletters, Billing Information, Electronic Claims/EDI, E- Prescribing, **Forms** (highlighted with a red box), NDC, Provider Enrollment, and Provider Training. Below the drop-down menu is a 'Featured Links' section with the following items: Authorization Criteria, DHCFP Home, EDI Enrollment Forms and Information, EVS User Manual, Online Provider Enrollment, Provider Login (EVS), Prior Authorization, Search Fee Schedule, and Search Providers.

On the right side, there is a 'Notifications' section with the following items: Physician and Laboratory Payment Methodology Changes Implemented, Individual Personal Care Assistant (PCA) Enrollment and National Provider Identifier Requirement, and The Division of Health Care Financing and Policy (DHCFP) has selected LIBERTY Dental Plan of Nevada (LIBERTY) as the new Managed Care Dental Benefits Administrator (DBA). Below the notifications is a 'Provider Links' section with the following items: Billing Information, E-Prescribing, Forms, Provider Enrollment, Provider Newsletters, and Provider Training.

- Step 1: Highlight “Providers” from top blue tool bar
- Step 2: Select “Forms” from the drop-down menu

Note: All ADHC services **require** a prior Authorization.

Prior Authorization Form (FA-17), continued

Prior Authorization Forms

All prior authorization forms are for completion and submission by current Medicaid providers only.

Form Number	Title
FA-1	Durable Medical Equipment Prior Authorization Request
FA-1A	Usage Evaluation for Continuing Use of BIPAP and CPAP Devices
FA-1B	Mobility Assessment and Prior Authorization (PA), Revised 12/29/10
FA-1B Instructions	Mobility Assessment and Prior Authorization (PA) Instructions
FA-1C	Oxygen Equipment and Supplies Prior Authorization Request
FA-1D	Wheelchair Repair Form
FA-3	Inpatient Rehabilitation Referral/Assignment
FA-4	Long Term Acute Care Prior Authorization
FA-6	Outpatient Medical/Surgical Services Prior Authorization Request
FA-7	Outpatient Rehabilitation and Therapy Services Prior Authorization Request
FA-8	Inpatient Medical/Surgical Prior Authorization Request
FA-8A	Induction of Labor Prior to 39 Weeks and Scheduled Elective C-Sections
FA-10A	Psychological Testing
FA-10B	Neuropsychological Testing
FA-10C	Developmental Testing
FA-10D	Neurobehavioral Status Exam
FA-11	Outpatient Mental Health Request
FA-11A	Behavioral Health Authorization
FA-11D	Substance Abuse/Behavioral Health Authorization Request
FA-11E	Applied Behavior Analysis (ABA) Authorization Request
FA-11F	Autism Spectrum Disorder (ASD) Diagnosis Certification for Requesting Initial Applied Behavior Analysis (ABA) Services
FA-12	Inpatient Mental Health Prior Authorization
FA-13	Residential Treatment Center Concurrent Review
FA-13A	RTC Therapeutic Home Pass Form
FA-14	Inpatient Mental Health Services Concurrent Review Request
FA-15	Residential Treatment Center Prior Authorization
FA-16	Home Health Agency Prior Authorization Request
FA-17	Adult Day Health Care Services Prior Authorization Request
FA-18	Level 1 Identification Screening for PASRR
FA-19	Level of Care Assessment for Nursing Facilities
FA-19 Instructions	Level of Care Assessment for Nursing Facilities Instructions
FA-20	PASRR and LOC Copy Request
FA-21	PASRR and LOC Data Correction Form

- While on the Forms page, locate form FA-17
- Make sure that you follow the instructions on the form
- All active forms are fillable forms for easy uploading and online PA submission
- Any form that is not legible will not be accepted
- To avoid delays in processing your request, use the most current version of form FA-17

Prior Authorization Form (FA-17), Page 1

- Fill out all fields on the form
- Section I: Recipient Information
- Section II: ADHC Facility Information
- Section III: Requested Services
 - Begin Date must be on or after the date services are being requested. It cannot be backdated or PA request will be denied.
 - End Date: If the request has a start date of the 1st through the 15th of the month, the latest end date that may be requested is one year from the end of the previous month. If the request has a start date of the 16th through the 31st of the month, the latest end date that may be requested is one year from the end of the current month.
 - The dates and services must match what is entered in the Provider Web Portal.
- Section IV: Recipient Verification

Prior Authorization Request
Nevada Medicaid and Nevada Check Up
Adult Day Health Care (ADHC)

Purpose: To request prior authorization for ADHC services through the Nevada Medicaid program.

Required Attachments: When faxing, please submit this page as the first page of the request packet. If the recipient is currently receiving ADHC services with another provider, Form FA-29A (Request for Termination of Service) must be submitted along with Form FA-17.

Notes: Services are dependent on medical necessity and may be approved for a maximum of one year. If Nevada Medicaid needs additional information to make a determination for your request, you will be notified by mail and in the Provider Web Portal. You will have five business days to submit the requested information or the request will be denied for insufficient information (a "technical denial"). When complete information is submitted, Nevada Medicaid will make a determination within five business days and the authorization information will then be visible in the Provider Web Portal. Please do not re-fax unless you are directed to do so.

Please review the Billing Guidelines for Provider Type 39 available on the [Providers Billing Information](#) webpage.

Upload this form and the required attachments through the Provider Web Portal or fax to: (866) 480-9903.

Questions? Call: (800) 525-2395

DATE OF REQUEST: ____ / ____ / ____ **REQUEST TYPE:** Initial/New Continuing Revised

NOTES:		
SECTION I: RECIPIENT INFORMATION		
Recipient Name:		Date of Birth:
Recipient Medicaid ID:	Phone:	
Mailing Address:		
Current Residence: <input type="checkbox"/> Independent Living <input type="checkbox"/> Group Care/Assisted Living <input type="checkbox"/> Other:		
SECTION II: ADHC FACILITY INFORMATION		
Name:		NPI:
Phone:	Fax:	
Physical Address:		
Name and professional title of person completing sections I, II and III of this form:		
Name:		Title:
Contact Phone:	Contact Fax:	
SECTION III: REQUESTED SERVICES		
Requested begin date of service:		Requested end date of service: <i>(Must be last day of the month)</i>
Requested number of days per week:	Total Units Requested:	ICD-10 Code:
Choose one: <input type="checkbox"/> S5102 (Attends 6 or more hours per day) <input type="checkbox"/> S5100 (Attends less than 6 hours per day or schedule varies between less than or more than 6 hours per day)		
SECTION IV: RECIPIENT VERIFICATION AND SIGNATURE		
<i>I am choosing to attend an Adult Day Health Care facility. If there is more than one facility in my area, I verify that I have been offered a choice of facilities.</i>		
<i>I, or my legal representative, was involved in the formulation of the service plan.</i>		
Recipient Signature:		Date:

Prior Authorization Form (FA-17), Page 2

- Section V: Universal Needs Assessment
- Tuberculosis Screening: TB Test must be current within a year
- The initial TB test must be 2-step or the 1-step Quantiferon Gold
- TB Testing is required annually
- TB Screening must come back negative. If TB test is positive, provider must completely fill out TB Screening along with the Signs and Symptoms Checklist.
- Do not leave any blanks. Check Yes or No and all appropriate boxes.

Prior Authorization Request
Nevada Medicaid and Nevada Check Up
Adult Day Health Care (ADHC)

SECTION V: UNIVERSAL NEEDS ASSESSMENT / PHYSICIAN, APRN OR PA EVALUATION <i>Note to physician's office: Unless instructed to do otherwise, please return this form to the facility or to the patient and/or care provider.</i>		
Date of Examination:	Assessor Name:	
Address of Assessor:		
Contact Phone:	Fax Number:	NPI:
Assessor is a (check one): <input type="checkbox"/> Physician <input type="checkbox"/> Advanced Practice Registered Nurse <input type="checkbox"/> Physician's Assistant		
Assessor's State Board Medical or Nursing or Medical Examiner License Number:		
Recipient's Vital Signs: Blood Pressure: ___/___ Pulse: ___ Respirations: ___ Temperature: ___		
Tuberculosis (TB) Screening: TB testing is required annually. The initial test must be 2-step or the 1-step Quantiferon Gold. For continued services the annual test may be 2-step or either of the single test options. (See Nevada Administrative Code (NAC) 441A.380 and NRS 441A.120)		
Option 1 2-Step TB Skin Test: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date 1 st Test: _____	Date Read: _____	Results: _____
Date 2 nd Test: _____	Date Read: _____	Results: _____
Enter the Lot # and Expiration Date if the TB testing was done in the physician's office:		
Lot #: _____	Expiration Date: _____	
Lot #: _____	Expiration Date: _____	
Option 2 Quantiferon Gold: <input type="checkbox"/> Yes or <input type="checkbox"/> No		
Test Date: _____	Date Read: _____	Results: _____
Option 3 If the recipient has had a positive TB skin test, complete the following:		
Chest X-Ray (only if patient has not had a previous chest x-ray after a Positive skin test):		
Date: _____	Results: _____	
Signs and Symptoms Checklist: (to be completed annually for a recipient after a positive TB skin test has been documented.)		
Date of screening: _____		
<input type="checkbox"/> Yes <input type="checkbox"/> No Cough lasting three or more weeks	<input type="checkbox"/> Yes <input type="checkbox"/> No Unexplained weight loss	
<input type="checkbox"/> Yes <input type="checkbox"/> No Anorexia (loss of appetite)	<input type="checkbox"/> Yes <input type="checkbox"/> No Fever	
<input type="checkbox"/> Yes <input type="checkbox"/> No Night sweats	<input type="checkbox"/> Yes <input type="checkbox"/> No Fatigue	
<input type="checkbox"/> Yes <input type="checkbox"/> No Coughing up blood	<input type="checkbox"/> Yes <input type="checkbox"/> No BCG Vaccine	
Fall Risk:		
Has the client fallen in the past six months? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Specify: _____		
Does this patient have any infectious diseases? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Specify: _____		
Nutritional Needs/Special Diet: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Specify: _____		
Allergies: <input type="checkbox"/> No <input type="checkbox"/> Food <input type="checkbox"/> Medication		
Specify: _____		

