

Therapy Provider Training

Provider Type 34



Nevada Medicaid Provider Training

2019



Objectives



Objectives

- Locate Medicaid Policy
- Locate Prior Authorization Forms
- Login to the Electronic Verification System (EVS) secure Provider Web Portal
- Successfully Submit a Prior Authorization
- View Prior Authorizations
- Locate Billing Information
- Utilize the Search Fee Schedule and DHCFP Rates Unit
- Submit Claims using Direct Data Entry via the EVS secure Provider Web Portal



Medicaid Website

Medicaid Website

www.medicaid.nv.gov



Contact Us DHCFP Home

Search

Providers- EVS- Pharmacy- Prior Authorization- Claims - Quick Links- Calendar

Announcements Latest News

[Web Announcement 1834](#)
Modernization: Attention All Providers: New MMIS is Now Live!

[Web Announcement 1833](#)
Modernization Known System Issue: Date of Decision for Recipient Eligibility Not Currently Available

[Web Announcement 1832](#)
Modernization: Prior Authorization and Claims Webinars in February

[Web Announcement 1831](#)
Modernization: Attention Out-of-State Providers: Use the Online Provider Enrollment Tool to Enroll in Nevada Medicaid

[Web Announcement 1830](#)
Modernization: Attention All Providers: New MMIS is Going Live!

[View All Web Announcements](#)

Welcome

CLICK HERE FOR MORE DETAILS

- Will Improve Electronic Claims Submission
- Will Enhance Electronic Options
- Will Implement in Early 2019

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

Claim adjustment and void transactions are temporarily unavailable on the portal. This message will be removed when they are available. We apologize for any inconvenience.

Known Modernization System Issues-Click HERE

Attention Waiver Providers: Submit Claims with the Prior Authorization Number [See [Web Announcement 1806](#)]

PASRR can be accessed using the following link: <https://pasrrprod.medicaid.nv.gov/wps/portal/usp>

Due to portal unavailability, for PAs due on January 29, 2019, providers will be given one extra day to submit their PA. PAs due on January 28, 2019 were already given a 3 business-day leniency.

Provider Links

- [Billing Information](#)
- [E-Prescribing](#)
- [Forms](#)
- [Provider Enrollment](#)
- [Provider Newsletters](#)
- [Provider Training](#)

Scheduled Site Maintenance

During the scheduled site maintenance window the Provider Web Portal will be unavailable. The table below shows the regularly scheduled maintenance window. All times will be in the Pacific time zone.

Featured Links

- [Authorization Criteria](#)
- [DHCFP Home](#)
- [EDI Information](#)
- [EVS User Manual](#)
- [Modernization Project](#)
- [Online Provider Enrollment](#)
- [Provider Login \(EVS\)](#)
- [Prior Authorization](#)
- [Search Fee Schedule](#)
- [Search Providers](#)
- [Claims](#)
- [Trading Partner](#)

EVS

EVS is available 24 hours a day, seven days a week except during the scheduled weekly maintenance period.

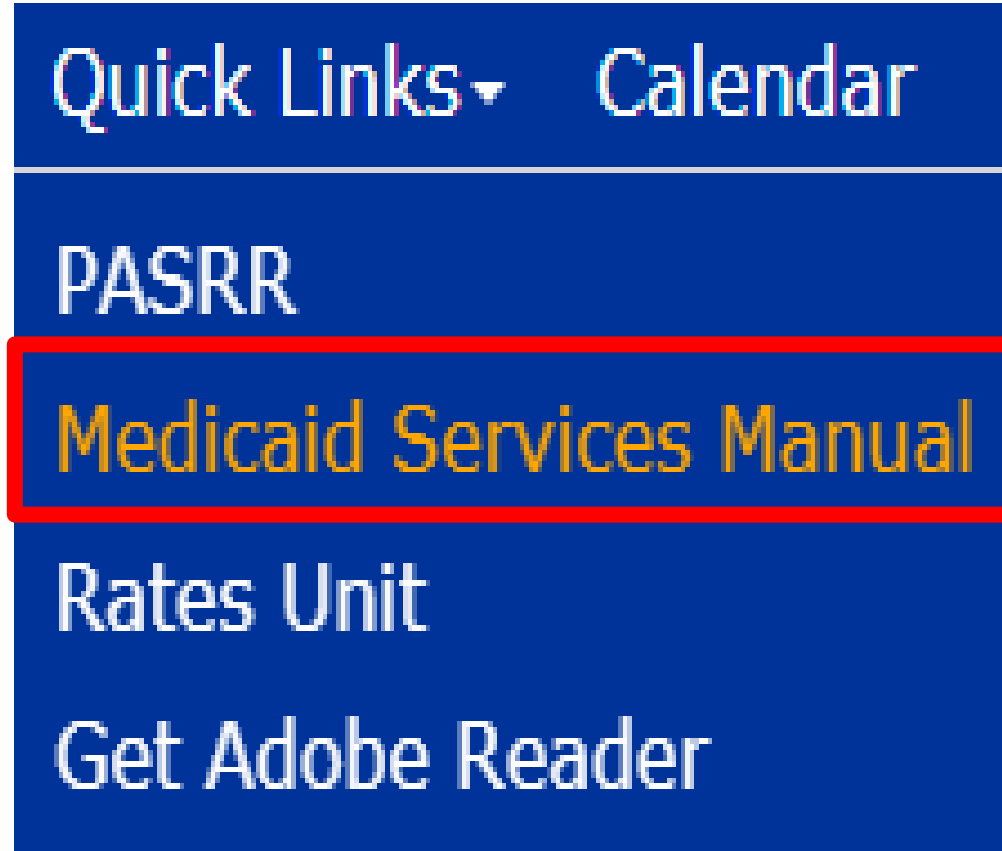
System Requirements

To access EVS, user must have internet access and a computer with a web browser. (Microsoft Internet Explorer 9.0 or higher recommended)



Medicaid Services Manual (MSM)

Locating Medicaid Services Manual (MSM)



- Step 1: Highlight “Quick Links” from top blue tool bar at www.medicaid.nv.gov.
- Step 2: Select “Medicaid Services Manual” from the drop-down menu.
- Note: MSM Chapters will open in new webpage through the DHCFP website.

Locating MSM, continued

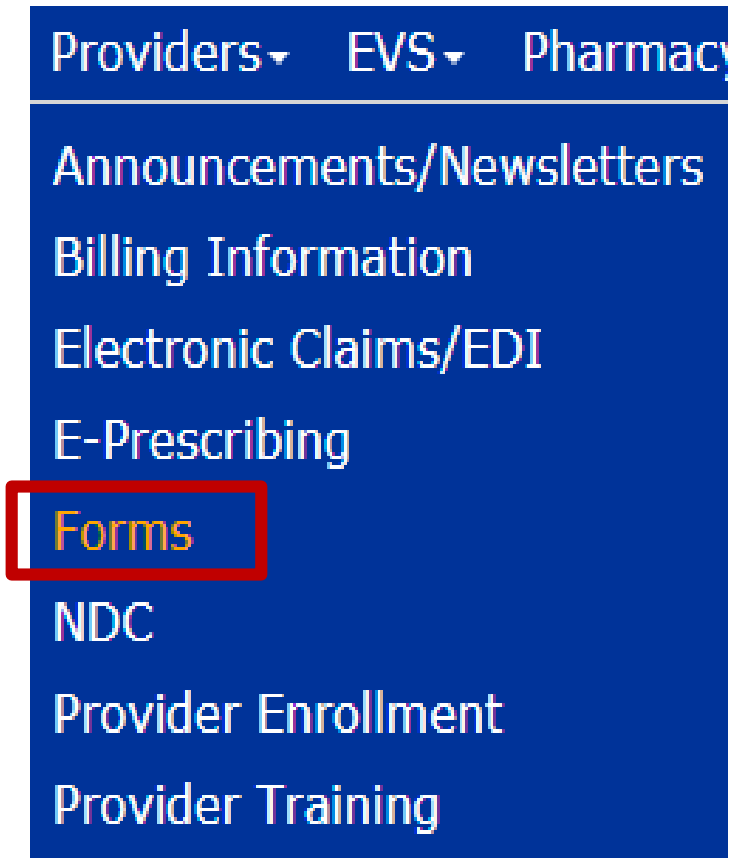
- Medicaid Services Manual - Complete
- 100 Medicaid Program
- 200 Hospital Services
- 300 Radiology Services
- 400 Mental Health and Alcohol and Substance Abuse Services
- 500 Nursing Facilities
- 600 Physician Services
- 700 Reimbursement, Analysis and Payment
- 800 Laboratory Services
- 900 Private 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 “1700 Therapy”
- From the next page, always make sure to select the “Current” policy



Prior Authorization (PA) Forms

Locating Prior Authorization Forms



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

Locating Prior Authorization Forms, 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

- While on the “Forms” page, locate the FA-7 form.
- Follow the instructions on the form.
- All active forms are fillable for easy uploading for PA submission online.
- Any form that is not legible will not be accepted.

Outpatient Rehabilitation and Therapy (FA-7)

– Page 1

- Date of Request
- Request Type
- Enter all applicable information for:
 - Recipient
 - Ordering Provider
 - Servicing Provider
 - Clinical Information

Prior Authorization Request
Nevada Medicaid and Nevada Check Up

Outpatient Rehabilitation and Therapy

Upload through the Provider Web Portal.

For questions regarding this form, call: (800) 525-2395

Required documentation which must be uploaded and submitted with this form:

- Plan of Care (POC) must include deficits, chronic or acute, short-term and long-term goals, end goal and progress toward goals
- Doctor's order

Authorization is limited to a 90-day period for recipients age 21 and older and a 180-day period for recipients under age 21. If the doctor's order is for one year, the same order can be attached.

DATE OF REQUEST: ____/____/____

REQUEST TYPE: Prior Authorization Continued Services Retrospective Review

REQUIRED FOR RETROSPECTIVE REVIEWS ONLY		
This recipient was determined eligible for Medicaid benefits on: ____/____/____		
NOTES:		
RECIPIENT INFORMATION		
Recipient Name (Last, First, MI):		
Recipient ID:	DOB:	Phone:
Address (include city, state, zip):		
Guardian Name (if applicable):		Guardian Phone:
Medicare Insurance Information: <input type="checkbox"/> Part A <input type="checkbox"/> Part B Medicare ID#:		
Other Insurance Name:		Other Insurance ID#:
ORDERING PROVIDER INFORMATION		
Ordering Provider Name:		
NPI:	Phone:	Fax:
Address (include city, state, zip):		
Contact Name:		
SERVICING PROVIDER INFORMATION		
Servicing Provider Name:		
NPI:	Phone:	Fax:
Address (include city, state, zip):		
CLINICAL INFORMATION Use additional sheet(s) if needed to submit all pertinent medical documentation and justification to be considered in the determination of this request.		
Is this request for Healthy Kids (EPSDT) referral/services? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Diagnosis (include ICD-10 codes and descriptions):		

Outpatient Rehabilitation and Therapy (FA-7)

– Page 2

- Fill out all Requested Services (Enter one code per line)
- Enter all applicable information for:
 - Functional Deficits & Rehab Diagnosis
 - Treatment Goals
 - Previous Service or Treatment
 - Other Clinical Information

Prior Authorization Request
Nevada Medicaid and Nevada Check Up

Outpatient Rehabilitation and Therapy

REQUESTED SERVICES <i>(enter one code per line)</i>			
CPT Code and Description	Enter Discipline: GP (Physical Therapy), GO (Occupational Therapy) or GN (Speech Therapy)	Units Requested per Week	Number of Weeks
1.			
2.			
3.			
4.			
Functional Deficits and Rehabilitation Diagnoses:			
Treatment Goals:			
Previous Service or Treatment and Outcome or Results <i>(include dates of prior services and an explanation of any non-compliance):</i>			
Other Clinical Information Supporting the Medical Necessity of Requested Services:			

This referral/authorization is not a guarantee of payment. Payment is contingent upon eligibility, benefits available at the time the service is rendered, contractual terms, limitations, exclusions, coordination of benefits and other terms and conditions set forth by the benefit program. The information contained in this form, including attachments, is privileged, confidential and 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 has been received in error, the reader shall notify sender immediately and shall destroy all information received.



