

Submitting Secondary Claims to Nevada Medicaid



Nevada Medicaid Provider Training

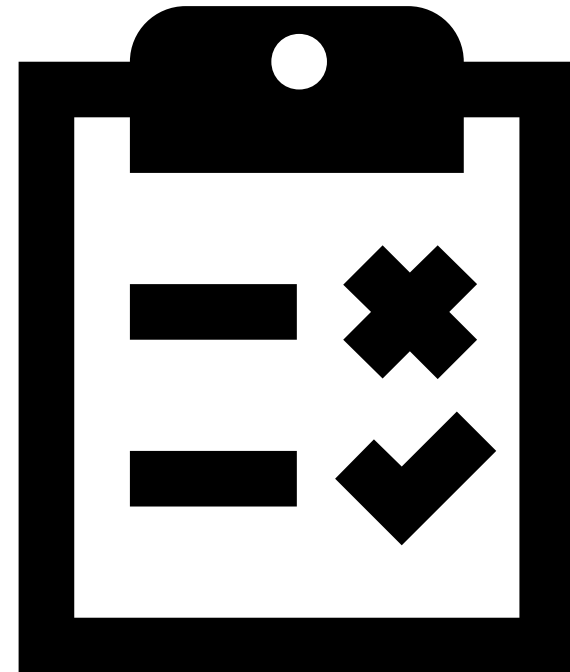
2020



Objectives

Objectives

- Submit Medicare Crossover Claims
- Submit Claims with Third Party Liability
- Locate Additional Resources





Secondary Claims Submission Training Overview

Secondary Claims Submission Training Overview

The screenshot displays the Nevada Department of Health and Human Services Provider Portal. At the top left is the state seal. The header reads "Nevada Department of Health and Human Services" and "Division of Health Care Financing and Policy Provider Portal". A navigation bar includes "My Home", "Eligibility", "Claims", "Care Management", "File Exchange", "Resources", and "Switch Provider". Below this is a secondary navigation bar with "Search Claims", "Submit Claim Dental", "Submit Claim Inst", "Submit Claim Prof", "Search Payment History", and "Treatment History". The main content area is titled "Claims" and features a "Claims" button with a document icon. Below the button is a list of links: "Search Claims", "Submit Claim Dental", "Submit Claim Inst", "Submit Claim Prof", "Search Payment History", and "Treatment History".

This training will cover specific details regarding the submission of claims via Direct Data Entry (DDE) when there is Third Party Liability (TPL) present. It does not cover basic claims entry. It is helpful for the user to be familiar with the basic claim submission process prior to the training.

For training on claim submissions or logging in to the Electronic Verification System (EVS), please review the EVS User Manual or visit the Provider Training webpage at www.medicaid.nv.gov. Additional links may be found at the end of this presentation.



Claim Submission: Medicare Crossover

Claim Submission: Medicare Crossover

This section will cover the submission of Medicare Crossover claims in EVS where Medicare is the primary payer. ***Failure to submit claims properly may result in denial***, so please be aware of the following rules prior to submission.

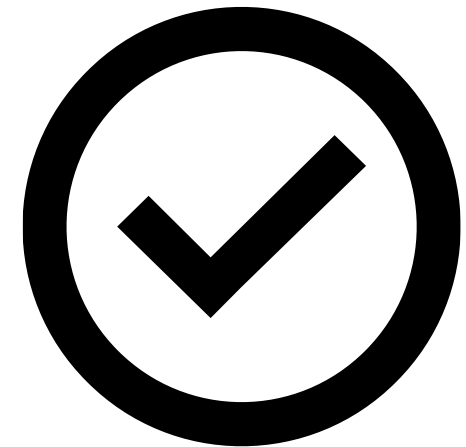
In the case of Professional Crossover claims:

- A. When Medicare has made a payment on the claim, or has left an amount to patient responsibility (i.e., coinsurance, copay, deductible):
 - a. Claim must be submitted as “Crossover Professional”
 - b. Crossover details must be filled out
 - c. No Explanation of Benefits (EOB) attachment needed
- B. If Medicare denies the claim, the “Other Insurance” rules must be followed:
 - a. Medicare will need to be added as an Other Insurance carrier
 - b. Carrier/payment information must be listed at the header
 - c. Claim Adjustment Reason Code (CARC) details must be submitted with each detail level
 - d. No EOB attachment needed