Prior Authorization Form (FA-17), Page 3

- Page 3 must be filled out completely
- Page 3 must be signed and dated by the Physician, Advanced Practice Registered Nurse or Physicians Assistant
- Double check to confirm all pages of the form are complete and be sure the information on the form matches the request on the Provider Web Portal

Prior Authorization Request
Nevada Medicaid and Nevada Check Up
Adult Day Health Care (ADHC)

Physician Orders (examples include Durable Medical Equipment, Physical Therapy, Occupational Therapy, Speech Therapy, Special Diet, etc.):

Medical History:
Diagnosis: _____
History/Physical: _____

Clinical Information (Check all applicable boxes to indicate substantial impairments, risk factors and needs)
Treatment /Special Needs (check all that pertain and explain below):
 Trach Suctioning O2 Colostomy External Catheter PICC Saline-Lock
 Feeding Tube (G-tube, J-tube, NG tube) Wound Care Glucose Monitoring Insulin Dependent
 Medication Management Nebulizer Treatment Foley Catheter Vital Signs/Blood Pressure Monitoring Other: _____
 For all items checked above, indicate who performs it, frequency, duration, location of wound and specific treatments:

Substance Abuse: Yes No (This individual has been diagnosed with a substance abuse problem that will be addressed at the ADHC facility and that primarily contributes to his/her need for ADHC services)

Multiple Social Service System Involvement: Yes No (This individual is involved in multiple social service systems (e.g., criminal justice system or welfare systems) OR multiple case managers from various public and/or community organization and multi-system agencies related to the recipient's unmet needs.)

Activities of Daily Living: (Check all activities with which recipient needs assistance and add applicable comments)
 Dressing Eating Hygiene Bathing Mobility Transfer Bladder Bowel Grooming
 Comments: _____

Need for Supervision: (Check all boxes that pertain)
 Wandering Resists Care Socially Inappropriate Verbally Abusive Behavior Problem
 Safety Risk Physically Abusive Visually Impaired Hearing Impaired

Cognitive/Behavior: (Check all boxes that pertain)
 Speech/ Language/Communication Self-Direction Social Development Learning
 Vocational Development Maladaptive Behavior Psychosis/Hallucinations Mild Memory Loss
 Moderate Memory Loss

PHYSICIAN, APRN OR PA VERIFICATION AND SIGNATURE
 This person is appropriate for Adult Day Health Care Services (ADHC) Yes No
 I have completed an examination of the above named individual, and based on the finding documented in this section, I consider this individual appropriate for Adult Day Health Care (ADHC) services.
 Physician/APRN/PA Signature: _____ Date: _____

This authorization request is not a guarantee of payment. Payment is contingent upon eligibility, available benefits, contractual terms, limitations, exclusions, coordination of benefits and other terms and conditions set forth by the benefit program. The information on this form and on accompanying attachments is privileged and confidential and is only for the use of the individual or entities named on this form. If the reader of this form is not the intended recipient or the employee or agent responsible to deliver it to the intended recipient, the reader is hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If this communication is received in error, the reader shall notify sender immediately and destroy all information received.



EVS Secure Provider Web Portal

EVS Secure Provider Web Portal

The screenshot shows the Nevada Department of Health and Human Services website. The header includes the department name and 'Division of Health Care Financing and Policy Provider Portal'. A navigation bar contains links for 'Provider', 'EVS', 'Pharmacy', 'Prior Authorization', 'Quick Links', and 'Calendar'. The 'EVS' link is highlighted with a red box. Below the navigation bar, there are sections for 'Announcements Latest News' with several 'Web Announcement' links, 'Featured Links' with a 'Provider Login (EVS)' link highlighted in a red box, 'Notifications' with several news items, 'Provider Links' with various service links, and 'Scheduled Site Maintenance'. The main content area features a 'Welcome' message and a large 'New Provider Orientation' banner with a 'REGISTER TODAY' button. The banner lists topics: Introduction to Nevada Medicaid, Website Navigation, Getting Started on EVS - Access to the Provider Portal - EDI System - Enrollment Training, and Overview of Claims Process. Below the banner, a welcome message states: 'Welcome to the Nevada Medicaid and Nevada Check Up Provider Web Portal. Through this easy-to-use internet portal, healthcare providers have access to useful information and tools regarding provider enrollment and revalidation, recipient eligibility, verification, prior authorization, billing instructions, pharmacy news and training opportunities. The notifications and web announcements keep providers updated on enhancements to the online tools, as well as updates and reminders on policy changes and billing procedures. Thank you for your participation in Nevada Medicaid and Nevada Check Up.'

- The EVS/Provider Web Portal can be accessed by highlighting EVS from the top tool and select “Provider Login” or select “Provider Login (EVS)” from the Featured Links section

EVS Secure Provider Web Portal, continued

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

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

Home

Home

Login ?

*User ID

[Log In](#)

[Forgot User ID?](#)
[Register Now](#)
[Where do I enter my password?](#)

Web Announcements

[Web Announcement 1488](#)
Coverage Requirements for Contraceptive Drugs, Devices and Services to Implement on January 1, 2018

[Web Announcement 1487](#)
Diabetic Supply Changes for Nevada Medicaid

[Web Announcement 1486](#)
Prior Authorization Information Regarding Changes to Medicaid Managed Care Dental Services

[Web Announcement 1485](#)
Clinical Claim Editor Updated with Knowledge Base V60 Files

[Web Announcement 1484](#)
Physician and Laboratory Payment Methodology Changes Implemented

[View More Web Announcements](#)

Featured Links

[Authorization Criteria](#)
[DHCFP Home](#)
[EDI Enrollment Forms and Information](#)
[EVS User Manual](#)
[Search Fee Schedule](#)
[Search Providers](#)

What can you do in the Provider Portal

Through this secure and easy to use internet portal, healthcare providers can inquire on the status of their claims and payments, inquire on a patient's eligibility, process prior authorization requests and access Remittance Advices. In addition, healthcare providers can use this site for further access to contact information for services provided under the Nevada Medicaid program.

[Website Requirements](#)

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

- Step 1: Input User ID
- Step 2: Select “Log In”

If there is not an account created, select “Register Now” to begin creating a web portal account. See Chapter 1: Getting Started of the EVS User Manual for reference

EVS Secure Provider Web Portal, continued

 **Computer and Challenge Question**

Site Key
The HealthCare Portal uses a personalized site key to protect your privacy online. To use a site key, you are asked to respond to your Challenge question the first time you use a personal computer, or every time you use a public computer. When you type the correct answer to the Challenge question, your site key token displays which ensures that you have been correctly identified. Similarly, by displaying your personalized site key token, you can be sure that this is the actual HealthCare Portal and not an unauthorized site.

If this is your personal computer, you can register it now by selecting: **This is a personal computer. Register it now.**

Answer the challenge question to verify your identity.

Challenge Question In what city were you born?

***Your Answer**

[Forgot answer to challenge question?](#)

Select

This is a personal computer. Register it now.

This is a public computer. Do not register it.

Continue

- Answer the **challenge question** to verify your identity the first time you log in from a personal computer or every time you use a public computer
- Select **personal computer** or a **public computer**
- Click **Continue**

EVS Secure Web Portal, continued

 **Confirm Site Key Token and Passphrase**

Confirm that your site key token and passphrase are correct.

If you recognize your site key token and passphrase, you can be more comfortable that you are at the valid HealthCare Portal site and therefore is safe to enter your password.

Make sure your site key token and passphrase are correct.

If the site key token and passphrase are correct, type your password and click **Sign In**.
If this is not your site key token or passphrase, do not type your password.
Call the [customer help desk](#) to report the incident.

Site Key: 

Passphrase ChicagoCubs

***Password**

[Sign In](#)

[Forgot Password?](#)

- Confirm that your **site key token** and **passphrase** are correct. If you recognize your site key token and passphrase, you can be assured that you are at the valid Provider Web Portal website and it is safe to enter your password.
- Enter your **Password**
- Select **Forgot Password** to start the reset process

EVS Secure Provider Web Portal, continued



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](#) [Switch Provider](#)

My Home

[Provider](#)

Welcome
Name

Provider ID
Location ID 001

[My Profile](#)
[Switch Provider](#)

[Provider Services](#)

[Member Focused Viewing](#)
[Search Payment History](#)
[PASRR](#)
[EHR Incentive Program](#)
[EPSDT](#)
[Presumptive Eligibility](#)

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](#)

All Claim Inquiries should be submitted to the following Address:

Nevada Medicaid Administration
P.O.Box 30042
Reno, NV 89520-3042

- Verify all Provider Information
- Utilize Provider Services
- Use the “Contact Us” or “Secure Correspondence” links to contact Nevada Medicaid

EVS Secure Provider Web Portal, continued



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** | **Switch Provider**

My Home

Confirm provider information and contact information and check messages.

Eligibility

Search recipient eligibility information.

Claims

Search claims and payment history.

Care Management

Create authorizations, view authorization status, and maintain favorite providers.

File Exchange

Upload forms online.

Resources

Download forms and documents.