Submitting a Prior Authorization via the EVS Secure Provider Web Portal

Logging into the Provider Web Portal



Nevada Department of Health and Human Services

Division of Health Care Financing and Policy Provider Portal

Home

Home

Login ?

*User ID
hospizona1

Log In

[Forgot User ID?](#)

[Register Now](#)

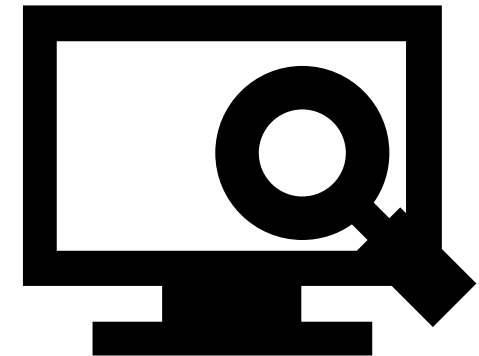
Broadcast Messages

Hours of Availability
The Nevada Provider Web Portal is unavailable between 12:25 AM PST on Sunday.

What can you do in the Provider Portal
Through this secure and easy to use internet portal, hea

Once registered, users may access their accounts from the Provider Web Portal (PWP) “Home” page by:

- Entering the **User ID**.
- Clicking the **Log In** button.



Logging in to the 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.

Once the user has clicked the **Log In** button, the user will need to provide identity verification as follows:

- Answer the **Challenge Question** to verify identity.
- Choose whether log in is on a **personal computer** or **public computer**.
- Click the **Continue** button.

Logging in to the Provider Web Portal, continued

[Home](#) > [Challenge Question](#) > Site Token Password


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.

6 Site Key: 

Passphrase Answer

7 *Password

8 [Sign In](#)

[Forgot Password?](#)

- The user will continue providing identity verification as follows:
6. Confirm that the **Site Key** and **Passphrase** are correct
 7. Enter **Password**
 8. Click the **Sign In** button

NOTE: If this information is incorrect, users should not enter their password. Instead, they should contact the help desk by clicking the **Customer help desk** link.

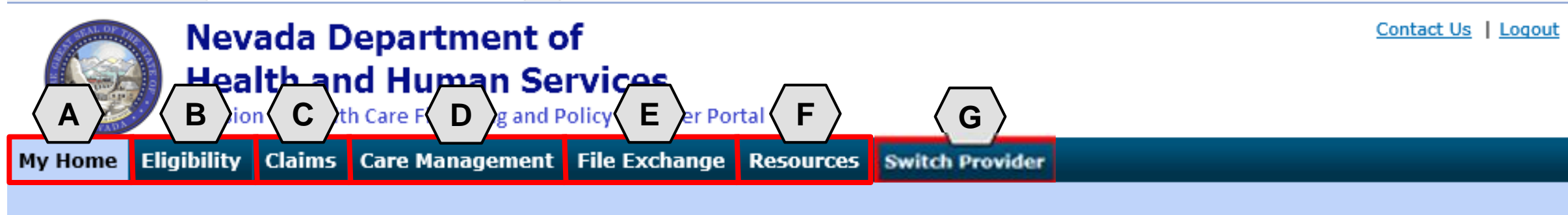
Welcome Screen

The screenshot shows the Nevada Department of Health and Human Services Provider Portal. At the top left is the state seal and the department name. To the right are links for 'Contact Us' and 'Logout'. Below this is a navigation bar with tabs: 'My Home', 'Eligibility', 'Claims', 'Care Management', 'File Exchange', and 'Resources'. A red box labeled 'A' highlights this navigation bar. Below the navigation bar is a 'My Home' section. On the left, there is a 'Provider' profile for 'HOSPITALIST SERVICES OF NEVADA-MANDAVIA' with fields for Name, Provider ID, and Location ID. A red box labeled 'D' highlights the 'My Profile' and 'Manage Accounts' links. To the right of the profile is a 'Broadcast Messages' section with a 'Hours of Availability' notice and links for 'Contact Us' and 'Secure Correspondence'. A red box labeled 'C' highlights these links. Below the broadcast messages is a 'Welcome Health Care Professional!' message with a photo of healthcare workers. A red box labeled 'E' highlights this message. At the bottom, there are two quick reference guides: 'Prior Authorization Quick Reference Guide' and 'Provider Web Portal Quick Reference Guide', both with 'Review' links. A red box labeled 'F' highlights these links.

Once the provider information has been verified, the user may explore the features of the PWP, including:

- A. Additional tabs for users to research eligibility, submit claims and PAs, access additional resources, and more.
- B. Important broadcast messages.
- C. Links to contact customer support services.
- D. Links to manage user account settings, such as passwords and delegate access.
- E. Links to additional information regarding Medicaid programs and services
- F. Links to additional PWP resources.

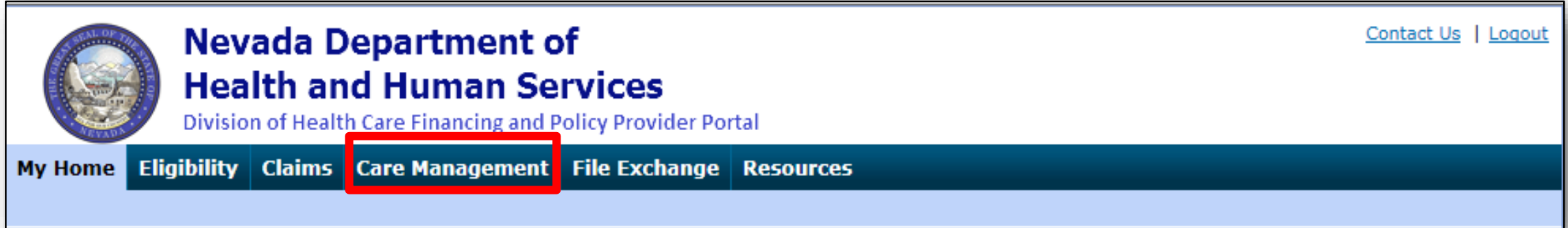
Navigating the Provider Web Portal



The tabs at the top of the page provide users quick access to helpful pages and information:

- A. My Home:** Confirm and update provider information and check messages.
- B. Eligibility:** Search for recipient eligibility information.
- C. Claims:** Submit claims, search claims, view claims and search payment history.
- D. Care Management:** Request PAs, view PA statuses and maintain favorite providers.
- E. File Exchange:** Upload forms online.
- F. Resources:** Download forms and documents.
- G. Switch Providers:** This is where **delegates** can switch between providers to whom they are assigned. The tab is only present when the user is logged in as a delegate.

Care Management Tab



The screenshot shows the top navigation bar of the Nevada Department of Health and Human Services Provider Portal. On the left is the state seal of Nevada. To its right is the text "Nevada Department of Health and Human Services" and "Division of Health Care Financing and Policy Provider Portal". On the far right are links for "Contact Us" and "Logout". Below this is a dark blue navigation bar with white text for "My Home", "Eligibility", "Claims", "Care Management", "File Exchange", and "Resources". The "Care Management" tab is highlighted with a red rectangular box.

Create Authorization

- Create authorizations for eligible recipients

View Authorization Status

- Prospective authorizations that identify the requesting or servicing provider

Maintain Favorite Providers

- Create a list of frequently used providers
- Select the facility or servicing provider from the providers on the list when creating an authorization
- Maintain a favorites list of up to 20 providers



Before You Create a Prior Authorization Request

Before Creating a Prior Authorization Request



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 exists 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.



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) and Healthcare Common Procedure Coding System (HCPCS)

— 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 only be submitted electronically.

— 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 canceled.

Submitting a PA Request

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

My Home | Eligibility | Claims | **Care Management** | Change | Resources

Create Authorization | Authorization Status | Maintain Favorites | Providers | Authorization Criteria

My Home

Provider

Name

Provider ID

Location ID

▶ [My Profile](#)

▶ [Manage Accounts](#)

Broadcast Messages

Hours of Availability
The Nevada Provider Web Portal is unavailable between midnight and 12:25 AM PST Monday-Saturday and between 8 PM and 12:25 AM PST on Sunday.

Welcome Health Care Professional!

1. Hover over the **Care Management** tab.
2. Click **Create Authorization** from the sub-menu.

Submitting a PA Request, continued

Create Authorization ?

* Indicates a required field.

Medical Dental 3

***Process Type** 4

Expand All | Collapse All

Requester Information	ID Type	NPI	Name
Provider ID			

Recipient Information	First Name
*Recipient ID	
Last Name	
Birth Date	

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

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

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

3. Select the authorization type (Medical).
4. Choose an appropriate **Process Type** from the drop-down list (Outpt M/S).

Submitting a PA Request, continued

Create Authorization ?

* Indicates a required field.

Medical Dental

*Process Type: Home Health Expand All | Collapse All

5 **Requesting Provider Information**

Provider ID	ID Type	Name
	NPI	

Recipient Information

*Recipient ID: 43827875678

Last Name: ABIEGUT First Name: ABYNNRYP

Birth Date: 04/10/1928

Referring Provider Information

Referring Provider same as Requesting Provider:

Select from Favorites: No favorite providers available.

Provider ID	ID Type	Name	Add to Favorites
			<input type="checkbox"/>

5. The **Requesting Provider Information** is automatically populated with the Provider ID and Name of the provider that the signed-in user is associated with.

Submitting a PA Request, continued

Create Authorization ?

* Indicates a required field.

Medical **Dental**

***Process Type** Home Health Expand All | Collapse All

Requesting Provider Information -

Provider ID	ID Type	NPI	Name
-------------	---------	-----	------

Recipient Information -

6 ***Recipient ID** 43827875678

Last Name ABIEGUT **First Name** ABYNNRYP

Birth Date 04/10/1928

Referring Provider Information -

Referring Provider same as Requesting Provider

Select from Favorites No favorite providers available. ▼

Provider ID	ID Type	Name	Add to Favorites
-------------	---------	------	------------------

6. Enter the **Recipient ID**. The Last Name, First Name and Birth Date will populate automatically.

Submitting a PA Request, continued

Create Authorization ?

* Indicates a required field.