Claim Submission: Medicare Crossover, continued

In the case of Institutional Crossover claims:

- A. When Medicare has made a payment or has left an amount to patient responsibility (i.e., coinsurance, copay, deductible):
 - a. Claim must be submitted as “Crossover Inpatient” or “Crossover Outpatient”
 - b. Crossover details must be filled out
 - c. No EOB attachment needed
- B. If Medicare denies the claim, the “Other Insurance” rules must be followed:
 - a. Medicare will need to be added as an Other Insurance carrier
 - b. Carrier/payment information must be listed at the header
 - c. CARC details must be submitted at the header
 - d. No EOB attachment needed



Claim Submission: Medicare Crossover, continued

The screenshot displays the Nevada Department of Health and Human Services Provider Portal. The header includes the state seal and the text "Nevada Department of Health and Human Services" and "Division of Health Care Financing and Policy Provider Portal". The navigation menu contains "My Home", "Eligibility", "Claims", "Care Management", "File Exchange", "Resources", and "Switch Provider". The "Claims" menu item is highlighted with a red box. Below the navigation menu, a secondary menu shows "Search Claims", "Submit Claim Dental", "Submit Claim Inst", "Submit Claim Prof", "Search Payment History", and "Treatment History". The "Submit Claim Dental", "Submit Claim Inst", and "Submit Claim Prof" items are also highlighted with a red box. A red arrow points from a hexagonal callout box containing the number "1" to the "Submit Claim Prof" link in the secondary menu. Another red arrow points from the "Submit Claim Prof" link to the "Claims" sub-menu header.

Crossover claims may be submitted in EVS by first changing the claim type to indicate a crossover.

Once the user has logged into the EVS secure Provider Web Portal, the user will:

1. Select the appropriate claim type to submit from the **Claims** sub-menu

Claim Submission: Medicare Crossover, continued

Submit Professional Claim: Step 1 ?

* Indicates a required field.

2 Claim Type Professional Crossover Professional

Provider Information

Billing Provider ID 1831573690 ID Type NPI

*Billing Provider Service Location 20-HOSPITALIST SERVICES OF NEVADA MANDAVIA-2001 ERRECART BLVD, ELKO, NEVADA, 898018333

Rendering Provider ID ID Type

Rendering Provider Service Location

Referring Provider ID ID Type

Supervising Provider ID ID Type

Service Facility Location ID ID Type

Patient Information

*Recipient ID

Last Name First Name

Birth Date

Claim Information

Date Type

Accident Related

*Patient Number

*Transport Certification Yes No

*Does the provider have a signature on file? Yes No

Include Other Insurance

Date of Current

Admission Date

Authorization Number

Total Charged Amount \$0.00

Medicare Crossover Details

Allowed Medicare Amount

Deductible Amount

Medicare Payment Amount

Co-insurance Amount

Psychiatric Services Amount

Medicare Payment Date

After selecting either a Professional or Institutional claim type, the user will:

2. Select a “Crossover” option from the **Claim Type** drop-down menu

Once crossover is selected, the page will refresh and a new panel, **Medicare Crossover Details**, will appear at the bottom.

Claim Submission: Crossover, continued

Submit Professional Claim: Step 1

* Indicates a required field.

Claim Type: Crossover Professional

Provider Information

Billing Provider ID: 1316162795 ID Type: NPI
*Billing Provider Service Location: 20-UROLOGY NEVADA-C/O BLDG A,RENO,NEVADA,895113019
Rendering Provider ID: [] ID Type: []
Rendering Provider Service Location: -
Referring Provider ID: [] ID Type: []
Supervising Provider ID: [] ID Type: []
Service Facility Location ID: [] ID Type: []

Patient Information

*Recipient ID: []
Last Name: [] First Name: []
Birth Date: []

Claim Information

Date Type: [] Date of Current: []
Accident Related: [] Admission Date: []
*Patient Number: [] Authorization Number: []
*Transport Certification: Yes No
*Does the provider have a signature on file? Yes No
Include Other Insurance: Total Charged Amount: \$0.00

Medicare Crossover Details

Allowed Medicare Amount: 0.00 Co-insurance Amount: 0.00
Deductible Amount: 0.00 Psychiatric Services Amount: 0.00
Medicare Payment Amount: 0.00 Medicare Payment Date: []

5 Continue Cancel

In Step 1, after selecting the appropriate claim type, the user will:

3. Fill out the provider, patient and claim information
4. Complete the new section, **Medicare Crossover** details
5. Click **Continue**

The **Medicare Crossover Details** panel will populate with information at the header level that will encompass the entire claim and at least one (1) of the fields must be completed.