Role-Based Security and Delegate Access

Granting Access to a Delegate

- A new delegate is a person who does not currently have a delegate code, including a code that was created by someone else
- An existing delegate is a person who was previously provided with a delegate code and is registered for a portal account
- Each delegate should only have one delegate code, which is created by the first provider to add them as a delegate

1. Log in to Provider Web Portal.
2. Click **Manage Accounts**.

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: Plano Independent Hospital
Provider ID: XXXXXXXXXX (NPI)
Location ID: XXX-XXXXXX

[Manage Accounts](#)

Provider Services

- [Member Focused Viewing](#)
- [Search Payment History](#)
- [Revalidate-Update Provider](#)
- [PASRR](#)
- [EHR Incentive Program](#)
- [EPSDT](#)
- [Presumptive Eligibility](#)

Welcome Health Care Professional!

[Contact Us](#)

[Secure Correspondence](#)

All Claim Inquiries should be submitted to the following Address:
Nevada Medicaid Administration
P.O. Box 30042

We are committed to make it easier for physicians and other their business. In addition to providing the ability to verify my search for claims, payment information, and access Remittance secure site provides access to eligibility, answers to frequent and the ability to process authorizations.

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

Don't See the Manage Accounts Link?
Verify that you are using the correct Provider ID.

Delegate Assignment Tabs

- Add New Delegate
- Add Registered Delegate

Required fields are marked with a red asterisk (*).

The screenshot displays the Nevada Department of Health and Human Services Provider Portal. The header includes the state seal, the department name, and the division: "Division of Health Care Financing and Policy Provider Portal". Navigation tabs include "My Home", "Eligibility", "Claims", "Care Management", "File Exchange", and "Resources". The current page is "Manage Accounts" under "My Home". The "Delegate Assignment" section features two tabs: "Add New Delegate" and "Add Registered Delegate". Below the tabs, a legend states: "* Indicates a required field." The form instructions read: "Enter the fields below and click **Submit** to generate the delegate code for the new delegate to register." The form contains four required fields: "First Name", "Last Name", "Birth Date" (with a calendar icon), and "Last 4 of DLN". At the bottom of the form are "Submit" and "Cancel" buttons. A message at the bottom of the page states: "No Delegates are assigned to the User."

Delegate Assignment

Add New Delegate

The screenshot shows the Nevada Department of Health and Human Services portal. The main navigation bar includes 'My Home', 'Eligibility', 'Claims', 'Care Management', 'File Exchange', and 'Resources'. The current page is 'Manage Accounts' under 'My Home'. The 'Delegate Assignment' section has two tabs: 'Add New Delegate' (highlighted with a red box) and 'Add Registered Delegate'. Below the tabs, there is a note: '* Indicates a required field. Enter the fields below and click **Submit** to generate the delegate code for the new delegate to register.' The form fields are: '* First Name' (text input), '* Last Name' (text input), '* Birth Date' (calendar icon), and '* Last 4 of DLN' (text input). At the bottom of the form are 'Submit' and 'Cancel' buttons. A status message at the bottom of the page reads 'No Delegates are assigned to the User.'

Enter the delegate's:

- First Name, Last Name, Date of Birth and Last four digits of the delegate's Driver's License Number
- Click **Submit**

Add Registered Delegate

The screenshot shows the 'Add Registered Delegate' form in the 'Manage Accounts' section. The 'Add Registered Delegate' tab is highlighted with a red box. The form includes a definition: 'A registered delegate is defined as office staff and/or other support staff employed by the provider who have previously registered in the Portal. Providers may authorize Portal access to a registered delegate by completing the required fields using the delegate's assigned code. The delegate will then have access to the provider's information (claims, reports, eligibility inquiries, or other functionality) via the Portal.' Below this is a note: '* Indicates a required field. Enter the Last Name and the Delegate Code and click **Submit** to proceed.' The form fields are: '* Last Name' (text input) and '* Delegate Code' (text input), both highlighted with a red box. At the bottom of the form is a 'Submit' button.

Enter the delegate's:

- Last Name and previously provided Delegate Code

Delegate Assignment, continued

Manage Accounts [Back to My Home](#) ?

Edit Delegate

Select Active or Inactive to change the status and/or modify the functions below, then click the **Submit** button to update the information.

First Name charlie
Last Name brown
Birth Date 12/02/1972
Last 4 of DLN 1234
Delegate Code 10086
***Decision** Active Inactive

Select the functions that the delegate is authorized to access

***Functions**

- Base Delegate Access
- Care Management - Create Prior Authorization
- Care Management - View Prior Authorization
- Claims - Treatment History
- Claims - View Claims
- Eligibility - Eligibility Verification
- File Exchange - Download
- File Exchange - Upload
- Member Focus Viewing
- Provider Enrollment - Revalidate/Update

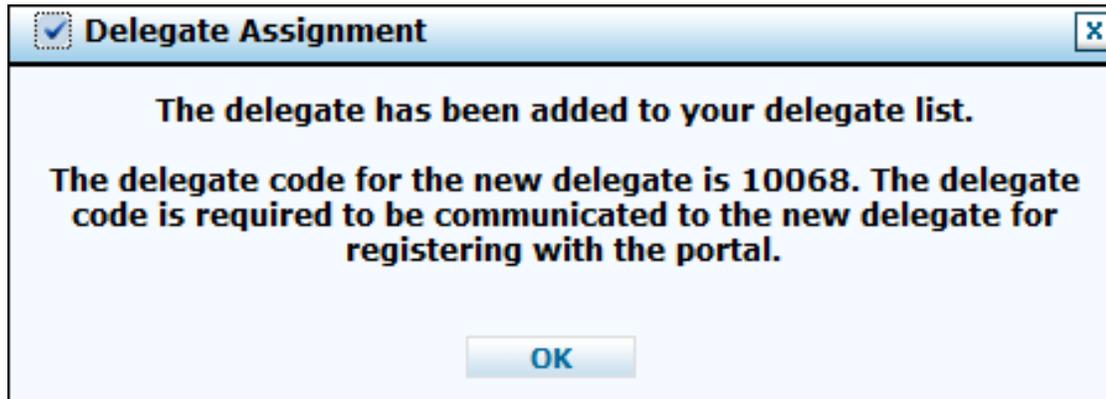
- Choose the Functions you want the delegate to be able to perform
- Click **Confirm**

Edit Delegate

- Make the appropriate changes to the functionality for the delegate.
- To remove the delegate's ability to have access to your Portal, chose "Inactive"
- When changes are complete, click "Submit"

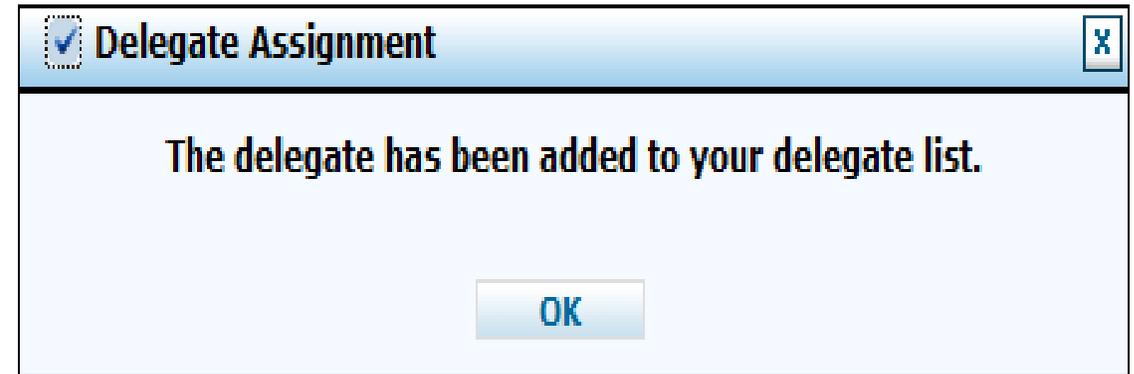
Delegate Assignment, continued

New Delegate



- The delegate needs a code to register for their own Provider Web Portal account. Once registered, they can access and switch between all providers who have assigned them as a delegate.

Registered Delegate



- A Delegate Assignment box will be displayed to confirm that the delegate was added to the provider's delegate list



Before You Create a Prior Authorization

Before Creating a Prior Authorization

-  Verify eligibility to ensure that the recipient is eligible on the date of service for the requested services.
-  Use the Provider Web Portal's PA search function to see if a request for the dates of service, units and service(s) already exist and is associated with your individual, state or local agency, or corporate or business entity.
-  Review the coverage, limitations and PA requirements for the Nevada Medicaid Program before submitting PA requests.
-  Use the Provider Web Portal to check PAs in pending status for additional information.
-  An authorization request is not complete until Nevada Medicaid receives all pertinent information.



Create a Prior Authorization Request

Key Information

Recipient Demographics

- First Name, Last Name and Birth Date will be auto-populated based on the recipient ID entered

Diagnosis Codes

- All PAs will require at least one valid diagnosis code

Searchable Diagnosis, Current Procedural Terminology (CPT), Healthcare Common Procedure Coding System (HCPCS), and Current Dental Terminology (CDT) codes

- Enter the first three letters or the first three numbers of the code to use the predictive search

PA Attachments

- Attachments are required with all PA requests
- Attachments can be submitted electronically, by mail or by fax
- PA requests received without an attachment will remain in pended status for 30 days
- If no attachment is received within 30 days, the PA request will automatically be cancelled

Create Authorization

 **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** | **Switch Provider**

[Create Authorization](#) | [View Authorization Status](#) | [Maintain Favorite Providers](#) | [Authorization Criteria](#)

Care Management

Authorizations

- ▶ [Create Authorization](#)
- ▶ [View Status of Authorizations](#)
- ▶ [Maintain Favorite Provider List](#)
- ▶ [Authorization Criteria](#)

- Hover over the Care Management tab or select Care Management from the top tool bar, then click “Create Authorization” from the sub-menu

One Page Process for Prior Authorization Requests

Create Authorization

* Indicates a required field.