Medical **Dental**

***Process Type** Home Health ▼ [Expand All](#) | [Collapse All](#)

Requesting Provider Information [-]

Provider ID	ID Type	NPI	Name
-------------	---------	-----	------

Recipient Information [-]

***Recipient ID** 43827875678

Last Name ABIEGUT **First Name** ABYNNRYP

Birth Date 04/10/1928

Referring Provider Information [-]

Referring Provider same as Requesting Provider

Select from Favorites No favorite providers available. ▼

Provider ID	ID Type	Name	Add to Favorites
-------------	---------	------	------------------

7

7. Enter Referring Provider Information using one of three ways

Submitting a PA Request, continued

The screenshot shows a web form titled "Referring Provider Information". The form contains several fields and a checkbox. A red box highlights the "Referring Provider same as Requesting Provider" checkbox, labeled with a grey hexagon containing the letter "A". Below this is a "Select from Favorites" drop-down menu, labeled with a grey hexagon containing the letter "B". Below the drop-down are two input fields: "Provider ID" and "ID Type", both labeled with a grey hexagon containing the letter "C". To the right of these fields is a "Name" field and an "Add to Favorites" checkbox, labeled with a grey hexagon containing the letter "D".

- A. Check the **Referring Provider Same as Requesting Provider** box.
- B. Choose an option from the **Select from Favorites** drop-down. This drop-down displays a list of providers that the user has indicated as favorites.
- C. Enter the **Provider ID** and **ID Type**. Both fields must be completed when using this option.
- D. Click the **Add to Favorites** checkbox. Use this after entering a provider ID to add it to the **Select from Favorites** drop-down.

Submitting a PA Request, continued

Referring Provider Information

Referring Provider same as Requesting Provider

Select from Favorites: No favorite providers available.

Provider ID: 1831573690 ID Type: NPI Name: Add to Favorites

Service Provider Information

Service Provider same as Requesting Provider

Select from Favorites: No favorite providers available.

*Provider ID: *ID Type: Name: Add to Favorites

Location:

8

8. Enter **Service Provider Information**.

Submitting a PA Request, continued

Service Provider Information

Service Provider same as Requesting Provider

Select from Favorites: No favorite providers available.

*Provider ID: 1831573690 *ID Type: NPI Name: Add to Favorites

Location: FEDERALLY QUALIFIED HEALTH CENTER

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
*Diagnosis Type ICD-10-CM ICD-9-CM	*Diagnosis Code	

Click to collapse.

11 Add Cancel

Service Details

9. Select a **Diagnosis Type** from the drop-down list.
10. Enter the **Diagnosis Code**. Once the user begins typing, the field will automatically search for matching codes.
11. Click the **Add** button.

NOTE: Repeat steps 9-11 to enter up to nine codes. The first code entered will be considered the primary.

Submitting a PA Request, continued

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
Click to collapse.		
*Diagnosis Type ICD-10-CM	*Diagnosis Code 1234 Diagnosis Code not found.	

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

If you click the **Add** button with an invalid diagnosis code, an error will display. You must ensure the diagnosis code is correct, up-to-date with the selected **Diagnosis Type**, and does not include decimals.

Submitting a PA Request, continued

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	T7500XA-Unspecified effects of lightning, initia	Remove

Click to collapse.

*Diagnosis Type *Diagnosis Code

Once a diagnosis code has been entered accurately, and the **Add** button has been clicked, the diagnosis code will display under the **Diagnosis Information section**. If a code needs to be removed from the PA request, click **Remove** located in the **Action** column.

Submitting a PA Request, continued

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	T7500XA-Unspecified effects of lightning, initial encounter	Remove

Click to collapse.

*Diagnosis Type *Diagnosis Code

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

12. Enter details regarding the service(s) provided into the **Service Details** section.
13. Click the **Add Service** button.

Service Details

+ 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="text" value="01/01/2018"/>	<input type="text" value="01/01/2019"/>	<input type="text" value="A6413-Adhesive bandage, first-aid"/>	<input type="text"/>	<input type="text" value="1"/>	

Click to collapse.

*From Date To Date Code Type *Code

Modifiers

*Units

*Medical Justification

[Add Service](#) [Cancel Service](#)

Submitting a PA Request, continued

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"/>	1	01/01/2018	01/01/2019	A6413-Adhesive bandage, first-aid		1	Copy Remove

Click to collapse.

*From Date To Date Code Type CPT/HCPCS *Code

Modifiers

*Units

*Medical Justification

After clicking the **Add Service** button, the service details will display in the list.

NOTE: Manage additional details as needed. If a user wishes to copy a service detail, click **Copy** located in the **Action** column. To remove the detail, click **Remove**.

Submitting a PA Request, continued

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
Click to collapse.		
*Transmission Method	EL-Electronic Only ▼	
*Upload File	Choose File No file chosen	
*Attachment Type		
<input type="button" value="Add"/> <input type="button" value="Cancel"/>		
<input type="button" value="Submit"/> <input type="button" value="Cancel"/>		

The **Transmission Method** will default to EL-Electronic Only as attachments must be sent via the Provider Web Portal.

Submitting a PA Request, continued

Attachments

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

[Prior Authorization Forms](#)

If you will not be sending an attachment electronically, select the appropriate Transmission Method and click the **Add** button.

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

Transmission Method	Attachment Type
<input type="checkbox"/> Click to collapse.	
*Transmission Method	
*Upload File	
*Attachment Type	
<input type="button" value="Add"/>	

- 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

14. Choose the type of attachment being submitted from the **Attachment Type** drop-down list.

Submitting a PA Request, continued

The screenshot shows a web application interface for submitting a PA request. The interface includes fields for 'From Date', 'To Date', 'Code Type' (set to 'CPT/HCPCS'), and 'Code'. Below these are sections for 'Modifiers', 'Units', and 'Medical Justification'. The 'Attachments' section is active, showing a list of attachments. The 'Transmission Method' is set to 'EL-Electronic Only'. The 'Upload File' field has a 'Browse...' button highlighted with a red box and a callout '15'. The 'Attachment Type' is set to 'NN-Nursing Notes'. A Windows file explorer window is overlaid on the interface, showing the 'Desktop' folder. The file 'Nurse Notes.docx' is selected and highlighted with a red box and a callout '16'. The 'Open' button in the file explorer is highlighted with a red box and a callout '17'. The file explorer window also shows the file name 'Nurse Notes.docx' and the file type 'All Files (*.*)'.

15. Click the **Browse** button.

16. Select the desired attachment.

17. Click the **Open** button.

Allowable file types include:

.doc, .docx, .gif, .jpeg, .pdf, .txt, .xls, .xlsx, .bmp, .tif, and .tiff.

Submitting a PA Request, continued

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
Click to collapse.		
*Transmission Method: [EE Electronic Only]	*Upload File: C:\Users\bargera\Desktop\Nurse Notes.docx [Browse...]	*Attachment Type: [v]

18 [Add] [Cancel]

[Submit] [Cancel]

18. Click the **Add** button.

Submitting a PA Request, continued

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"/>	EL-Electronic Only	Nurse Notes.docx	Remove

Click to collapse.

*Transmission Method

*Upload File

*Attachment Type

The added attachment displays in the list.

To remove the attachment, click **Remove** in the **Action** column.

Add additional attachments by repeating steps 14-18.

NOTE: The total attachment file size limit before submitting a PA is 4 MB. When more attachments are needed beyond this capacity, the user will first submit the PA. Afterwards, go back into the PA using the View Authorization Response page, click the edit button to open the PA and then add more attachments.

Submitting a PA Request, continued

19. Click the **Submit** button.

Justification

[Add Service](#) [Cancel Service](#)

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"/>	EL-Electronic Only	Nurse Notes.docx	Remove

Click to collapse.

***Transmission Method**

***Upload File**

***Attachment Type**

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

19 [Submit](#) [Cancel](#)

Submitting a PA Request, continued

20

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

Requesting Provider Information

Provider ID	1831573690	ID Type	NPI	Name	HOSPITALIST SERVICES OF NEVADA-MANDAVIA
--------------------	------------	----------------	-----	-------------	---

Recipient Information and Process Type

Recipient ID	43827875678	Gender	Female
Recipient	ABYNNRYP ABIEGUT		
Birth Date	04/10/1928		
Process Type	Home Health		

Referring Provider Information

Provider ID	1831573690	ID Type	NPI	Name	HOSPITALIST SERVICES OF NEVADA-MANDAVIA
--------------------	------------	----------------	-----	-------------	---

Service Provider Information

Provider ID	1831573690	ID Type	NPI	Name	HOSPITALIST SERVICES OF NEVADA-MANDAVIA
Location	_				

[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	T7500XA-Unspecified effects of lightning, initial encounter

Service Details

Line #	From Date	To Date	Code	Modifiers	Units
1	01/01/2018	01/01/2019	CPT/HCPCS A6413-Adhesive bandage, first-aid		1

Attachments

Transmission Method	File	Attachment Type
EL-Electronic Only	Nurse Notes.docx	NN-Nursing Notes

[Back](#) [Confirm](#) [Cancel](#)

21

20. Review the information on the PA request.
21. Click the **Confirm** button to submit the PA for processing. Only click the Confirm button once. If a user clicks Confirm multiple times, multiple PAs will be submitted and denied due to multiple submissions.

NOTE: If updates are needed prior to clicking the **Confirm** button, click the **Back** button to return to the “Create Authorization” page.

Submitting a PA Request, continued

The screenshot shows a web application interface with a dark blue navigation bar at the top containing the following tabs: My Home, Eligibility, Claims, Care Management, File Exchange, and Resources. Below the navigation bar is a light blue banner with the text: Create Authorization | View Authorization Status | Maintain Favorite Providers | Authorization Criteria. The main content area has a breadcrumb trail: [Care Management](#) > Authorization Receipt. Below this is a dark blue header for the 'Authorization Receipt' section with a help icon (?). The main message states: 'Your Authorization Tracking Number 45180650011 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 message area is the text 'General Authorization Receipt Instructions'. At the very bottom of the screenshot are three buttons: 'Print Preview', 'Copy', and 'New'.

After the **Confirm** button has clicked, an “Authorization Tracking Number” will be created. This message signifies that the PA request has been successfully submitted.

Submitting a PA Request, continued

The screenshot shows a web application interface for 'Authorization Receipt'. At the top, there is a navigation bar with tabs: 'My Home', 'Eligibility', 'Claims', 'Care Management', 'File Exchange', and 'Resources'. Below this is a secondary navigation bar with links: 'Create Authorization', 'View Authorization Status', 'Maintain Favorite Providers', and 'Authorization Criteria'. The main content area has a breadcrumb trail: 'Care Management > Authorization Receipt'. A dark blue header for the section reads 'Authorization Receipt' with a help icon. The main message states: 'Your Authorization Tracking Number 45180650011 was successfully submitted.' Below this, instructions are provided: '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.' Underneath the instructions, the text 'General Authorization Receipt Instructions' is partially visible. Three buttons are displayed: 'Print Preview', 'Copy', and 'New'. Each button is highlighted with a red box and a corresponding letter in a hexagon: 'A' for 'Print Preview', 'B' for 'Copy', and 'C' for 'New'.

- A. **Print Preview:** Allows a user to view the PA details and receipt for printing.
- B. **Copy:** Allows a user to copy member or authorization data for another authorization.
- C. **New:** Allows a user to begin a new PA request for a different member.



Viewing Status

Viewing the Status of PAs

The screenshot displays the top navigation bar of the Nevada Medicaid Provider Web Portal. The navigation tabs are: My Home, Eligibility, Claims, Care Management, Exchange, and Resources. The 'Care Management' tab is highlighted with a red box and a callout '1'. Below the navigation bar, the 'View Authorization Status' link is highlighted with a red box and a callout '2'. The main content area includes a 'Provider' section with fields for Name, Provider ID, and Location ID, and a 'Broadcast Messages' section with a message about the Nevada Provider Web Portal's availability. A 'Welcome Health Care Professional' banner is also visible at the bottom of the page.