Claim Submission: Medicare Crossover, continued

Service Details

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

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

1 *From Date To Date *Place of Service EMG

*Procedure Code Modifiers *Diagnosis Pointers

*Charge Amount *Units 0.000 *Unit Type Unit EPSDT Family Plan

Clia Number

Rendering Provider ID ID Type

Rendering Provider Service Location

Referring Provider ID ID Type

Medicare Crossover Details

Allowed Medicare Amount Co-insurance Amount

Deductible Amount Psychiatric Services Amount

Medicare Payment Amount Medicare Payment Date

NDCs for Svc. # 1

Attachments

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

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

After Step 1 is completed, the user will enter claim information in Step 2. Once all applicable information is added, the user will continue to Step 3.

In Step 3, the user will:

6. Input all applicable Procedure Codes
7. Complete the **Medicare Crossover Details** for each individual Service Line (This information is specific to that Service Line (**Svc #**) and must match the EOB)
8. Add any attachments that are necessary
9. Click **Submit**

NOTE: It is not necessary to upload the EOB.



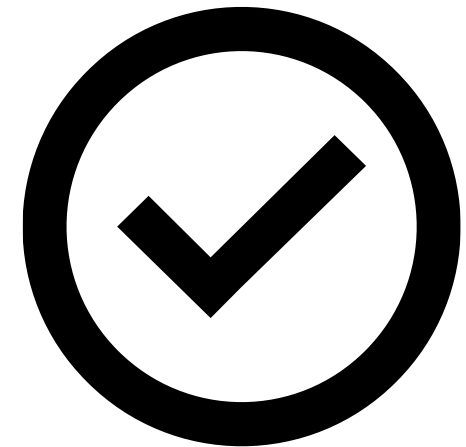
Claim Submission: Third Party Liability Coverage

Claim Submission: TPL

This section will cover the submission of claims in EVS where there is Other Healthcare Coverage. ***Failure to submit claims properly may result in denial***, so please be aware of the following rules prior to submission.

In the case of Professional or Dental Third Party Liability (TPL) claims:

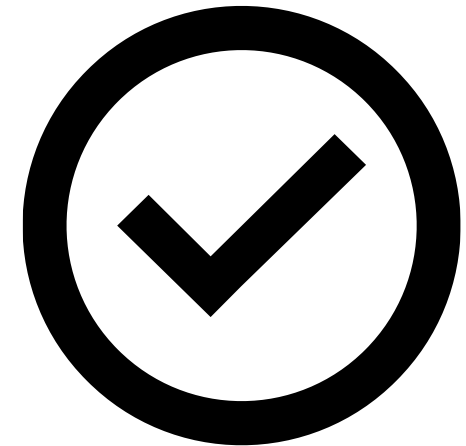
- A. Claim must be submitted as “Professional” or “Dental” appropriately (*not Crossover*):
 - a. “Include Other Insurance” box in Step 1 of claim must be checked
- B. In Step 2, the applicable TPL carrier should be selected from the list:
 - a. Remove any carriers that are not applicable to the claim
 - b. If the carrier is not on the list, click to add new other insurance
 - c. Input payment information, but *do not* include Adjustment Reason codes
- C. In Step 3, input service details:
 - a. Enter TPL carrier/payment information
 - b. Claim Adjustment Detail *must* be entered for each service detail
 - c. *Do Enter* adjustments details in this step
 - d. No EOB attachment is needed



Claim Submission: TPL, continued

In the case of Institutional TPL claims:

- A. Claim must be submitted as “Inpatient” or “Outpatient” appropriately (*not Crossover*)
- B. “Include Other Insurance” box in Step 1 of claim must be checked
- C. In Step 2, the applicable TPL carrier should be selected from the list:
 - a. Remove any carriers that are not applicable to the claim
 - b. If the carrier is not on the list, click to add new other insurance
 - c. Input carrier/payment information
 - d. *Do Enter Claim Adjustment Details* in this step
- D. In Step 3, input service details:
 - a. *Do not* include Adjustment Reason codes
 - b. No EOB attachment is needed



Claim Submission: TPL, continued

Submit Professional Claim: Step 1

* Indicates a required field.