Medical Dental

*Process Type

- ADHC
- Audiology
- BH Inpt
- BH Outpt
- BH PHP/IOP
- BH Rehab
- BH RTC
- DME
- Home Health
- Hospice
- Inpt M/S
- Ocular
- Outpt M/S
- PCS Annual Update
- PCS One-Time
- PCS SDS
- PCS Significant Change
- PCS Temporary Auth
- PCS Transfer
- Retro ADHC
- Retro Audiology
- Retro BH Inpt
- Retro BH Outpt
- Retro BH PHP/IOP
- Retro BH Rehab
- Retro BH RTC
- Retro DME
- Retro Home Health

- Step 1: Select the radio button next to “Medical”
- Step 2: Select either “ADHC” or “Retro ADHC”

Create Medical Prior Authorization

Provider, Recipient, Referring and Servicing Provider Information

Requesting Provider Information		
Provider ID	ID Type NPI	Name

Recipient Information	
*Recipient ID	
Last Name	First Name
Birth Date	

Referring Provider Information	
Referring Provider same as Requesting Provider	<input type="checkbox"/>
Select from Favorites	<input type="text"/>
Provider ID	<input type="text"/> <input type="text"/>
ID Type	<input type="text"/>
Name	<input type="text"/>
Add to Favorites	<input type="checkbox"/>

Service Provider Information	
Service Provider same as Requesting Provider	<input type="checkbox"/>
Select from Favorites	<input type="text"/>
*Provider ID	<input type="text"/> <input type="text"/>
*ID Type	<input type="text"/>
Name	<input type="text"/>
Add to Favorites	<input type="checkbox"/>
Location	<input type="text"/>

Requesting Provider Information

The information in this section is automatically populated

Recipient Information

Enter the Recipient ID

Referring Provider Information

If there is a referring provider, complete one of the following options:

- Check the **Referring Provider same as Requesting Provider** box
- Use the **Select from Favorites** drop-down list to select a provider from your favorites list
- Enter the **Provider ID** and select the **ID Type** from the drop-down list

Service Provider Information

- Check the **Service Provider same as Requesting Provider** box
- Use the **Select from Favorites** drop-down list to select a provider from your favorites list
- Enter the **Provider ID** and select the **ID Type** from the drop-down list
- Select service **Location** (optional)



The Last Name, First Name and Birth Date will be automatically populated based on the Recipient ID that is entered.

Diagnosis Information

Diagnosis Information -

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

Diagnosis Type	Diagnosis Code	Action
[-] Click to collapse.		
*Diagnosis Type <input type="text" value="ICD-10-CM"/>	*Diagnosis Code <input type="text"/>	

- The first diagnosis code entered is considered to be the principal or primary diagnosis code
- The Provider Web Portal allows up to nine diagnosis codes
- Click **Add** to add each diagnosis code



Do not key any decimals into the diagnosis code fields.

Diagnosis Information, continued

Invalid diagnosis code.

Diagnosis Information

Error
Diagnosis Code not found.

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

Diagnosis Type	Diagnosis Code	Action
<input type="checkbox"/> Click to collapse.		
*Diagnosis Type	*Diagnosis Code	
ICD-10-CM	T1019 Diagnosis Code not found.	

Valid diagnosis code.

Diagnosis Information

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

Diagnosis Type	Diagnosis Code	Action
ICD-10-CM	R69-Illness, unspecified	Remove

Click to collapse.

*Diagnosis Type: ICD-10-CM

*Diagnosis Code:

Service Details

Service Details 

Click '+' to view or update the details of a row. Click '-' to collapse the row. Click **Copy** to copy or **Remove** to remove the entire row.

Line #	From Date	To Date	Code	Modifiers	Units	Action
<input type="checkbox"/> Click to collapse.						
	*From Date 	To Date 	*Code Type CPT/HCPCS 	*Code <input type="text"/>		
	Modifiers <input type="text"/>					
	*Units <input type="text"/>					
	*Medical Justification <input type="text"/>					

- Indicate a **From Date**, i.e., start date
- Select a **Code Type** from the drop-down menu
- Input Code.
- Input amounts of units being requested
- In the Medical Justification field, indicate “See attached form”
- Select “Add Service”

Unsaved Data Warning

If you have entered information on the prior authorization and have not clicked the “Add” button, you will get the message below when you click the “Submit” button





Attachments

Attachment Requirements

Attachments

To include an attachment electronically with the prior authorization request, browse and select the attachment, select an Attachment Type and then click on the Add button.

[Prior Authorization Forms](#)

If you will not be sending an attachment electronically, but you have information about files that were sent using another method, such as by fax or that are available on request, select the appropriate Transmission Method and enter all the fields displayed.

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

	Transmission Method	File	Action
<input type="checkbox"/>	EL-Electronic Only	FA-1.pdf (1018K)	Remove

Click to collapse.

*Transmission Method

*Upload File

*Attachment Type

Allowable file types include:
doc, .docx, .gif, .jpeg, .pdf, .txt,
.xls, .xlsx, .bmp, .tif, and .tiff.



All PA requests require an attachment and any PA request that does not have an attachment submitted within 30 days will be automatically cancelled.

Attachment Requirements, continued

- Choose the type of attachment being submitted from the drop-down list

Attachments

To include an attachment electronically with the prior authorization request, browse and select the attachment, select an Attachment Type from the drop-down list.

[Prior Authorization Forms](#)

If you will not be sending an attachment electronically, select an appropriate Transmission Method from the drop-down list.

Click the **Remove** link to remove an attachment.

Transmission Method	Attachment Type
<input type="checkbox"/> Click to collapse.	59-Benefit Letter
	03-Report Justifying Treatment Beyond Utilization Guidelines
	11-Chemical Analysis
	04-Drug Administered
	05-Treatment Diagnosis
	06-Initial Assessment
	07-Functional Goals
	08-Plan of Treatment
	09-Progress Report
	10-Continued Treatment
	13-Certified Test Report
	15-Justification for Admission
	21-Recovery Plan
	48-Social Security Benefit Letter
	55-Rental Agreement
	77-Support Data for Verification
	A3-Allergies/Sensitivities Document
	A4-Autopsy Report
	AM-Ambulance Certification
	AS-Admission Summary
	AT-Purchase Order Attachment
	B2-Prescription
	B3-Physician Order
	BR-Benchmark Testing Results
	BS-Baseline
	BT-Blanket Test Results
	CB-Chiropractic Justification
	CK-Consent Form(s)
	D2-Physician Order
	DA-Dental Models

***Transmission Method**

***Upload File**

***Attachment Type**

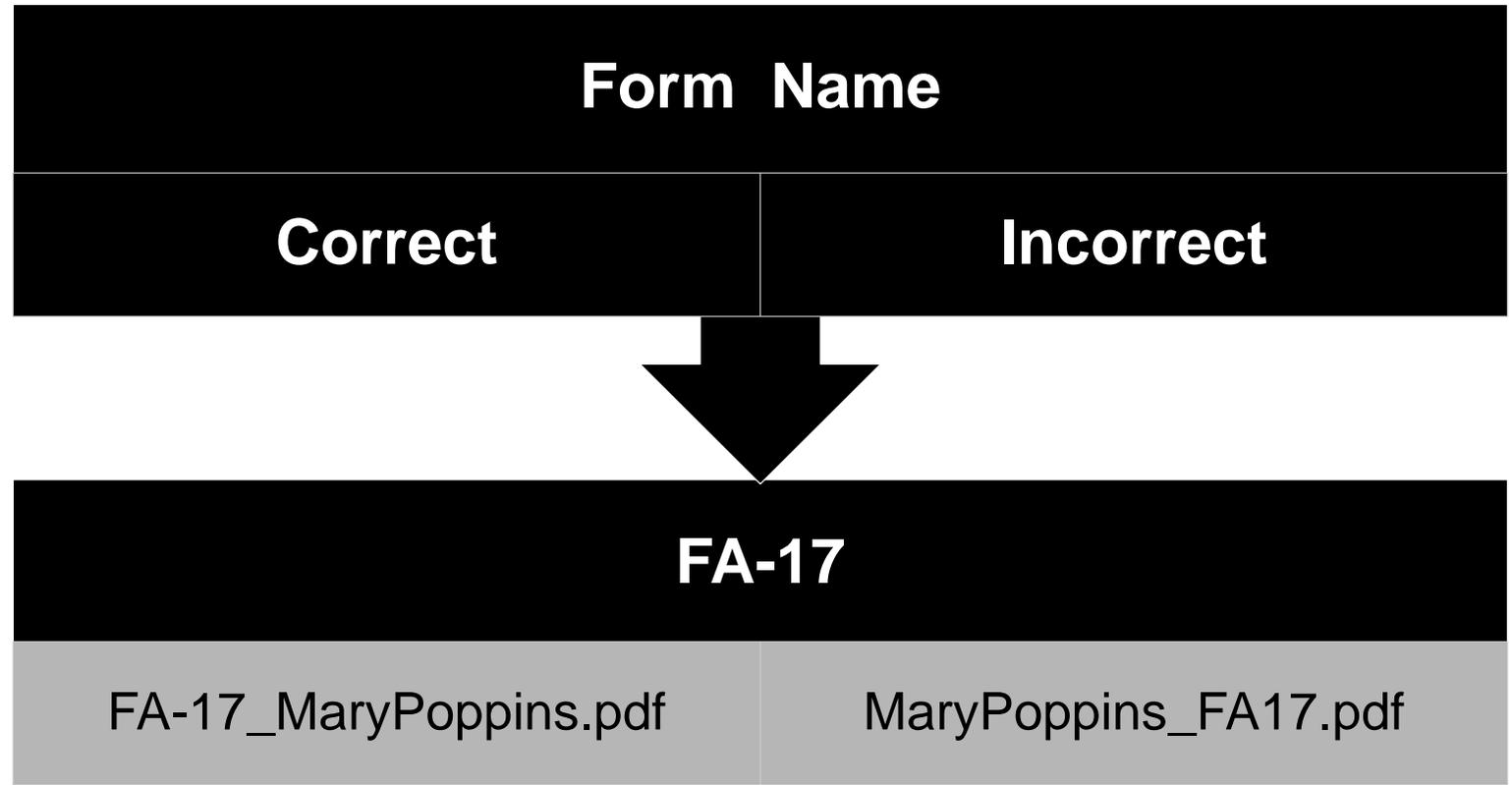
Current Procedural Terminology (CPT) and data are copyrighted by the American Dental Association (ADA). All rights reserved. The information and data are copyrighted by the American Dental Association (ADA). All rights reserved. The information and data are copyrighted by the American Dental Association (ADA). All rights reserved.