1. Hover over the **Care Management** tab.
2. Click **View Authorization Status**.

Viewing the Status of PAs, continued

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

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

Care Management > View Authorization Status

View Authorization Status

Prospective Authorizations

Prospective authorizations identifying you as the Requesting or Servicing Provider are listed below. These results include beginning Services Date of today or greater. Click the Authorization Tracking Number to view the authorization response search for a different authorization.

Authorization Tracking Number	Service Date ▲	Recipient Name	Recipient ID	Process Type	Requesting P
45181270003	01/01/2018 - 01/01/2019	ABIEGUT, ABYNNRYP	43827875678	Home Health	HOSPITALIST SERV NEVADA-MANDAVIA
43180110001	01/11/2018 - 01/11/2019	QROTB, FENKTPVI	54409179444	Outpt M/S	HOSPITALIST SERV NEVADA-MANDAVIA
41180120002	01/12/2018 - 01/12/2019	KWLVDTYRXW, AOWPEW H	80335695037	Outpt M/S	HOSPITALIST SERV NEVADA-MANDAVIA

3. Click the **ATN** hyperlink of the PA to be viewed.

3

Viewing the Status of PAs, continued

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

Authorization Tracking # 41180120002 Process Type Outpt M/S [Expand All](#) | [Collapse All](#)

Requesting Provider Information

Recipient Information

Referring Provider Information

Diagnosis Information

Service Provider / Service Details Information

5

Provider ID	ID Type	NPI	Name

From Date	To Date	Units	Remaining Units	Amount	Code	Medical Citation	Decision / Date	Reason
01/12/2018	01/12/2019	10	10	-	CPT/HCPCS 0003F-INACTIVE TOBACCO USE, NON-SMOKING	-	Certified In Total 01/12/2018	-

4. Click the **plus** symbol to the right of a section to display its information.
5. Review the information as needed.

Viewing the Status of PAs, continued

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

Authorization Tracking # 41180120002 **Process Type** Outpt M/S [Expand All](#) | [Collapse All](#)

Requesting Provider Information +

Recipient Information +

Referring Provider Information +

Diagnosis Information +

Service Provider / Service Details Information -

From Date	To Date	Units	Remaining Units	Amount	Code	Medical Citation	Decision / Date	Reason
01/12/2018	01/12/2019	10	10	-	CPT/HCPCS 0003F-INACTIVE TOBACCO USE, NON-SMOKING	6	Certified In Total 01/12/2018	-

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

- Review the details listed in the **Decision / Date** and **Reason** columns.

Viewing the Status of PAs, continued

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
01/12/2018	01/12/2019	10	10	-	CPT/HCPCS 0003F-INACTIVE TOBACCO USE, NON-SMOKING	-	Certified In Total 01/12/2018	-

In the **Decision / Date** column, you may see one of the following decisions:

- **Certified in Total:** The PA request is approved for exactly as requested.
- **Certified Partial:** The PA request has been approved, but not as requested.
- **Not Certified:** The PA request is not approved.
- **Pended:** The PA request is pending approval.
- **Cancel:** The PA request has been canceled.

Viewing the Status of PAs, continued

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
08/29/2017	08/29/2017	1	1	\$125.00	CPT/HCPCS 80061-Lipid panel	View	Certified Partial 06/11/2018	Product/service/procedure delivery pattern (e.g., units, days, visits, weeks, hours, months)
08/30/2017	08/30/2017	1	0	-	CPT/HCPCS 36415-Routine venipuncture	View	Not Certified 06/11/2018	Non-covered Service

When the **Decision / Date** column is not “Certified in Total,” information will be provided in the **Reason** column. For example, if a PA is not certified (A), the reason why it was not certified displays (B).

Viewing the Status of PAs, continued

Service Provider / Service Details Information								
Provider C 1573690 D		ID Type NPI E		Name HOSPITAL SERVICES OF NEVADA- F MANDATE G				
From Date	To Date	Units	Remaining Units	Amount	Code	Medical Citation	Decision / Date	Reason
01/12/2018	01/12/2019	10	10	-	CPT/HCPCS 0003F-INACTIVE TOBACCO USE, NON-SMOKING	-	Certified In Total 01/12/2018	-

- C. **From Date** and **To Date**: Display the start and end dates for the PA.
- D. **Units**: Displays the number of units originally on the PA.
- E. **Remaining Units** or **Amount**: Display the units or amount left on the PA as claims are processed.
- F. **Code**: Displays the CPT/HCPCS code on the PA.
- G. **Medical Citation**: Indicates when additional information is needed for authorizations (including denied).

Viewing the Status of PAs, 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.</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](#)

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.

Viewing the Status of PAs, continued

Print Preview

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

Authorization Tracking # 41180120002 Process Type Outpt M/S

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

Requesting Provider Information +

Recipient Information +

Referring Provider Information +

Diagnosis Information +

Service Provider / Service Details Information -

Provider ID 1831573690 ID Type NPI Name HOSPITALIST SERVICES OF NEVADA-MANDAVIA

From Date	To Date	Units	Remaining Units	Amount	Code	Medical Citation	Decision / Date	Reason
01/12/2018	01/12/2019	10	10	-	CPT/HCPCS 0003F-INACTIVE TOBACCO USE, NON-SMOKING	-	Certified In Total 01/12/2018	-

H **I** **J**

Edit **View Provider Request** **Print Preview**

- H. **Edit:** Edit the PA.
- I. **View Provider Request:** Expand all sections to view the information.
- J. **Print Preview:** Display a printable version of the PA with options to print.



Searching for PAs

Searching for PAs

Prospective Authorizations **Search Options** 1

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

Authorization Information

2 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


1. Click the **Search Options** tab.
2. Enter search criteria into the search fields.

Searching for PAs, continued

Authorization Information

A Authorization Tracking Number


Select a Day Range or specify a Service Date

B Day Range OR **C** Service Date 

- A. **Authorization Tracking Number:** Enter the ATN to locate a specific PA.
- B. **Day Range:** Select an option from this list to view PA results within the selected time period.
- C. **Service Date:** Enter the date of service to display PA with that service date.

NOTE: Without an ATN, a **Day Range** or a **Service Date** must be entered. If the PA start date is more than 60 days ago, a **Service Date** must be entered.

Searching for PAs, continued


Status Information	
Select status to return authorization service lines with the chosen status.	
 Status	<ul style="list-style-type: none">CancelCertified In TotalCertified PartialNot CertifiedPended
Recipient Information	
Recipient information is not mandatory. You can either enter the Recipient ID; or the Last Name, First Name, and Birth Date.	

D. **Status:** Select a status from this list to narrow search results to include only the selected status.

Searching for PAs, continued

Recipient Information

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

E	Recipient ID	<input type="text"/>	F	Birth Date	<input type="text"/>	
G	Last Name	<input type="text"/>	First Name	<input type="text"/>		

E. **Recipient ID:** Enter the unique Medicaid ID of the client.


F. **Birth Date:** Enter the date of birth for the client.

G. **Last Name** and **First Name:** Enter the client's first and last name.

NOTE: Enter only the **Recipient ID** number **or** the client's last name, first name and date of birth.

Searching for PAs, continued

Provider Information

H Provider ID 

I ID Type

J This Provider is the Servicing Provider on the Authorization
 Referring Provider on the Authorization

H. Provider ID: Enter the provider's unique National Provider Identifier (NPI).

I. ID Type: Select the provider's ID type from the drop-down list.

J. This Provider is the: Select whether the provider is the servicing or referring provider on the PA request.

Searching for PAs, continued

Recipient Information

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

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

3

Search Results

<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>
43180110001	01/11/2018 - 01/11/2019	QROTB, FENKTPVI	54409179444	Outpt M/S	HOSPITALIST SERVICES NEVADA-MANDAVIA

3. Click the **Search** button.
4. Select an **ATN** hyperlink to review the PA.



Submitting Additional Information

Submitting Additional Information

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

Authorization Tracking # 45181270003 **Process Type** Home Health [Expand All](#) | [Collapse All](#)

Requesting Provider Information

Recipient Information



Referring Provider Information

Diagnosis Information

Service Provider / Service Details Information

Provider ID 1831573690 **ID Type** NPI **Name** HOSPITALIST SERVICES OF NEVADA-MANDAVIA

From Date	To Date	Units	Remaining Units	Amount	Code	Medical Citation	Decision / Date	Reason
01/01/2018	01/01/2019	1	0	-	CPT/HCPCS A6413-Adhesive bandage, first-aid	-	Pended	-

  **Edit** **Provider Request** **Print Preview**

1. Click the **Edit** button to edit a submitted PA request.

Additional information may include:

- Requests for additional services
- Attachments
- “FA-29 Prior Authorization Data Correction” form
- “FA-29A Request for Termination of Service” form

Submitting Additional Information, continued

2. Add additional diagnosis codes, service details and/or attachments.

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	T7500XA-Unspecified effects of lightning, initial encounter	

Click to collapse.

*Diagnosis Type *Diagnosis Code

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	01/01/2018	01/01/2019	Pended	A6413-Adhesive bandage, first-aid		1	Copy

Click to collapse.

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.			

2

Submitting Additional Information, continued

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
EL-Electronic Only	Nurse Notes.docx	NN-Nursing Notes	Remove
EL-Electronic Only	Benefit Letter.docx	59-Benefit Letter	Remove

Click to collapse.

*Transmission Method

*Upload File

*Attachment Type

3

3. Click the **Resubmit** button to review the PA information.

Submitting Additional Information, continued

The screenshot shows a web form with several sections: Referring Provider Information, Service Provider Information, Diagnosis Information, Service Details, and Attachments. A red border highlights the entire form area. A callout box with the number '4' points to the Service Provider Information section. A callout box with the number '5' points to the Confirm button at the bottom right of the form.

Referring Provider Information

Provider ID	1831573690	ID Type	NPI	Name	HOSPITALIST SERVICES OF NEVADA-MANDAVIA
-------------	------------	---------	-----	------	---

Service Provider Information

Provider ID	1831573690	ID Type	NPI	Name	HOSPITALIST SERVICES OF NEVADA-MANDAVIA
Location	_				

[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	T750XA-Unspecified effects of lightning, initial encounter

Service Details

Line #	From Date	To Date	Code	Modifiers	Units
1	01/01/2018	01/01/2019	CPT/HCPCS A6413-Adhesive bandage, first-aid		1

Attachments

Transmission Method	File	Attachment Type
EL-Electronic Only	Nurse Notes.docx	NN-Nursing Notes
EL-Electronic Only	Benefit Letter.docx	59-Benefit Letter

[Back](#) [Confirm](#) [Cancel](#)

4. Review the information.
5. Click the **Confirm** button.

NOTE: The PA number remains the same as the original PA request when resubmitting the PA request.

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.
- Once the new information has been added to the PA request, click “Resubmit” to review the PA information.
- Click “Confirm” to resubmit the PA.
- The ATN will remain the same.



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.



Options if a PA is not approved



Denied Prior Authorization

If a prior authorization is denied by Nevada Medicaid, the provider has the following options:

- Request for a peer-to-peer review (avenue used in order to clarify why the request was denied or approved with modifications).
- Submit a reconsideration request (avenue used when the provider has additional information that was not included in the original request).
- Request a Medicaid provider hearing.