Claim Type

Provider Information

1 Billing Provider ID ID Type

* Billing Provider Service Location

Rendering Provider ID ID Type

Rendering Provider Service Location

Referring Provider ID ID Type

Supervising Provider ID ID Type

Service Facility Location ID ID Type

Patient Information

* Recipient ID

Last Name First Name

Birth Date

Claim Information

Date Type Date of Current

Accident Related Admission Date

* Patient Number Authorization Number

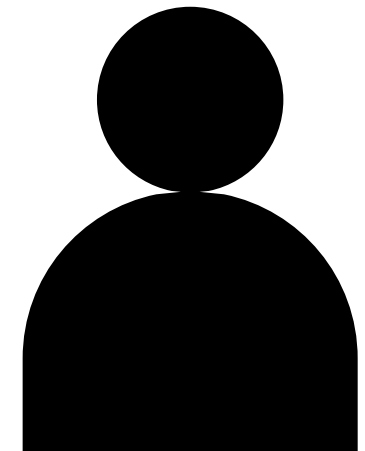
* Transport Certification Yes No

* Does the provider have a signature on file? Yes No

Include Other Insurance 2 Total Charged Amount \$0.00

In Step 1, after selecting the appropriate claim type, the user will:

1. Fill out the provider, patient and claim information
2. Select the “Include Other Insurance” checkbox to indicate that there is Other Healthcare Coverage to be included on the claim



Claim Submission: TPL, continued

Provider Information

Billing Provider ID 1831573690 ID Type NPI

Patient and Claim Information

Recipient ID 12345678901 Recipient John Smith Gender Male
 Birth Date 01/01/2001 Total Charged Amount \$0.00

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

Diagnosis Codes

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

#	Diagnosis Type	Diagnosis Code	Action
1	*Diagnosis Type ICD-10-CM	*Diagnosis Code <input style="width: 80%;" type="text"/>	<input style="border: 1px solid gray; padding: 2px 5px;" type="button" value="Add"/> <input style="border: 1px solid gray; padding: 2px 5px;" type="button" value="Reset"/>

Other Insurance Details

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

[Refresh Other Insurance](#)

#	Carrier Name	Carrier ID	Policy ID	Payer Paid Amount	Paid Date	Action
1	Insurance	1234567890	1234567890		01/02/2020	Remove

[+](#) Click to add a new other insurance.

In Step 2, the user will:

3. Enter all applicable diagnosis codes and click **Add** for each one
4. Complete the section titled **Other Insurance Details** with any applicable carrier or payment information

TPL details already on file with Nevada Medicaid will populate carrier information automatically. If no recipient TPL information is automatically populated, select “+ Click to add a new other insurance” to add the information.

Claim Submission: TPL, continued

#	Diagnosis Type	Diagnosis Code	Action
1	ICD-10-CM	S0000XA-Unspecified superficial injury of scalp, initial encounter	Remove
2	*Diagnosis Type ICD-10-CM ▼	*Diagnosis Code <input type="text"/>	

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

Other Insurance Details -

Enter the carrier and policy holder information below.

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

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

[Refresh Other Insurance](#)

#	Carrier Name	Carrier ID	Policy ID	Payer Paid Amount	Paid Date	Action
<input type="checkbox"/> Click to collapse.						
*Carrier Name	<input type="text" value="Third Party Insurance"/>	*Carrier ID	<input type="text" value="12345"/>			
*Policy Holder Last Name	<input type="text" value="Last"/>	*First Name	<input type="text" value="First"/>	MI	<input type="text"/>	
*Policy ID	<input type="text" value="123456"/>					
Insurance Type	<input type="text"/>					
*Responsibility	<input type="text" value="P-Primary"/>	*Patient Relationship to Insured	<input type="text" value="18-Self"/>			
Payer Paid Amount	<input type="text"/>		*Paid Date	<input type="text" value="05/31/2019"/>		
Remaining Patient Liability	<input type="text"/>					
*Claim Filing Indicator	<input type="text" value="12-Preferred Provider Organization (PPO)"/>					

[Add Insurance](#) [Cancel Insurance](#)

After clicking the (+), the user must complete all required fields (*) and select the **Add Insurance** button to add the Other Insurance details to the claim.