Uploading Attachments, continued

File Upload Naming Convention Guidelines

- Forms being uploaded must be in an approved format
- Files should be saved using the form name as the prefix
- Non-compliant files may cause a delay in processing the request

File Upload Naming Convention Examples



Submitting a Prior Authorization

Attachments

To include an attachment electronically with the prior authorization request, browse and select the attachment, select an Attachment Type and then click on the Add button.

[Prior Authorization Forms](#)

If you will not be sending an attachment electronically, but you have information about files that were sent using another method, such as by fax or by mail, select the appropriate Transmission Method and Attachment Type.

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

Transmission Method	File	Action
<input type="checkbox"/> Click to collapse.		
*Transmission Method	EL-Electronic Only ▾	
*Upload File	<input type="text"/> Browse...	
*Attachment Type	<input type="text"/> ▾	

- Once all of the required information, service details lines and attachment information has been added, click “Submit” to go to the Confirm Authorization page

Finalizing a Prior Authorization

Confirm Authorization ?

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

Requesting Provider Information +

Recipient Information and Process Type +

Referring Provider Information +

Service Provider Information +

Diagnosis Information ?

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

Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.

Diagnosis Type	Diagnosis Code
ICD-10-CM	A3790-Whooping cough, unspecified species with

Service Details ?

Line #	From Date	To Date	Code	Modifiers	Units
1	04/01/2017	04/30/2017	T1015 Clinic Services		1

Attachments ?

Transmission Method	File	Attachment Type
EL-Electronic Only	FA-29A.pdf (36K)	06-Initial Assessment

Back **Confirm** **Cancel**

Review the information for accuracy:

- If errors are present, click “Back” to return to the Create Authorization page
- After all of the information has been reviewed, click “Confirm” to submit the PA for processing
- When confirming the PA, only click on Confirm once and wait for the confirmation page to load. Clicking multiple times will create multiple PAs in the system.

Authorization Successfully Submitted

Care Management > Authorization Receipt

Authorization Receipt ?

Your Authorization Tracking Number 20000 was successfully submitted.

Click **Print Preview** to view authorization details and receipt.
Click **Copy** to copy member data or authorization data.
Click **New** to create a new authorization for a different member.

General Authorization Receipt Instructions

Print Preview **Copy** **New**

- An authorization tracking number (ATN) receipt is generated upon successfully submitting the PA request
- Click “Print Preview” to view the PA details and receipt
- Click “Copy” to copy member data or authorization data
- Click “New” to create a new PA request for a different recipient

Example of an Unsuccessful Authorization

- Duplicate service lines that already exist on another PA for the same recipient

Error
Data Validation Failure
This prior authorization request is a duplicate of existing PA request (35171700001).

Confirm Authorization ?

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

Requesting Provider Information +

Recipient Information and Process Type +

Referring Provider Information +

Service Provider Information +

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

Diagnosis Information -

Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.

Diagnosis Type	Diagnosis Code
ICD-10-CM	A3790-Whooping cough, unspecified species with

Service Details -

Line #	From Date	To Date	Code	Modifiers	Units
+ 1	04/01/2017	04/30/2017	T1015 Clinic Services		1

Attachments -

Transmission Method	File	Attachment Type
EL-Electronic Only	FA-29A.pdf (36K)	06-Initial Assessment

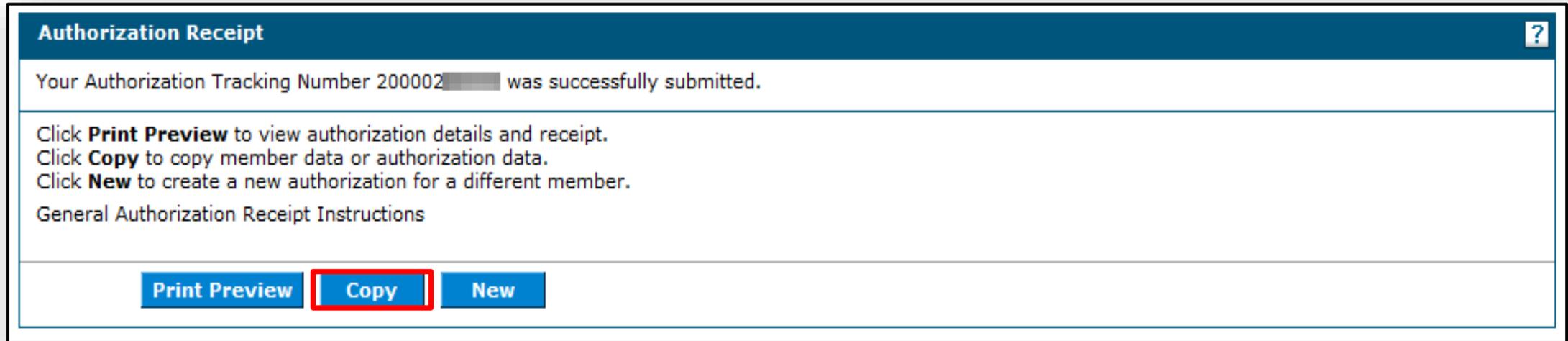
Back **Confirm** **Cancel**



Copying an Authorization

Copying an Authorization

- A PA request can be copied, either for the same recipient or the same service, from the Authorization Receipt screen once the original PA request has been successfully submitted



The screenshot shows a web interface titled "Authorization Receipt" with a help icon in the top right corner. The main content area contains a confirmation message: "Your Authorization Tracking Number 200002[redacted] was successfully submitted." Below this message are three instructions: "Click **Print Preview** to view authorization details and receipt.", "Click **Copy** to copy member data or authorization data.", and "Click **New** to create a new authorization for a different member." At the bottom of the interface, there are three buttons: "Print Preview", "Copy", and "New". The "Copy" button is highlighted with a red rectangular border.

Copying an Authorization, continued

Member or Authorization Data

Copy Data ?

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

Member Data
Copy the member data to a new authorization request.

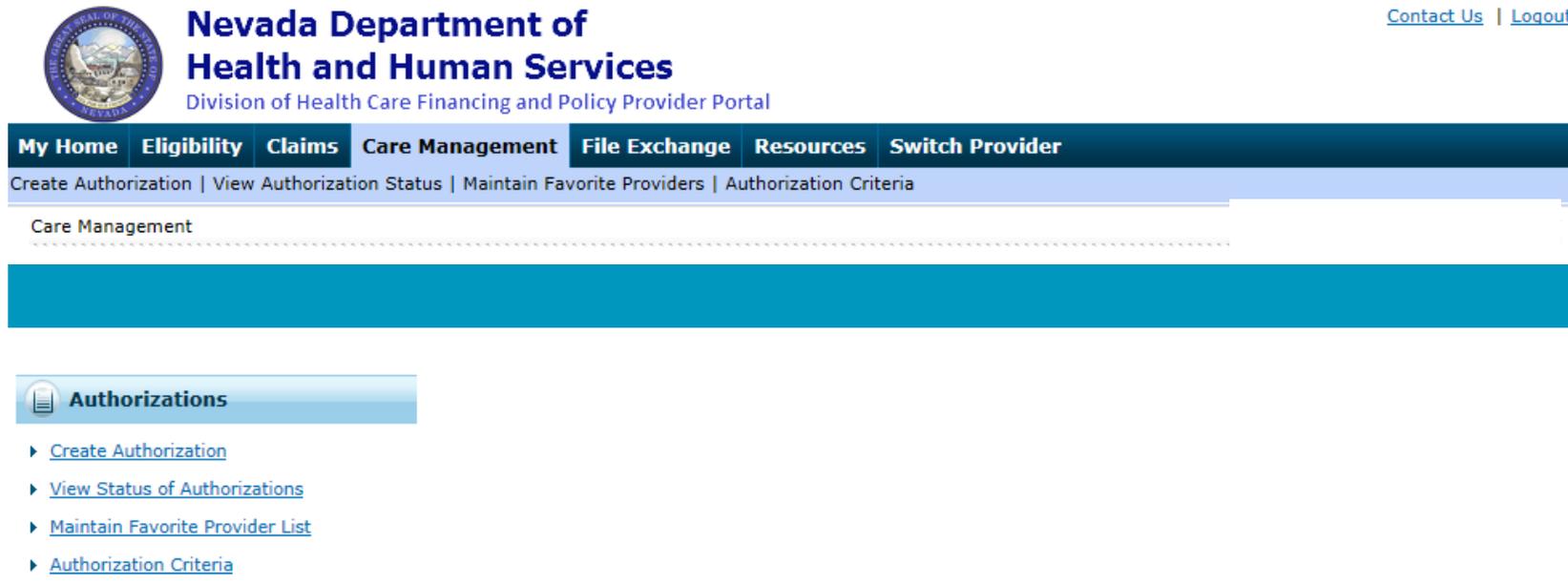
Authorization Data
Copy authorization data to a different member.