Peer-to-Peer Review

- The intent of a peer-to-peer review is to clarify the reason the PA request was denied or approved but modified.
- This is a verbal discussion between the requesting clinician and the clinician that reviewed the request for medical necessity.
- The provider is responsible for having a licensed clinician who is knowledgeable about the case participate in the peer-to-peer review.
- Additional information is not allowed to be presented because all medical information must be in writing and attached to the case.
- Must be requested within 10 business days of the denial.
- Peer-to-peer reviews can be requested by emailing nvpeer_to_peer@dxc.com.
- Only available for denials related to the medical necessity of the service.
- A peer-to-peer review is not required prior to a reconsideration, but once a reconsideration is requested, a peer-to-peer review is no longer an option.



Reconsideration Request

- Reconsiderations can be uploaded via the Provider Web Portal by completing an FA-29B form and uploading to the “File Exchange” on the Provider Web Portal.
- Additional medical documentation is reviewed to support the medical necessity.
- The information is reviewed by a different clinician than reviewed the original documentation.
- A peer-to-peer review is not required prior to a reconsideration, but once a reconsideration is requested, a peer-to-peer review is no longer an option.

Reconsideration Request, continued

- A reconsideration must be requested within 30 calendar days from the date of the denial, except for Residential Treatment Center (RTC) services, which must be requested within 90 calendar days.
- The 30-day provider deadline for reconsideration is independent of the 10-day deadline for peer-to-peer review.
- Give a synopsis of the medical necessity not presented previously. Include only the medical records that support the issues identified in the synopsis. Voluminous documentation will not be reviewed. It is the provider's responsibility to identify the pertinent information in the synopsis.
- Only available for denials related to the medical necessity of the service.



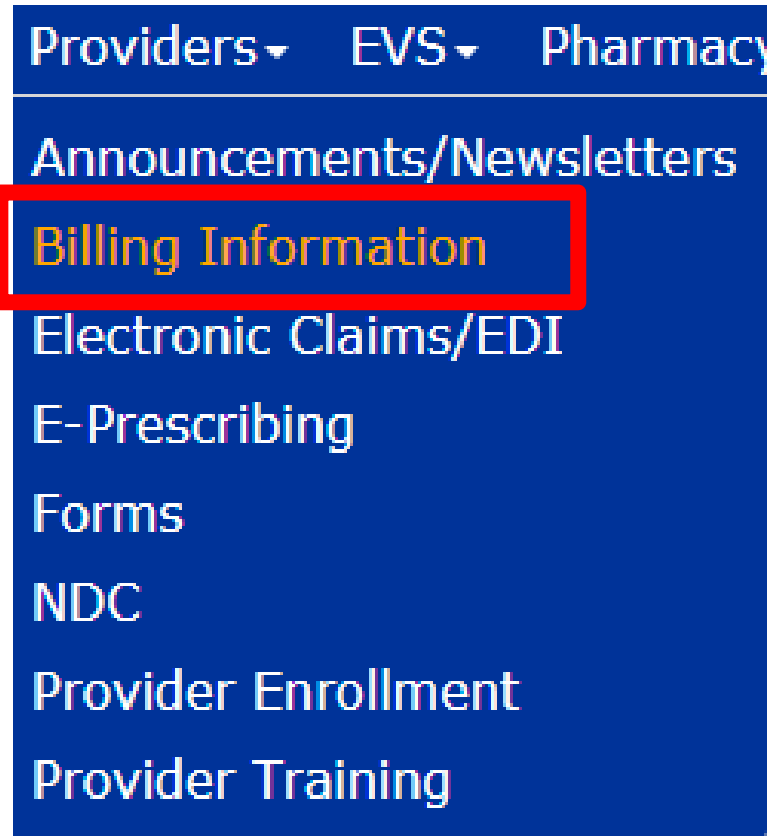
Medicaid Provider Hearing

- Review Chapter 3100 (Hearings) of the Medicaid Services Manual located on the DHCFP website for further information regarding the Hearing Process.



Medicaid Billing Information

Locating Medicaid Billing Information



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

Locating Medicaid Billing Information, continued

Billing Information

Effective February 1, 2019, all providers will be required to submit their claims electronically (using Trading Partners or Direct Data Entry [DDE]), as paper claims submission will no longer be accepted with the go-live of the new modernized Medicaid Management Information System (MMIS). Please continue to review the modernization-related web announcements at <https://www.medicaid.nv.gov/providers/Modernization.aspx> for further details.

Attention All Providers: Requirements on When to Use the National Provider Identifier (NPI) of an Ordering, Prescribing or Referring (OPR) Provider on Claims [[Web Announcement 1711](#)]

FAQs: National Correct Coding Initiative (NCCI) Claim Review Edits [[Review Now](#)]

Clinical Claim Editor FAQs Updated December 5, 2011 [[Review Now](#)]

Third Party Liability Frequently Asked Questions [[Review Now](#)]

Billing Manual

For Archives [Click here](#)

Title	File Size	Last Update
Billing Manual	1 MB	02/01/2019

Review the Billing Manual for more information regarding:

- Introduction to Medicaid
- Contact Information
- Recipient Eligibility
- PA
- Third Party Liability (TPL)
- Electronic Billing
- Frequently Asked Questions
- Claims Processing and Beyond

Locating Medicaid Billing Information, continued

Billing Information

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Billing Manual

For Archives [Click here](#)

Title	File Size	Last Update
Billing Manual	2 MB	03/18/2019

Billing Guidelines (by Provider Type)

For Archives [Click here](#)

- Locate the section header “Billing Guidelines (by Provider Type)”
- Select appropriate provider type guideline

34

Therapy



Fee Schedule and Rates Unit

Fee Schedule

Featured Links

[Authorization Criteria](#)

[DHCFP Home](#)

[EDI Information](#)

[EVS User Manual](#)

[Modernization Project](#)

[Online Provider Enrollment](#)

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

[Prior Authorization](#)

[Search Fee Schedule](#)

[Search Providers](#)

[Claims](#)

[Trading Partner](#)

- 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

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

Submit

Cancel

- Step 1: Check "I Accept" checkbox.
- Step 2: Click "Submit" button.

Fee Schedule, continued

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

*Service Category

- Step 1: Select Code Type from drop-down menu.
- Step 2: Input Procedure Code or Description.
- Step 3: Select Service Category from drop-down menu.
- 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.

- 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.
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- 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

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

Search Results Total Records: 6

Procedure	Provider Type	Provider Specialty	Modifier	Fee Amount	Age Restrictions	Effective Date
97010-Hot or cold packs therapy	034-Therapy	000-No Specialty		\$4.87	REGULAR	1/1/2017 - 12/31/9999
97010-Hot or cold packs therapy	034-Therapy	000-No Specialty	22-Unusual Procedural Serv	\$6.09	REGULAR	1/1/2017 - 12/31/9999
97010-Hot or cold packs therapy	034-Therapy	000-No Specialty		\$4.77	Pediatric (age 0-21)	10/1/2004 - 9/7/2008
97010-Hot or cold packs therapy	034-Therapy	000-No Specialty	22-Unusual Procedural Serv	\$5.95	Pediatric (age 0-21)	10/1/2004 - 9/7/2008
97010-Hot or cold packs therapy	034-Therapy	000-No Specialty		\$3.38	REGULAR	1/1/1980 - 12/31/2016
97010-Hot or cold packs therapy	034-Therapy	000-No Specialty	22-Unusual Procedural Serv	\$4.22	REGULAR	1/1/1980 - 12/31/2016

DHCFP Rates Unit

Quick Links ▾ Calendar

PASRR
Medicaid Services Manual
Rates Unit
Get Adobe Reader

- Step 1: Highlight **Quick Links** from tool bar at www.medicaid.nv.gov.
- Step 2: Select **Rates Unit**.
- Step 3: From new window, select **Accept**.



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

NV.gov Agencies Jobs About Nevada

Google

ADA Americans with Disabilities Act

HOME ABOUT PROGRAMS PROVIDERS MEMBERS PUBLIC NOTICES RESOURCES BOARDS/COMMITTEES CONTACT

▶ POINT AND CLICK LICENSE AGREEMENT FOR AMA/CPT AND ADA/CDT

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ACCEPT

DECLINE

End User Point and Click Agreement

DHCFP Rates Unit, continued

▶ RATE ANALYSIS & DEVELOPMENT

Nevada Medicaid

The Rate Analysis & Development 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.

- [How Medicaid Financing and Reimbursement Work](#)

New Codes for 2019

- [Annual New Code Update Process](#) ⚡
- [2019 Annual Update](#) ⚡
- [Update on the 2019 New Codes](#) ⚡
- [2019 Covered Codes](#) ⚡
- [2019 ASC Covered Codes](#) ⚡

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](#) ⚡ - Pending CMS Approval
- [Fee-for-Service PDF Fee Schedules](#)

Contact

rates@dhcfp.nv.gov

Rate Recycles

Rate Recycle Reports will be posted here weekly. Please check this section regularly to stay informed.

[Pending Recycles](#) ⚡

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 34 Therapy](#)

- Select the appropriate title to open the PDF pertaining to the reimbursement schedule.



Submitting a Professional Claim via the EVS Secure Web Portal (DDE)

Understanding Claim Sub Menus

Understanding Claims Sub Menus



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

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

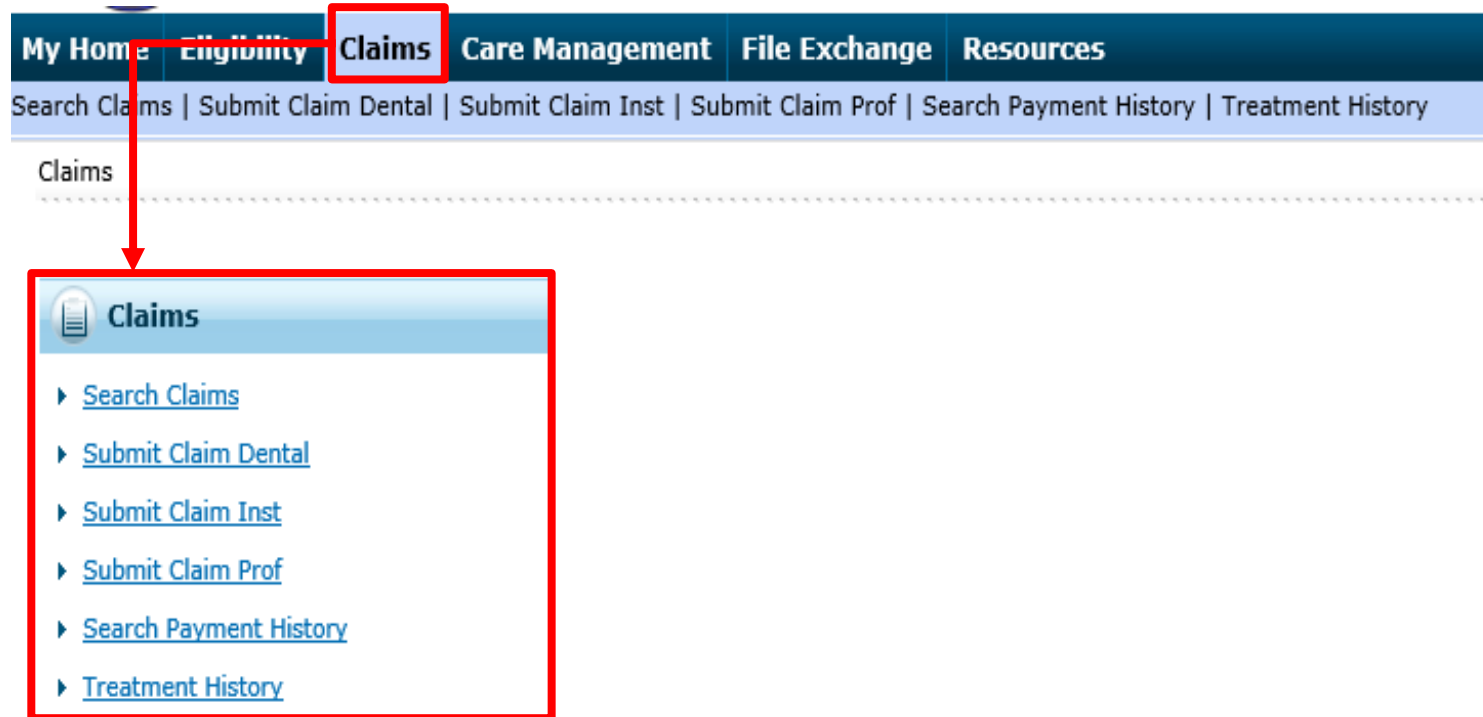
Search Claims | Submit Claim Dental | Submit Claim Inst | Submit Claim Prof | Search Payment History | Treatment History