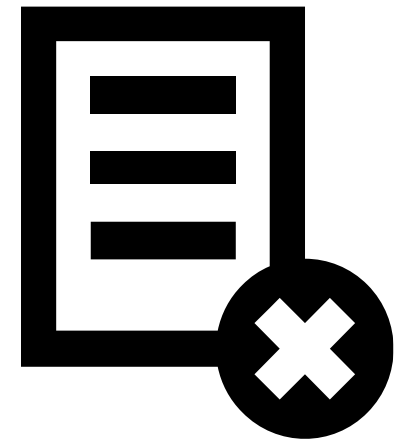
NOTE: The **Carrier ID** is information that is listed on the recipient's ID card and should be five digits. This is also known as the Electronic Payer ID.

Claim Submission: TPL, continued

Provider Information						
Billing Provider ID 1831573690			ID Type NPI			
Patient and Claim Information						
Recipient ID 12345678901		Recipient John Smith		Gender Male		Total Charged Amount \$0.00
Birth Date 01/01/2001						
Expand All Collapse All						
Diagnosis Codes						
Select the row number to edit the row. Click the Remove link to remove the entire row. Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.						
#	Diagnosis Type	Diagnosis Code			Action	
<u>1</u>						
1	*Diagnosis Type ICD-10-CM ▼	*Diagnosis Code <input type="text"/>				
<input type="button" value="Add"/> <input type="button" value="Reset"/>						
Other Insurance Details						
Enter the carrier and policy holder information below.						
Enter other carrier Remittance Advice details here for the claim or with each service line. Enter adjusted payment details, such as reason codes, in the Claim Adjustment Details section.						
Click the Remove link to remove the entire row.						
<input type="button" value="Refresh Other Insurance"/>						
#	Carrier Name	Carrier ID	Policy ID	Payer Paid Amount	Paid Date	Action
<u>1</u>	Insurance	1234567890	1234567890		01/02/2020	Remove
+ Click to add a new other insurance.						
<input type="button" value="Back to Step 1"/> <input type="button" value="Continue"/> <input type="button" value="Cancel"/>						

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

NOTE: Do not enter more than ten (10) Other Insurance details.



Claim Submission: TPL, continued

Other Insurance Details

Enter the carrier and policy holder information below.

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

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

[Refresh Other Insurance](#)

#	Carrier Name	Carrier ID	Policy ID	Payer Paid Amount	Paid Date	Action
1	Third Party Insurance	12345			05/31/2019	Remove

Carrier Name: Third Party Insurance
Carrier ID: 12345
*Policy Holder Last Name: Last
*First Name: First MI
*Policy ID: 123456
Insurance Type:
*Responsibility: P-Primary
*Patient Relationship to Insured: 18-Self
*Paid Date: 05/31/2019
Payer Paid Amount:
Remaining Patient Liability:
*Claim Filing Indicator: 12-Preferred Provider Organization (PPO)

Claim Adjustment Details

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

Remove link to remove the entire row.

Claim Adjustment Group Code	Reason Code	Adjustment Amount	Adjusted Units	Action
CO-Contractual Obligations	1-Deductible Amount	10.00		

Click to collapse.

*Claim Adjustment Group Code: CO-Contractual Obligations
*Reason Code: 1-Deductible Amount
*Adjustment Amount: 10.00 Adjusted Units:
[Add Adjustment](#) [Cancel Adjustment](#)

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

Click to add a new other insurance.

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

If submitting an Institutional claim, the user must complete any Claim Adjustment Details. If the user is submitting a Professional claim, do not include Adjustment Details in this step and skip to slide 23.