- Copy a PA request for an existing recipient when requesting a new service
- Only the recipient data is copied
- Copy a PA request by service in order to submit a PA request for similar services but for a different recipient



Viewing Authorizations

View Status of Authorization



 **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** | **Switch Provider**

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

Care Management

Authorizations

- ▶ [Create Authorization](#)
- ▶ [View Status of Authorizations](#)
- ▶ [Maintain Favorite Provider List](#)
- ▶ [Authorization Criteria](#)

- Hover over the Care Management tab from the top tool bar and select “View Authorization Status” from the sub-menu or select Care Management from the top tool bar and click “View Status of Authorizations” from the Authorizations menu

Viewing Authorizations, continued

View Authorization Status ?

Prospective Authorizations | **Search Options**

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

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

- Prospective Authorizations and Search Options tabs will be displayed
- Prospective Authorizations displays PAs by either the requesting or servicing provider
- Search Options allows a search by either recipient or provider information
- To view the details of an authorization, click the blue, underlined “ATN” link

Viewing Authorizations, continued

View Authorization Response for					Back to View Authorization Status ?				
Authorization Tracking					Process Type ADHC				
Expand All Collapse All									
Requesting Provider Information +									
Recipient Information +									
Referring Provider Information +									
Diagnosis Information +									
Service Provider / Service Details Information -									
Provider ID		ID Type NPI			Name				
From Date	To Date	Units	Remaining Units	Amount	Code	Medical Citation	Decision / Date	Reason	
05/01/2017	06/30/2017	1	0	-	CPT/HCPCS A4524-INACTIVE ADULT SIZE DIAPER XL EACH	-	Pended -	-	
11/01/2017	12/31/2017	1	0	-	CPT/HCPCS 99214-Office/outpatient visit est	-	Pended -	-	
Edit		View Provider Request			Print Preview				

- The ATN is the same as the PA number
- If a claim is submitted before the PA is approved, the claim will deny
- The PA status always defaults to “Pended” until a determination is complete

Viewing Authorizations, continued

From Date	To Date	Units	Remaining Units	Amount	Code	Medical Citation	Decision / Date	Reason
02/17/2013	02/17/2013	3	0	–	Revenue 0121-R&B-2 BED-MED-SURG-GYN	View	Not Certified 02/21/2013	–
02/20/2031	02/20/2031	2	0	–	Revenue 0121-R&B-2 BED-MED-SURG-GYN	View	Not Certified 02/22/2013	–
02/17/2013	02/20/2013	3	3	–	Revenue 0121-R&B-2 BED-MED-SURG-GYN	–	Certified In Total 02/24/2013	–

[Edit](#)

[View Provider Request](#)

[Print Preview](#)

- Under the Decision/Date field:
 - Certified in Total – The PA request was approved.
 - Not Certified – The PA was not approved.
 - Certified in Partial – The PA was approved but only for a specific amount that is different than what was requested.
- Under the Reason field:
 - Disposition pending review – The PA request is still in process, which appears when the PA request is in “Pended” status.

Viewing Authorizations, continued

From Date	To Date	Units	Remaining Units	Amount	Code	Medical Citation	Decision / Date	Reason
02/17/2013	02/17/2013	3	0	–	Revenue 0121-R&B-2 BED-MED-SURG-GYN	Hide	Not Certified 02/21/2013	–
<p>Medical Citation 7002 - Information provided does not support medical necessity as defined by Nevada Medicaid.</p> <p>Notes To Provider Inpatient admission criteria not met. Intensity of service was not supported in the documentation submitted. Inpatient admission criteria not met. Intensity of service was not supported in the documentation submitted. Inpatient admission criteria not met. Intensity of service was not supported in the documentation submitted.</p>								
02/20/2031	02/20/2031	2	0	–	Revenue 0121-R&B-2 BED-MED-SURG-GYN	View	Not Certified 02/22/2013	–
02/17/2013	02/20/2013	3	3	–	Revenue 0121-R&B-2 BED-MED-SURG-GYN	–	Certified In Total 02/24/2013	–

[Edit](#)

[View Provider Request](#)

[Print Preview](#)

- Remaining Units/Days — The amount counts down as claims are processed. A dash indicates that a claim is not processed for the authorization
- The Medical Citation field indicates if additional information is needed for all authorizations (including denied). Click “View” to see the details and clinical notes provided by Nevada Medicaid or click “Hide” to collapse the information panel
- PA requests submitted through the Provider Web Portal are viewable. Faxed authorizations may limit the amount of information that is viewable (summary, status of request)



Searching Authorization Status

Searching Authorization Status, continued

View Authorization Status

Prospective Authorizations Search Options

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

Authorization Information

Authorization Tracking Number

Select a Day Range or specify a Service Date

Day Range OR Service Date

Status Information

Select status to return authorization service lines with the chosen status.

Status

Recipient Information

Recipient information is not mandatory. You can either enter the Recipient ID; or the Last Name, First Name, and Birth Date.

Recipient ID Birth Date

Last Name First Name

Provider Information

Provider ID ID Type

This Provider is the Servicing Provider on the Authorization Requesting Provider on the Authorization

Search **Reset**

To search for a PA, enter at least one of the following:

- Enter the Authorization Tracking Number
- Select the Day Range from the drop-down list
- Enter the Service Date

Or

Recipient's ID number **or** the recipient's Last name, First name and Date of Birth

Or

- Provider's NPI and ID Type
- Indicate Servicing or Referring Provider

Click "Search"

- Search results will display at the bottom of the screen



Submitting Additional Information

How to Submit Additional Information



If you have submitted a PA request via the Provider Web Portal but need to submit additional information such as:

- A corrected FA-17
- Request for Termination of Service



Use the approved naming convention when uploading attachments; for instance, use “Form Name” as the prefix FA-XX.

How to Submit Additional Information, continued

FA-29	Prior Authorization Data Correction Form
FA-29A	Request for Termination of Service
FA-29B	Prior Authorization Reconsideration Request

- Locate necessary forms on the Forms Page after the completion of a PA
- On the FA-29A, if the recipient is terminating service with another ADHC Provider, the FA-29A Request for Termination of Service must be submitted



PA requests with a status of Not Certified or Cancel cannot be resubmitted. The “Edit” button will not appear on the View Authorization Response page.



Changes cannot be made to previously submitted information. If you need to update previously submitted information, attach the FA-29 Prior Authorization Data Correction Form to the PA request that needs to be updated.

How to Submit Additional Information, continued

Resubmission Process:

1. Search for the PA using the View Authorization Status search page
2. Click the ATN for the PA in the Search Results grid to get to the View Authorization Response page

View Authorization Status

Prospective Authorizations | Search Options

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

Authorization Information

Authorization Tracking Number: 35180050001

Select a Day Range or specify a Service Date

Day Range: [dropdown] OR Service Date: [calendar icon]

Status Information

Select status to return authorization service lines with the chosen status.

Status: [dropdown]

Recipient Information

Recipient information is not mandatory. You can either enter the Recipient ID; or the Last Name, First Name, and Birth Date.

Recipient ID: [text box] Birth Date: [calendar icon]

Last Name: [text box] First Name: [text box]

Provider Information

Provider ID: [text box] ID Type: [dropdown]

This Provider is the: Servicing Provider on the Authorization Requesting Provider on the Authorization

Visiting Nurses

Search Reset

Search Results

Authorization Tracking Number	Service Date	Recipient Name	Recipient ID	Process Type	Requesting Provider	Servicing Provider
35180050001	02/15/2017 - 03/31/2018		0000	PCS Annual Update		

How to Submit Additional Information, continued

3. Click the “View” hyperlink to view notes to provider

[Print Preview](#)

View Authorization Response for [Back to View Authorization Status](#) ?

Authorization Tracking # 35180050001 Process Type PCS Annual Update [Expand All](#) | [Collapse All](#)

Requesting Provider Information +

Recipient Information +

Referring Provider Information +

Diagnosis Information +

Service Provider / Service Details Information -

Provider ID		ID Type		NPI		Name		
From Date	To Date	Units	Remaining Units	Amount	Code	Medical Citation	Decision / Date	Reason
02/15/2017	03/31/2018	84	0	-	CPT/HCPCS T1019-Personal care ser per 15 min	View	Pended 01/05/2018	Additional Patient Information required

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

How to Submit Additional Information, continued

4. Click “Edit” on the View Authorization Response page to open the PA to resubmit with attachments in the attachment panel

[Print Preview](#)

View Authorization Response for DAN LEWIS [Back to View Authorization Status](#)

Authorization Tracking # 35180050001 Process Type PCS Annual Update [Expand All](#) | [Collapse All](#)

Requesting Provider Information

Recipient Information

Referring Provider Information

Diagnosis Information

Service Provider / Service Details Information

Provider ID		ID Type NPI		Name				
From Date	To Date	Units	Remaining Units	Amount	Code	Medical Citation	Decision / Date	Reason
02/15/2017	03/31/2018	84	0	-	CPT/HCPCS T1019-Personal care ser per 15 min	Hide	Pended 01/05/2018	Additional Patient Information required

Medical Citation

Notes To Provider
Please submit additional documentation to support this service.