Wednesday 06/2;

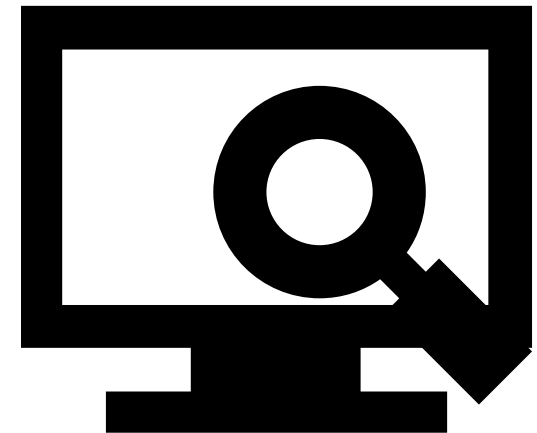
Provider | Broadcast Messages | Contact Us

1. Hover over **Claims**.
2. Select the appropriate sub menu from the options.

Understanding Claims Sub Menus, continued



The page will display a list of Claims activities for the user to choose from.



Submitting a Professional Claim

Submitting a Claim

The Professional Claim submission process is broken out into three main steps:

- **Step 1** - Provider, Patient, and Claim Information plus an option to add Other Insurance details
- **Step 2** - Diagnosis Codes
- **Step 3** - Service Details and Attachments

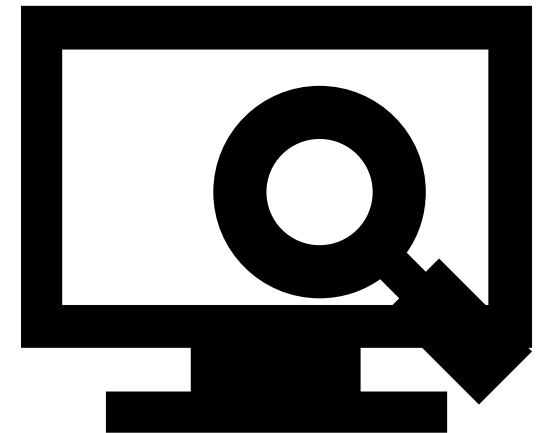


Submitting a Claim: Step 1



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". A navigation bar contains tabs: "My Home", "Eligibility", "Claims", "Care Management", "File Exchange", and "Resources". The "Claims" tab is highlighted with a red box and a callout box labeled "1". Below the navigation bar, a search bar contains the text "Search Claims | Submit Claim Dental | Submit Claim Inst | Submit Claim Prof | Search Payment His". The "Submit Claim Prof" link is highlighted with a red box and a callout box labeled "2". Below the search bar, there is a "Claims" section with a list of links: "Search Claims", "Submit Claim Dental", "Submit Claim Inst", "Submit Claim Prof", "Search Payment History", and "Treatment History".

1. Hover over the **Claims** tab.
2. Select **Submit Claim Prof**.



Submitting a Claim: Step 1

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

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

Claims > Submit Claim Prof Wednesday 09/12/2018 01:10 PM EST

Submit Professional Claim: Step 1 ?

* Indicates a required field.

Claim Type

Provider Information

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 Total Charged Amount \$0.00

“Submit Professional Claim: Step 1” page sub-sections to complete:

- A. Provider Information**
- B. Patient Information**
- C. Claim Information**

Submitting a Claim: Step 1, continued

Provider Information

Submit Professional Claim: Step 1 ?

* Indicates a required field.


Claim Type

Provider Information

Billing Provider ID	<input type="text" value="1578564860"/>	ID Type	<input type="text" value="NPI"/>
*Billing Provider Service Location	<input type="text" value="20-HOSPITALISTS OF ARIZONA-2510 W DUNLAP AVE STE 290,PHOENIX,ARIZONA,850212759"/>		
Rendering Provider ID	<input type="text"/>	ID Type	<input type="text"/>
Rendering Provider Service Location	<input type="text" value="-"/>		
Referring Provider ID	<input type="text"/>	ID Type	<input type="text"/>
Supervising Provider ID	<input type="text"/>	ID Type	<input type="text"/>
Service Facility Location ID	<input type="text"/>	ID Type	<input type="text"/>

Patient Information

*Recipient ID	<input type="text"/>
Last Name	<input type="text"/>
First Name	<input type="text"/>

3. Select the appropriate provider type/service location being billed from the **Billing Provider Service Location** drop-down option.
4. Enter the Rendering ID and ID Type. If the Rendering ID is unknown, click the  button adjacent to the **Rendering Provider ID** field.

NOTE: If the Billing Provider has multiple locations, the user will use the drop-down option to locate and select the correct location for the claim.

Submitting a Claim: Step 1, continued

Provider Information

Provider ID Search Back to Claims ?

Search By ID Search By Name Search By Organization **5**

* Indicates a required field.

*Last Name First Name **6**

7

Search Results: Smith ?

Duplicate providers may appear in the results since a unique row is created for each specialty. Total Records: 174

Provider ID	Provider Name	Provider Type	Address	City	State	Zip Code
1003195538 (NPI) 8	CHAE A SMITH	Mental Health Outpatient Services	6130 ELTON AVE	LAS VEGAS	NEVADA	89107-2538
1013228659 (NPI)	GWEN M SMITHSON	Mental Health Outpatient Services	224 E WINNIE LN STE 222	CARSON CITY	NEVADA	89706-2251
1013901529 (NPI)	WILLIAM R SMITH	Nurse, Anesthetist	1050 E SOUTH TEMPLE	SALT LAKE CITY	UTAH	84102-1507
1013905793 (NPI)	JEFFERY D SMITH	Physician Assistant	520 S EAGLE RD STE 2209	MERIDIAN	IDAHO	83642-6354
1013907096 (NPI)	AMY P SMITH	Nurse, APRN	2201 SOUTH AVE	S LAKE TAHOE	CALIFORNIA	96150-7025
1023298254 (NPI)	COURTNEY M SMITH	Audiologist	3150 N TENAYA WAY STE 112	LAS VEGAS	NEVADA	89128-0446

5. Select the desired search method.
6. Enter the provider's last name.
7. Click the **Search** button, and the search results populate at the bottom.
8. Click the [blue](#) link in the **Provider ID** column with correct Provider ID.

NOTE: The user can also search by the **Search By ID** or **Search By Organization** tabs.

Submitting a Claim: Step 1, continued

Provider Information

Submit Professional Claim: Step 1 ?

* Indicates a required field.

Claim Type

Provider Information

Billing Provider ID	1578564860	ID Type	NPI
*Billing Provider Service Location	<input type="text" value="20-HOSPITALISTS OF ARIZONA-2510 W DUNLAP AVE STE 290,PHOENIX,ARIZONA,850212759"/>		
Rendering Provider ID	<input type="text" value="1003195538"/> 🔍	ID Type	<input type="text" value="NPI"/>
Rendering Provider Service Location	<input type="text" value="14-SMITH, MICHAEL A-6130 ELTON AVE,LAS VEGAS,NEVADA,891072538"/>		
Referring Provider ID	<input type="text"/> 🔍	ID Type	<input type="text"/>
Supervising Provider ID	<input type="text"/> 🔍	ID Type	<input type="text"/>
Service Facility Location ID	<input type="text"/> 🔍	ID Type	<input type="text"/>

Patient Information

*Resident ID

9. Select a **Rendering Provider Service Location** from the drop-down.

NOTE: If needed, the user may enter a **Referring Provider**, **Supervising Provider**, or **Service Facility Location ID** the same way the **Rendering Provider ID** was entered.

Submitting a Claim: Step 1, continued

Patient Information

Service Facility Location ID ID Type

Patient Information

*Recipient ID **10**

Last Name TRNXEUK First Name UGNWLA

Birth Date 02/11/1985

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

10. Enter the 11-digit **Recipient ID** and click outside of the field to populate **Last Name, First Name** and **Birth Date**.

Submitting a Claim: Step 1, continued

Claim Information

Birth Date 02/11/1985

Claim Information

Date Type

Accident Related

***Patient Number** 123456789

***Transport Certification** Yes No

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

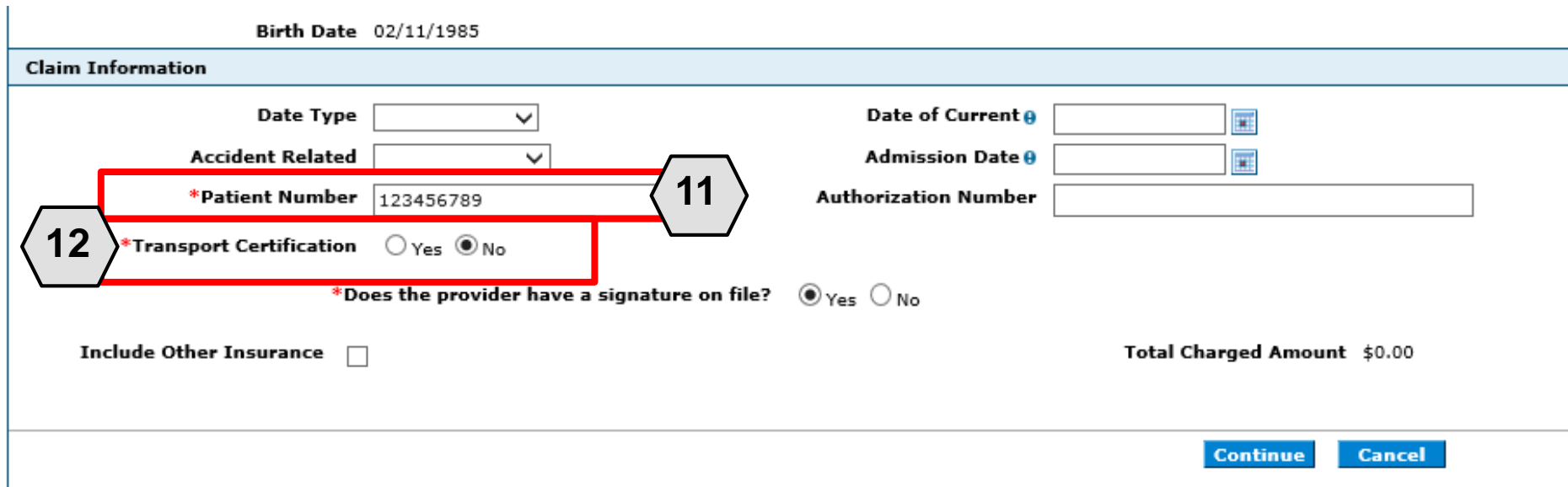
Include Other Insurance

Date of Current

Admission Date

Authorization Number

Total Charged Amount \$0.00



The following fields with an (*) must be completed as follows:

11. Enter the **Patient Number**.
12. Choose “Yes” or “No” to indicate a **Transport Certification**. (If “Yes,” additional details will be required. These are illustrated on the next slide.)