5. Select the sequence number adjacent to the relevant carrier (#)
6. Enter the **Claim Adjustment Details**
7. Click **Add Adjustment** to ensure that the adjustment details are added to the carrier details
8. Click **Save Insurance** to save updates
9. Click **Continue** to go to Step 3

Claim Submission: TPL, continued

#	Carrier Name	Carrier ID	Policy ID	Payer Paid Amount	Paid Date	Action
1	Third Party Insurance	12345	123456		05/31/2019	Remove

Carrier Name: Carrier ID:

*Policy Holder Last Name: *First Name: MI:

*Policy ID:

Insurance Type:

*Responsibility: *Patient Relationship to Insured:

Payer Paid Amount:

Remaining Patient Liability:

*Paid Date:

*Claim Filing Indicator:

Claim Adjustment Details

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

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

#	Claim Adjustment Group Code	Reason Code	Adjustment Amount	Adjusted Units	Action
<input type="checkbox"/> Click to collapse.					
	*Claim Adjustment Group Code	<input type="text" value="CO-Contractual Obligations"/>			
	*Reason Code	<input type="text" value="1-Deductible Amount"/>			
	*Adjustment Amount	<input type="text" value="10.00"/>	Adjusted Units	<input type="text"/>	

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

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

Click to add a new other insurance.

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

NOTE: Information for the **Payer Paid Amount, Remaining Patient Liability and Claim Adjustment Details** must match the Explanation of Benefits (EOB).



Claim Submission: TPL, continued

Claim Adjustment Details				
#	Claim Adjustment Group Code	Reason Code	Adjustment Amount	Adjusted Units
1	CO-Contractual Obligations	1-Deductible Amount	\$10.00	

Service Details							
Select the row number to edit the row. Click the Remove link to remove the entire row.							
Svc #	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
1						0.000	

10 *From Date 05/30/2019 To Date *Place of Service 11-Office EMG

*Procedure Code 01953-ANESTH BUR Modifiers *Diagnosis Pointers 1

*Charge Amount 10.00 *Units 10.000 *Unit Type Unit EPSDT Family Plan

Clia Number

Rendering Provider ID ID Type

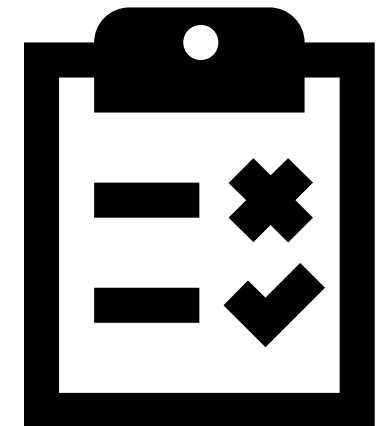
Rendering Provider Service Location

Referring / Ordering Provider ID ID Type Ordering Provider Yes No

NDCs for Svc. # 1	
Add	11

In Step 3, the user must:

10. Enter all applicable Service Detail information
11. Click **Add** to add each service detail to the claim



Claim Submission: TPL, continued

Service Details

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

Svc #	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
1	05/30/2019	05/30/2019	11-Office	01953-Anesth burn each 9 percent	\$10.00	1.000 Unit	Remove

1 *From Date: 05/30/2019 To Date: 05/30/2019 *Place of Service: 11-Office EMG

*Procedure Code: 01953-Anesth burn Modifiers: *Diagnosis Pointers: 1

*Charge Amount: 10.00 *Units: 1.000 *Unit Type: Unit EPSDT Family Plan

Clia Number Rendering Provider ID Referring Provider ID

Other Insurance for Service Detail

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

#	Carrier ID	Procedure Code	Modifiers	Payer Paid Amount	Paid Date	Paid Units	Remaining Patient Liability	Action
Click to collapse.								

*Other Carrier *Procedure Code Modifiers

Payer Paid Amount Remaining Patient Liability *Paid Date Paid Units: 0.00

[Add Insurance](#)

Save Reset Cancel

For Professional claims, Other Insurance information is required for each service detail entered. If submitting an Institutional claim, skip to Slide 25.

12. Select the appropriate Service Line Detail (Svc)
13. Enter **Other Insurance for Service Detail** information
14. Click **Add Insurance** to add insurance information to the service detail

NOTE: The amounts in **Payer Paid Amount** and **Remaining Patient Liability** are specific to the service rendered. The total paid amounts for all service details are reflected in Step 2.