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

How to Submit Additional Information, continued

5. The PA is re-opened and new diagnosis codes, service details and/or attachments can be added
6. Once the new information has been added to the PA request, click “Resubmit” to review the PA information
7. Click “Confirm” to resubmit the PA

Note: The ATN will remain the same

Resubmit Authorization: 35180050001

* Indicates a required field. [Expand All](#) | [Collapse All](#)

Requesting Provider Information +

Recipient Information and Process Type +

Referring Provider Information +

Service Provider Information +

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

Diagnosis Information -

Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code. Insert decimals as needed. Click the **Remove** link to remove the entire row.

Diagnosis Type	Diagnosis Code	Action
ICD-10-CM	J449-Chronic obstructive pulmonary disease, u	

+ Click to add diagnosis information

Service Details -

Click '+' to view or update the details of a row. Click '-' to collapse the row. Click **Copy** to copy or **Remove** to remove the entire row.

Line #	From Date	To Date	Decision	Code	Modifiers	Units	Action
1	02/15/2017	03/31/2018	Pended	T1019-Personal care ser per 15 min		84	Copy

+ Click to add service detail.

Attachments -

To include an attachment electronically with the prior authorization request, browse and select the attachment, select an Attachment Type and then click on the Add button.

[Prior Authorization Forms](#)

If you will not be sending an attachment electronically, but you have information about files that were sent using another method, such as by fax or by mail, select the appropriate Transmission Method and Attachment Type.

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

Transmission Method	File	Attachment Type	Action

Click to collapse.

*Transmission Method

*Upload File

*Attachment Type



EDI Information

Locating the EDI Companion Guides

The screenshot shows the Nevada Department of Health and Human Services website. The top navigation bar is blue and contains the following items: Home, Providers, EVS, Pharmacy, Prior Authorization, Quick Links, and Calendar. A search bar is located on the right side of the navigation bar. Below the navigation bar, there is a 'Welcome' section with a large banner for 'New Provider Orientation'. The banner includes the text 'REGISTER TODAY' and a list of topics: Introduction to Nevada Medicaid, Website Navigation, Getting Started on EVS - Access to the Provider Portal - EDI System - Enrollment Training, and Overview of Claims Process. The banner also features the Nevada Medicaid logo. To the left of the banner, there is a 'Featured Links' section with the following links: Authorization Criteria, DHCFP Home, EDI Enrollment Forms and Information, EVS User Manual, Online Provider Enrollment, Provider Login (EVS), Prior Authorization, Search Fee Schedule, and Search Providers. To the right of the banner, there is a 'Notifications' section with three items: 'The Division of Health Care Financing and Policy (DHCFP) has selected LIBERTY Dental Plan of Nevada (LIBERTY) as the new Managed Care Dental Benefits Administrator (DBA) effective January 1, 2018, to serve recipients enrolled in a Managed Care Organization (MCO). [See Web Announcement 1442]', 'The Nevada Medicaid Provider Web Portal (PWP) Upgrade has been implemented. With this upgrade, Dental/Orthodontia, Adult Day Health Care (ADHC) and Personal Care Services (PCS) providers can generate a prior authorization request via the Provider Web Portal. [See Web Announcement 1415]', and 'The Nevada Provider Web Portal update resulted in a complete change in the website and its associated webpages. Users of the secure Provider Web Portal are advised to remove all previously bookmarked pages and clear any previous activity in your browser to assist with accessing the system. You can clear previous activity in most browsers by navigating to your menu item for internet or browser options and deleting cookies, temporary internet files, and web form information.' Below the notifications, there are two more items: 'PCS, Prior Authorization and Web Portal Upgrade Frequently Asked Questions (FAQs) [Review]' and 'Reminder of Requirements Regarding Ordering, Prescribing or Referring Provider on Claims. See Web Announcement 1372'. The 'Electronic Claims/EDI' link in the navigation menu is highlighted with a red box.

- Step 1: Highlight “Providers” from top blue tool bar
- Step 2: Select “Electronic Claims/EDI” from the drop-down menu

EDI Enrollment Forms

EDI Enrollment Forms

EDI enrollment forms are for completion and submission by active or enrolling Nevada Medicaid and Nevada Check Up providers only.

Form Number	Title
FA-35	Electronic Transaction Agreement for Service Centers
FA-36	Service Center Operational Information
FA-37	Service Center Authorization
FA-39	Payerpath Enrollment

- Fill out necessary forms completely:
 - The Allscripts-Payerpath program is a free program for all Nevada Medicaid providers
- Send completed enrollment forms to Nevada Medicaid:
 - By uploading into the Provider Web Portal
 - Mail to the address listed on the form
 - E-mail to: NVMMISEDISupport@dx.com
- Training opportunities are hosted every month for Payerpath Trainings. Please review EDI Announcements on the EDI webpage for training sessions.

Locating the EDI Companion Guides

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

Contact Us DHCFP Home

Search

Home Providers EVS Pharmacy Prior Authorization Quick Links Calendar

Announcements/Newsletters
Billing Information
Electronic Claims/EDI
E-Prescribing
Forms
NDC
Provider Enrollment
Provider Training

Welcome

New Provider Orientation

Introduction to Nevada Medicaid
Website Navigation
Getting Started on EVS - Access to the Provider Portal — EDI System - Enrollment Training
Overview of Claims Process

REGISTER TODAY

Nevada Medicaid

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

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

Notifications

The Division of Health Care Financing and Policy (DHCFP) has selected LIBERTY Dental Plan of Nevada (LIBERTY) as the new Managed Care Dental Benefits Administrator (DBA) effective January 1, 2018, to serve recipients enrolled in a Managed Care Organization (MCO). [See [Web Announcement 1442](#)]

The Nevada Medicaid Provider Web Portal (PWP) Upgrade has been implemented. With this upgrade, Dental/Orthodontia, Adult Day Health Care (ADHC) and Personal Care Services (PCS) providers can generate a prior authorization request via the Provider Web Portal. [See [Web Announcement 1415](#)]

The Nevada Provider Web Portal update resulted in a complete change in the website and its associated webpages. Users of the secure Provider Web Portal are advised to remove all previously bookmarked pages and clear any previous activity in your browser to assist with accessing the system. You can clear previous activity in most browsers by navigating to your menu item for internet or browser options and deleting cookies, temporary internet files, and web form information.

PCS, Prior Authorization and Web Portal Upgrade Frequently Asked Questions (FAQs) [Review]

Reminder of Requirements Regarding Ordering, Prescribing or Referring Provider on Claims. See [Web Announcement 1372](#)

Enrollment Termination Frequently Asked Questions (FAQs) [Review]

Featured Links

Authorization Criteria
DHCFP Home
EDI Enrollment Forms and Information
EVS User Manual
Online Provider Enrollment
Provider Login (EVS)
Prior Authorization
Search Fee Schedule
Search Providers

– Step 1: Highlight Providers from top blue tool bar

– Step 2: Select “Electronic Claims/EDI” from the drop-down menu

Locating the EDI Companion Guides, continued

EDI Companion Guides

Title	Date
Transaction 270/271 - Health Care Eligibility Inquiry and Response	February 2015
Transaction 271U - Unsolicited Transaction - HIPAA Version 5010	February 2013
Transaction 277U - Unsolicited 277 Claims Status Response - HIPAA Version 5010	October 2012
Transaction 820 - Health Care Premium Payment - HIPAA Version 5010	October 2012
Transaction 834 - Benefit Enrollment and Maintenance - HIPAA Version 5010	October 2012
Transaction 835 - Health Care Payment/Advice	February 2015
Transaction 837D - Dental Health Care Claim - HIPAA Version 5010	October 2015
Transaction 837I - Institutional Health Care Claim - HIPAA Version 5010	October 2015
Transaction 837P - Professional Health Care Claim - HIPAA Version 5010	October 2015

The Companion Guides contain our HIPAA-compliant technical specifications for each transaction.

- EDI Companion Guides are located at the bottom of the webpage



Viewing Web Announcements

Web Announcements

The screenshot shows the Nevada Department of Health and Human Services website. The header includes the department name and a search bar. A navigation menu contains links for Providers, EVS, Pharmacy, Prior Authorization, Quick Links, and Calendar. The main content area features a large banner for 'New Provider Orientation' with a 'REGISTER TODAY' button. Below the banner is a list of topics: Introduction to Nevada Medicaid, Website Navigation, Getting Started on EVS - Access to the Provider Portal, EDI System - Enrollment Training, and Overview of Claims Process. To the left of the banner is a list of 'Web Announcements' with links to various articles. A red box highlights the 'View All Web Announcements' link at the bottom of this list. To the right of the banner is a 'Notifications' section with several text-based updates.