NOTE: Other fields can be completed based on additional details known about the claim.

Submitting a Claim: Step 1, continued

Claim Information

Claim Information

Date Type Date of Current

Accident Related Admission Date

*Patient Number Authorization Number

*Transport Certification Yes No

13 *Certification Condition Indicator Yes No

*Condition Indicator **14**

15 *Transport Distance

*Ambulance Transport Reason **16**

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

Include Other Insurance Total Charged Amount \$0.00

If the user selects “Yes” in the **Transport Certification** field, additional details must be entered.

13. Choose “Yes” or “No” as the **Certification Condition Indicator**.
14. Indicate the patient’s condition from the **Condition Indicator** drop-downs (up to five options may be selected).
15. Enter the distance (in miles) that the patient traveled into the **Transport Distance** field.
16. Select the **Ambulance Transport Reason**.

Submitting a Claim: Step 1, continued

Claim Information

Claim Information

Date Type	<input type="text"/>	Date of Current	<input type="text"/>
Accident Related	<input type="text"/>	Admission Date	<input type="text"/>
*Patient Number	<input type="text" value="123456789"/>	Authorization Number	<input type="text"/>
*Transport Certification	<input checked="" type="radio"/> Yes <input type="radio"/> No		
*Certification Condition Indicator	<input checked="" type="radio"/> Yes <input type="radio"/> No		
*Condition Indicator	<input type="text" value="Patient was admitted to a hospital"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
*Transport Distance	<input type="text" value="1.00"/>		
*Ambulance Transport Reason	<input type="text" value="Patient was transported to nearest facility for care of symptoms, complaints, or both. Can be used to indicate that the patient"/>		
*Does the provider have a signature on file?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Include Other Insurance	<input type="checkbox"/>	Total Charged Amount	\$0.00

17

18

- 17. Indicate whether the provider has a signature on file.
- 18. Click the **Continue** button.

Submitting a Claim: Step 2

Diagnosis Codes

Submit Professional Claim: Step 2 ?

* Indicates a required field.

Claim Type Professional

Provider Information

Billing Provider ID 1578564860 **ID Type** NPI

Patient and Claim Information

Recipient ID 67770816236 **Gender** Male
Recipient UGNWLA TRNXEUK
Birth Date 02/11/1985 **Total Charged Amount** \$0.00

[Expand All](#) | [Collapse All](#) ☰

Diagnosis Codes ☰

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

#	Diagnosis Type	Diagnosis Code	Action
<u>1</u>			
1	*Diagnosis Type <input type="text" value="ICD-10-CM"/>	*Diagnosis Code <input type="text"/>	

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

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

Once the user clicks the **Continue** button, the “Submit Professional Claim: Step 2” page is displayed with all the panels expanded.

Submitting a Claim: Step 2, continued

Diagnosis Codes

Submit Professional Claim: Step 2 ?

* Indicates a required field.

Claim Type Professional

Provider Information

Billing Provider ID 1578564860 ID Type NPI

Patient and Claim Information

Recipient ID 67770816236 Gender Male
Recipient UGNWLA TRNXEUK Total Charged Amount \$0.00
Birth Date 02/11/1985

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

Diagnosis Codes [-]

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

#	Diagnosis Type	Diagnosis Code	Action
1	*Diagnosis Type ICD-10-CM ▼	*Diagnosis Code R40 R400-Somnolence R401-Stupor R4020-Unspecified coma R402110-Coma scale, eyes open, never, unspecified time R402111-Coma scale, eyes open, never, in the field R402112-Coma scale, eyes open, never, EMR R402113-Coma scale, eyes open, never, at hospital admission R402114-Coma scale, eyes open, never, 24+hrs R402120-Coma scale, eyes open, to pain, unspecified time R402121-Coma scale, eyes open, to pain, in the field ** 104 matches found. Select entry or refine search text. **	

1 **3** **2**

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

[Back to Step 1](#)

Current Procedural Terminology (CPT) and Current Dental Terminology (CDT) codes, descriptions and American Dental Association (ADA) respectively. All rights reserved. AMA and ADA assume no liability for data contained or not contained on this website and on documents.

1. Choose a **Diagnosis Type**.
2. Enter the **Diagnosis Code**.
3. Click the **Add** button.

NOTE: The **Diagnosis Code** field contains a predictive search feature using the first three characters of the code or code description.

Submitting a Claim: Step 2, continued

Diagnosis Codes

Submit Professional Claim: Step 2 ?

* Indicates a required field.

Claim Type Professional

Provider Information

Billing Provider ID 1578564860 **ID Type** NPI

Patient and Claim Information

Recipient ID 67770816236 **Gender** Male
Recipient UGNWLA TRNXEUK **Total Charged Amount** \$0.00
Birth Date 02/11/1985

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

Diagnosis Codes [-]

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

#	Diagnosis Type	Diagnosis Code	Action
1	ICD-10-CM	R401-Stupor	Remove
2			

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

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

[Back to Step 1](#) 4 [Continue](#) [Cancel](#)

Click the **Remove** link to remove a diagnosis code from the claim.

Once all the diagnosis codes have been entered, the user will:

4. Click the **Continue** button

Submitting a Claim: Step 3

Service Details

Submit Professional Claim: Step 3 ?

* Indicates a required field.

Claim Type Professional

Provider Information

Billing Provider ID 1578564860 ID Type NPI

Patient and Claim Information

Recipient ID 67770816236 Gender Male
Recipient UGNWLA TRNXEUK
Birth Date 02/11/1985 Total Charged Amount \$0.00

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

Diagnosis Codes +

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 09/12/2018 To Date 09/12/2018

1 Procedure Code Modifiers

*Charge Amount *Units 0.000 *Unit T

Clia Number

Rendering Provider ID ID Type

Rendering Provider Service Location

Referring ID Type

2 *Place of Service

- 01-Pharmacy
- 02-Telehealth
- 03-School
- 04-Homeless Shelter
- 05-Indian Health Service Free-standing Facility
- 06-Indian Health Service Provider-based Facility
- 07-Tribal 638 Free-standing Facility
- 08-Tribal 638 Provider-based Facility
- 09-Prison-Correctional Facility
- 11-Office
- 12-Home
- 13-Assisted Living Facility
- 14-Group Home *
- 15-Mobile Unit
- 16-Temporary Lodging
- 17-Walk-in Retail Health Clinic

Enter the following service details for the claim:

1. Enter the **From Date** and **To Date** that services were rendered.
2. Select the **Place of Service** from the drop-down.

Submitting a Claim: Step 3, continued

Service Details

Diagnosis Codes

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 09/12/2018 To Date 09/12/2018 *Place of Service 11-Office EMG

*Procedure Code 201 Modifiers

20100-Explore wound neck
20101-Explore wound chest
20102-Explore wound abdomen
20103-Explore wound extremity
2010F-Vital signs recorded
2014F-Mental status assess
20150-Excise epiphyseal bar
2015F-Asthma impairment assessed
2016F-Asthma risk assessed
2018F-Hydration status assess
** 11 matches found. Select entry or refine search text. **

*Diagnosis Pointers 1

EPSDT Family Plan

NDCs for Svc. # 1

Add Reset

Attachments

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

#	Transmission Method	File	Control #	Attachment Type	Action
---	---------------------	------	-----------	-----------------	--------

Click to add attachment.

3. Enter the **Procedure Code**, which is searchable by entering at least the first three letters or numbers of the code description.
4. Enter at least one **Diagnosis Pointer**.

NOTE: **Diagnosis Pointers** are used to show what diagnosis is applicable to a service detail.

Submitting a Claim: Step 3

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
<u>1</u>						0.000	

1 *From Date 09/12/2018 To Date 09/12/2018 *Place of Service 11-Office EMG

*Procedure Code 2018F-Hydration st Modifiers *Diagnosis Pointers 1

*Charge Amount 100.00 *Units 1.000 *Unit Type Unit Minutes EPSDT Family Plan

5 6 7

NDCs for Svc. # 1

8 Add Reset

Attachments

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

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

Back to Step 1 Back to Step 2 Submit Cancel

With the **Procedure Code** and **Diagnosis Pointers** entered, the user will need to:

5. Enter a **Charge Amount**.
6. Enter the number of **Units**.
7. Select a **Unit Type** from the drop-down.
8. Click the **Add** button to add the procedure to the claim.

NOTE: The user may enter any additional details, such as **Modifiers**, prior to clicking **Add**. Repeat Steps 1-8 in this section for each additional procedure.

Submitting a Claim: Step 3, continued

Service Details

Service Details							
Select the row number to edit the row. Click the Remove link to remove the entire row.							
Svc #	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
1	09/12/2018	09/12/2018	11-Office	2018F-Hydration status assess	\$100.00	1.000 Unit	Remove
<div style="border: 2px solid red; padding: 5px;"><p>1 *From Date <input type="text" value="09/12/2018"/> To Date <input type="text" value="09/12/2018"/> *Place of Service <input type="text" value="11-Office"/> EMG <input type="text" value=""/></p><p>*Procedure Code <input type="text" value="2018F-Hydration st"/> Modifiers <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> *Diagnosis Pointers <input type="text" value="1"/> <input type="text"/> <input type="text"/> <input type="text"/></p><p>*Charge Amount <input type="text" value="100.00"/> *Units <input type="text" value="1.000"/> *Unit Type <input type="text" value="Unit"/> EPSDT <input type="checkbox"/> Family Plan <input type="checkbox"/></p><p>Clia Number <input type="text"/></p><p>Rendering Provider ID <input type="text"/> ID Type <input type="text"/></p><p>Rendering Provider Service Location -</p><p>Referring Provider ID <input type="text"/> ID Type <input type="text"/></p></div>							
NDCs for Svc. # 1							
<div style="border: 2px solid red; padding: 5px; text-align: center;"><input type="button" value="Save"/> <input type="button" value="Reset"/> <input type="button" value="Cancel"/></div>							
2	01/12/2018	01/12/2018	11-Office	96361-Hydrate iv infusion add-on	\$200.00	1.000 Unit	Remove
3						0.000	
3 *From Date <input type="text"/> To Date <input type="text"/> *Place of Service <input type="text"/> EMG <input type="text"/>							

When editing a Service Detail, three buttons are available:

Save: Saves any changes made to the detail.

Reset: Clears all fields in the selected service detail.

Cancel: Cancels any updates and closes the service detail.