Claim Submission: TPL, continued

NDCs for Svc. # 1

Other Insurance for Service Detail

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

#	Carrier ID	Procedure Code	Modifiers	Payer Paid Amount	Paid Date	Paid Units	Remaining Patient Liability	Action
15		01953-ANESTH BURN EACH 9 PERCENT			05/31/2019	0.00		Remove

*Other Carrier: 12345-Third Party Insurance

*Procedure Code: 01953-ANESTH BURN EACH 9 PERCENT

Modifiers:

Payer Paid Amount:

*Paid Date: 05/31/2019

Paid Units: 0.00

Remaining Patient Liability:

Claim Adjustment Details

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

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

#	Claim Adjustment Group Code	Reason Code	Adjustment Amount	Adjusted Units	Action

Click to collapse.

*Claim Adjustment Group Code:

*Reason Code:

*Adjustment Amount:

Adjusted Units:

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

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

For Professional claims, Adjustment Details must be entered for each service line. For Institutional claims, skip this slide.

15. Select the sequence number adjacent to the relevant procedure code
16. Complete the **Claim Adjustment Details** panel
17. Click **Add Adjustment** to add the adjustment details
18. Click **Save Insurance** to save all insurance details to the claim line

NOTE: Do not enter more than ten (10) Claim Adjustment Details.

Claim Submission: TPL, continued

The screenshot shows a web form for claim submission. At the top, there are fields for *Charge Amount, *Units (0.000), *Unit Type (Unit), EPSDT, and Family Plan. Below these are fields for Clia Number, Rendering Provider ID, Rendering Provider Service Location, and Referring Provider ID, each with a search icon and an ID Type dropdown. A blue bar indicates 'NDCs for Svc. # 2' with 'Add' and 'Reset' buttons. The 'Attachments' section is highlighted with a red border and contains a table with columns: #, Transmission Method, File, Control #, Attachment Type, and Action. Below the table is a form for adding an attachment with fields for *Transmission Method (FT-File Transfer), *Upload File (Choose File), *Attachment Type, and Description. 'Add' and 'Cancel' buttons are at the bottom of this section. A callout '19' points to the 'Choose File' button. At the very bottom of the form, there are 'Back to Step 1', 'Back to Step 2', '20' (in a callout), 'Submit', and 'Cancel' buttons. The 'Submit' button is highlighted with a red box and a callout '20'.

- 19. Add any necessary attachments
- 20. Click **Submit**

After clicking **Submit**, the user will be provided a final opportunity to review the claim before final submission and adjudication.

NOTE: It is not necessary to upload the EOB.



Resources

Additional Resources

- **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 Information:** <https://www.medicaid.nv.gov/providers/BillingInfo.aspx>
- **Medicaid Services Manual (MSM):**
<http://dhcftp.nv.gov/Resources/AdminSupport/Manuals/MSM/MSMHome/>
 - For Other Health Coverage (OHC) policy, see MSM Chapter 100 Section 104
- **Learning Management System:** <https://lms-nv.myhcplatform.com/>
 - For self-led, computer-based training (CBT)





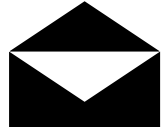
Contact Nevada Medicaid

Contact Us: Nevada Medicaid Customer Service

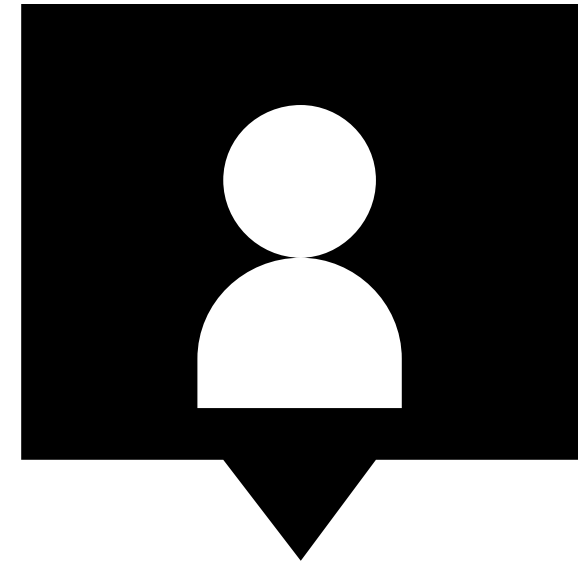


Customer Service Call Center: 877-638-3472 (Monday through Friday 8 a.m. to 5 p.m. Pacific Time)

Prior Authorization Department: 800-525-2395



Provider Field Representative Email: NevadaProviderTraining@dxc.com





Thank You