Web Announcements

- [Web Announcement 1449](#)
Attention Hospice Provider Types 64 and 65: Do Not Include Prior Authorization Number on Claim Forms
- [Web Announcement 1448](#)
Attention All Providers: Claims for ICD-10 Diagnosis Code A68.54 Denying in Error
- [Web Announcement 1447](#)
Updated Nevada Medicaid Informational Bulletin on Medications and Services for Substance Use Disorders
- [Web Announcement 1446](#)
Behavioral Health Provider Types 14 and 82 Invited to Take DHCFP Provider Training Survey
- [Web Announcement 1445](#)
Attention Practitioners, Ambulatory Surgical Centers, Outpatient Hospitals and Durable Medical Equipment Providers: Reminder Regarding National Correct Coding Initiative (NCCI) Medically Unlikely Edits (MUEs)
- [View All Web Announcements](#)

Featured Links

- [Authorization Criteria](#)
- [DHCFP Home](#)
- [EDI Enrollment Forms and Information](#)

Notifications

- The Division of Health Care Financing and Policy (DHCFP) has selected LIBERTY Dental Plan of Nevada (LIBERTY) as the new Managed Care Dental Benefits Administrator (DBA) effective January 1, 2018, to serve recipients enrolled in a Managed Care Organization (MCO). [See [Web Announcement 1442](#)]
- The Nevada Medicaid Provider Web Portal (PWP) Upgrade has been implemented. With this upgrade, Dental/Orthodontia, Adult Day Health Care (ADHC) and Personal Care Services (PCS) providers can generate a prior authorization request via the Provider Web Portal. [See [Web Announcement 1415](#)]
- The Nevada Provider Web Portal update resulted in a complete change in the website and its associated webpages. Users of the secure Provider Web Portal are advised to remove all previously bookmarked pages and clear any previous activity in your browser to assist with accessing the system. You can clear previous activity in most browsers by navigating to your menu item for internet or browser options and deleting cookies, temporary internet files, and web form information.

- Select “View All Web Announcements” to view Web Announcements

Web Announcements, continued

Provider Portal

Quick Links - Calendar

Search

Announcements & Newsletters

Search by Category: **All Announcements**

Date	Topic
Oct 02, 2017	Legislative Assembly Bill AB473 Extends NRS 422.4025 Sunset until June 30, 2019
Sep 27, 2017	Payerpath Claim Submission Training for October 2017
Sep 26, 2017	Medicaid Services Manual Chapter 3800 Updated
Sep 25, 2017	Attention Hospice Provider Types 64 and 65: Do Not Include Prior Authorization Number on Claim Forms
Sep 21, 2017	Attention All Providers: Claims for ICD-10 Diagnosis Code A68.54 Denying in Error
Sep 21, 2017	Updated Nevada Medicaid Informational Bulletin on Medications and Services for Substance Use Disorders
Sep 19, 2017	Behavioral Health Provider Types 14 and 82 Invited to Take DHCFF Provider Training Survey
Sep 19, 2017	Attention Practitioners, Ambulatory Surgical Centers, Outpatient Hospitals and Durable Medical Equipment Providers: Reminder Regarding National Correct Coding Initiative (NCCI) Medically Unlikely Edits (MUEs)
Sep 19, 2017	Attention Provider Type 32 (Ambulance, Air or Ground): Urgent Notification Regarding Claims for Ambulance Services Denied as Duplicate Claims
Sep 14, 2017	Influenza and Polio Vaccine Procedure Codes Opened for Billing
Sep 11, 2017	New Managed Care Dental Benefits Administrator Selected
Sep 11, 2017	Reminder Regarding Durable Medical Equipment (DME) Procedure-to-Procedure (PTP) Edits for Procedure Code Combinations
Sep 11, 2017	Reminder: Wheelchair Repair Form (FA-1D) Must Be Filled Out Completely
Sep 08, 2017	Update Regarding Some Claims that Cut Back or Denied in Error with Edit Code 0476
Sep 05, 2017	Attention Provider Type 22 (Dentist): Claims for Dental Codes D3110, D3120, D3220 and D8660
Sep 05, 2017	Attention All Providers: Important Reminders Regarding Online Prior Authorizations
Sep 01, 2017	Attention Provider Types 56 (Inpatient Rehabilitation and Long Term Acute Care (LTAC) Specialty Hospitals) and 75 (Critical Access Hospital (CAH), Inpatient): Notification Regarding Claims for Room & Board Revenue Codes 113 and 129
Aug 30, 2017	Provider Types Allowed to Bill Secondary Diagnosis Codes
Aug 29, 2017	Upcoming Nevada Medicaid Community Paramedicine Provider Training and Enrollment Sessions
Aug 25, 2017	Payerpath Claim Submission Training for September 2017
Aug 24, 2017	Attention Provider Type 17, Specialty 181 (FQHC): Notification Regarding Dental Services Claims for Medicaid Managed Care Recipients

Notifications

The Division of Health Care Financing and Policy (DHCFFP) has selected LIBERTY Dental Plan of Nevada (LIBERTY) as the new Managed Care Dental Benefits Administrator (DBA) effective January 1, 2018, to serve recipients enrolled in a Managed Care Organization (MCO). [See [Web Announcement 1442](#)]

The Nevada Medicaid Provider Web Portal (PWP) Upgrade has been implemented. With this upgrade, Dental/Orthodontia, Adult Day Health Care (ADHC) and Personal Care Services (PCS) providers can generate a prior authorization request via the Provider Web Portal. [See [Web Announcement 1415](#)]

The Nevada Provider Web Portal update resulted in a complete change in the website and its associated webpages. Users of the secure Provider Web Portal are advised to remove all previously bookmarked pages and clear any previous activity in your browser to assist with accessing the system. You can clear previous activity in most browsers by navigating to your menu item for internet or browser options and deleting cookies, temporary internet files, and web form information.

PCS, Prior Authorization and Web Portal Upgrade Frequently Asked Questions (FAQs) [Review]

Reminder of Requirements Regarding Ordering, Prescribing or Referring Provider on Claims. See [Web Announcement 1372](#)

Enrollment Termination Frequently Asked Questions (FAQs) [Review]

Provider Links

[Billing Information](#)

Results can be narrowed selecting a category from the drop down menu or utilizing the "Ctrl F" to bring up a Search Box

Web Announcements, continued

March 25, 2016

Announcement 1104

Web Announcement 1104:

Prior Authorization Requirements for ADHC Services

Attention Provider Type 39: Prior Authorization Reminders for Adult Day Health Care Services

Adult Day Health Care (ADHC) providers (provider type 39) are required to do the following when submitting requests for prior authorization.

1. Do not re-fax your request for review unless specifically asked to do so. Your request for review should appear in the Provider Web Portal within five (5) business days from the date of receipt. Be advised that the date the request is received is not calculated as the first day.
 - a. Providers should use the Provider Web Portal to check the status of a request.
 - b. If the provider is not yet registered to use the Provider Web Portal, please go to the login page (<https://www.medicaid.nv.gov/hcp/provider/Home/tabid/135/Default.aspx>) at www.medicaid.nv.gov and register.
 - c. If there is still a question, providers may call Prior Authorization Customer Service at (800) 525-2395.
2. Use the current prior authorization request form [FA-17](#), dated 03/25/2016 or later. Use of any other form will delay the completion of the requested review.
3. Requests for ADHC are based on a monthly frequency, so the end date indicated must be the last day of a month.
 - a. If the request has a start date of the 1st through the 15th of the month, the latest end date that may be requested is one year from the end of the previous month.
 - b. If the request has a start date of the 16th through the 31st of the month, the latest end date that may be requested is one year from the end of the current month.Examples:
 - A start date of 03/15/2016 may have an end date as late as 02/28/2017.
 - A start date of 03/16/2016 may have an end date as late as 03/31/2017.
4. The requested authorization begin date cannot precede Hewlett Packard Enterprise's receipt date of a completed request. Be sure to include the requested number of days per week.
5. Do not fax a copy of the Tuberculosis (TB) testing or other medical records. Please maintain this information in the recipient's file. Include only the following with your submission:
 - a. FA-17 including signature that the recipient is aware they can select the ADHC provider of choice
 - b. Universal Needs Assessment
 - c. Care Plan
 - d. Physician Evaluation and order of ADHC services
6. A current ICD-10 diagnosis is required.

Web Announcements, continued

Web Announcement 1323:

Changes to the FA-17 Prior Authorization request form

March 15, 2017

Announcement 1323

Attention Provider Type 39:

Use Updated Form FA-17 (Adult Day Health Care Services Prior Authorization Request)

Adult Day Health Care Providers (provider type 39) are informed that form FA-17 (Adult Day Health Care Services Prior Authorization Request) has been updated. The new form is posted on the [Providers Forms](#) webpage. The Physician Evaluation for Adult Day Health Care Services form (NMO-7060) and the Universal Needs Assessment for 1915(i) Services form (NMO-3543) have been incorporated into the FA-17 and are no longer required for review for these services. NMO-7060 and NMO-3543 have been removed from the Providers Forms webpage. All requests for review for ADHC services must be submitted on the updated FA-17 beginning April 1, 2017. Providers should therefore begin using the form immediately as requests for review submitted April 1, 2017, and forward on the previous forms will be denied.



Resources

Additional Resources

- Forms: <https://www.medicaid.nv.gov/providers/forms/forms.aspx>
- EVS General Information: <https://www.medicaid.nv.gov/providers/evsusermanual.aspx>
- Secure EVS Web Portal: <https://www.medicaid.nv.gov/hcp/provider/Home/tabid/135/Default.aspx>
- Billing Manual and Guides: <https://www.medicaid.nv.gov/providers/BillingInfo.aspx>
- Medicaid Services Manual: <http://dhcfp.nv.gov/Resources/AdminSupport/Manuals/MSM/MSMHome/>

DHCFP Contact Information:

Contact Form: <http://dhcfp.nv.gov/Contact/ContactUsForm/>



Contact Nevada Medicaid



Contact Us — Nevada Medicaid Customer Service

Customer Service Call Center: 877-638-3472 (M-F 8am-5pm (Pacific Time))

Prior Authorization Department: 800-525-2395

Provider Field Representative:

E-mail: NevadaProviderTraining@dxc.com



Thank You