Submitting a Claim: Step 3, continued

#	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
1	09/12/2018	09/12/2018	11-Office	2018F-Hydration status assess	\$100.00	1.000 Unit	Remove
2	01/12/2018	01/12/2018	11-Office	96361-Hydrate iv infusion add-on	\$200.00	1.000 Unit	Remove
3						0.000	

3 *From Date To Date *Place of Service EMG

*Procedure Code Modifiers *Diagnosis Pointers

*Charge Amount *Units *Unit Type EPSDT Family Plan

Clia Number

Rendering Provider ID ID Type

Rendering Provider Service Location

Referring Provider ID ID Type

NDCs for Svc. # 3

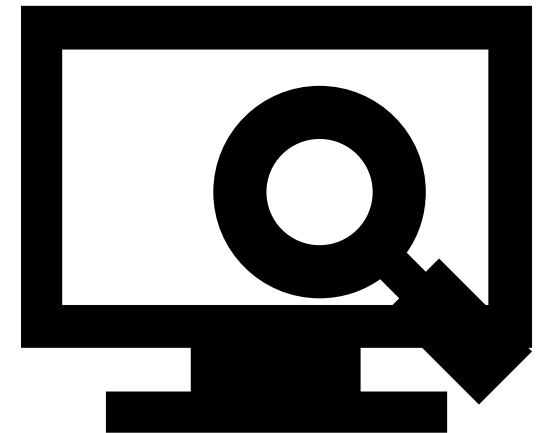
Attachments

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

#	Transmission Method	File	Control #	Attachment Type	Action
<input 5"="" type="button" value="+</input></td><td colspan="/> Click to add attachment.					

9

9. Click the **Submit** button.



Submitting a Claim: Step 3, continued

Date Type _ Date of Current _
Accident Related _ Admission Date _
Patient Number 123456789 Authorization Number _

Transport Certification Yes
Certification Condition Indicator Yes
Condition Indicator Patient was admitted to a hospital
-
-
-
-
Transport Distance 1.00
Ambulance Transport Reason Patient was transported to nearest facility for care of symptoms, complaints, or both. Can be used to indicate that the patient was transferred to a residential facility.
Previous Claim ICN _
Note _
Does the provider have a signature on file? Yes

Total Charged Amount \$300.00

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

Diagnosis Codes

Service Details

#	From Date	To Date	Place of Service	EMG	Procedure Code	Mod	Diag Code Ptrs	Units	EPSDT	Family Plan	Charge Amount
1	09/12/2018	09/12/2018	11		2018F		1	1.000 Unit	<input type="checkbox"/>	<input type="checkbox"/>	\$100.00
2	01/12/2018	01/12/2018	11		96361		1	1.000 Unit	<input type="checkbox"/>	<input type="checkbox"/>	\$200.00


No Other Insurance Details exist for this claim

No Attachments exist for this claim

[Back to Step 1](#) [Back to Step 2](#) [Back to Step 3](#) [Print Preview](#) **10** [Confirm](#) [Cancel](#)

10. Click the **Confirm** button.

Submitting a Claim: Step 3, continued

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

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

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

[Claims](#) > Claim Receipt

Submit Professional Claim: Confirmation

Professional Claim Receipt

Your Professional Claim was successfully submitted. The claim status is Finalized Denied.
The Claim ID is **2218256000002**.

Click **Print Preview** to view the claim details as they have been saved on the payer's system.
Click **Copy** to copy member or claim data.
Click **New** to submit a new claim.
Click **View** to view the details of the submitted claim.

Print Preview | **Copy** | **New** | **View**

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

The user may then:

- Click the **Print Preview** button to view the claim details.
- Click the **Copy** button to copy claim data.
- Click the **New** button to submit a new claim.
- Click the **View** button to view the details of the submitted claim, including adjudication errors.

Submitting a Professional Claim: Attachments

Submitting a Claim: Attachments

1	09/12/2018	09/12/2018	11-Office	2018F-Hydration status assess	\$100.00	1.000 Unit	Remove
2	01/12/2018	01/12/2018	11-Office	96361-Hydrate iv infusion add-on	\$200.00	1.000 Unit	Remove
3						0.000	

3 *From Date To Date *Place of Service EMG

*Procedure Code Modifiers *Diagnosis Pointers

*Charge Amount *Units *Unit Type EPSDT Family Plan

Clia Number

Rendering Provider ID ID Type

Rendering Provider Service Location

Referring Provider ID ID Type

NDCs for Svc. # 3

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

Attachments

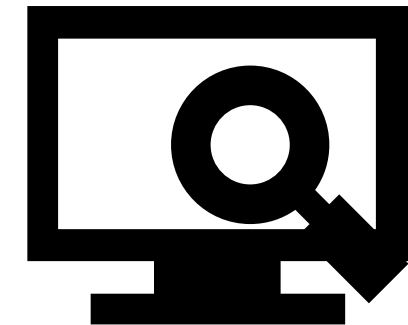
Click the **Remove** link to remove the entire row.

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

[Back to Step 1](#) [Back to Step 2](#) [Submit](#) [Cancel](#)

To upload attachments to a professional claim:

1. Click the (+) sign on the **Attachments** panel.



Submitting a Claim: Attachments, continued

The screenshot shows a web application interface for submitting a claim attachment. A "Choose File to Upload" dialog box is open, displaying the file "Test doc.pdf" selected on the Desktop. The background form has a "Browse..." button highlighted with a red box and a hexagon labeled "2". The dialog box has an "Open" button highlighted with a red box and a hexagon labeled "4". The file "Test doc.pdf" is highlighted with a red box and a hexagon labeled "3". The form also shows a "*Transmission Method" dropdown set to "FT-File Transfer".

2. Click **Browse** button and locate the file on your computer to be attached.

A window will then pop up. From there:

3. Locate and select the file.
4. Click the **Open** button.

NOTE: The **Transmission Method** field will populate with "FT - File Transfer" by default and does not need to be changed.

Submitting a Claim: Attachments, continued

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 []

NDCs for Svc. # 3

Add Reset

Attachments

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

#	Transmission Method	File	Control #	Attachment Type	Action
	*Transmission Method [FT-File Transfer]	*Upload File [C:\Users\abarger\Desktop\Test doc.pdf] Browse...		*Attachment Type [NN-Nursing Notes]	
	Description []				

Click to collapse.

6 Add Cancel

Back to Step 1 Back to Step 2 Submit Cancel

5. Select the type of attachment from the **Attachment Type** drop-down list.
6. Click the **Add** button to attach the file OR click on the **Cancel** button to cancel and close the attachment line.

NOTE: A description of the attachment may be entered into the **Description** field, but it is not required.

Submitting a Claim: Attachments, continued

3 0.000

3 *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

NDCs for Svc. # 3

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

Attachments

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

#	Transmission Method	File	Control #	Attachment Type	Action
1	FT-File Transfer	Test doc.pdf (39K)	20180918859657	NN-Nursing Notes	Remove

[+](#) Click to add attachment.

[Back to Step 1](#) [Back to Step 2](#) **7** [Submit](#) [Cancel](#)

7. Click the **Submit** button to proceed.

NOTE: To remove any attachments, click the **Remove** link.

Submitting a Professional Claim: Other Insurance Details

Submitting a Claim: Other Insurance Details

Patient Information

*Recipient ID 67770816236
Last Name TRNXEUK First Name UGNWLA
Birth Date 02/11/1985

Claim Information

Date Type Date of Current
Accident Related Admission Date 09/12/2018
*Patient Number 123456789 Authorization Number
*Transport Certification Yes No
*Certification Condition Indicator Yes No
*Condition Indicator Patient was admitted to a hospital

*Transport Distance 1.00
*Ambulance Transport Reason Patient was transported to nearest facility for care of symptoms, complaints, or both. Can be used to indicate that the pat
*Does the provider have a signature on file? Yes No

Include Other Insurance **1**

Total Charged Amount \$300.00

2 **Continue** **Cancel**

1. Check the **Include Other Insurance** checkbox located at the bottom of the page.
2. Click the **Continue** button.

Submitting a Claim: Other Insurance Details, continued

Billing Provider ID 1578564880 ID type NPI

Patient and Claim Information

Recipient ID 36596364392
 Recipient ALMA SMITH Gender Male
 Birth Date 10/15/1999 Total Charged Amount \$300.00

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

Diagnosis Codes

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

#	Diagnosis Type	Diagnosis Code	Action
1	ICD-10-CM	R401-Stupor	Remove
2			

2 *Diagnosis Type *Diagnosis Code

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

Other Insurance Details

Enter the carrier and policy holder information below.

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

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

[Refresh Other Insurance](#)

#	Carrier Name	Carrier ID	Policy ID	Payer Paid Amount	Paid Date	Action
1	HEALTH PLAN OF NEVADA	07762	05060442803		-	Remove
2	HEALTH PLAN OF NEVADA	07762	050604428-00		-	Remove

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

3

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

To add a policy or other insurance carrier information:

3. Click (+) in the **Other Insurance Details** panel at the bottom of the page.

Submitting a Claim: Other Insurance Details, 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	HEALTH PLAN OF NEVADA	07762	05060442803		-	Remove
2	HEALTH PLAN OF NEVADA	07549	050604428-00		-	Remove

Click to collapse.

***Carrier Name** Insurance Plan ***Carrier ID** 123456789

***Policy Holder Last Name** Smith ***First Name** John **MI**

***Policy ID** 987654321

Insurance Type 12-Medicare Secondary Working Aged Beneficiary or Spouse with Employer Group Health Plan

***Responsibility** S-Secondary ***Patient Relationship to Insured** 01-Spouse

Payer Paid Amount ***Paid Date** 08/01/2018

Remaining Patient Liability

***Claim Filing Indicator** DS-Disability

4 **5** [Add Insurance](#) [Cancel Insurance](#)

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

4. The user must enter all required fields.
5. Click the **Add Insurance** button to add the Other Insurance details to the claim.

NOTE: Click the **Cancel Insurance** button to cancel addition of a new or other health insurance details.

Submitting a Claim: Other Insurance Details, 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](#)

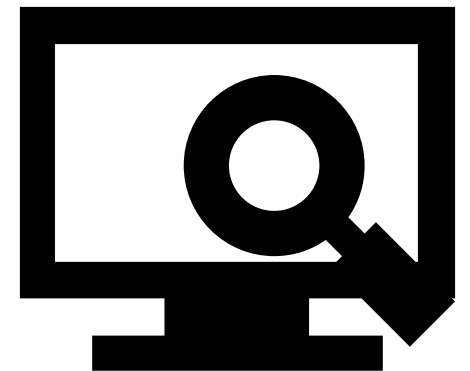
#	Carrier Name	Carrier ID	Policy ID	Payer Paid Amount	Paid Date	Action
1	HEALTH PLAN OF NEVADA	07762	05060442803		-	Remove
2	HEALTH PLAN OF NEVADA	07549	050604428-00		-	Remove
3	Insurance Plan	123456789	987654321		08/01/2018	Remove

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

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

[Go to Top](#)

After the user clicks the **Add Insurance** button, the new insurance will populate at the bottom of the list of carriers.



Submitting a Claim: Other Insurance Details, 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 HEALTH PLAN OF NEVADA	07762	05060442803		-	Remove

Carrier Name HEALTH PLAN OF NEVADA Carrier ID 07762
 Policy Holder Last Name VOVJ First Name XBFD MI V
 Policy ID 05060442803
 Insurance Type - Patient Relationship to Insured 19-Child
 Responsibility U-Unknown

Payer Paid Amount 100.00 *Paid Date 08/07/2018
 Remaining Patient Liability 10.00

*Claim Filing Indicator

Claim Adjustment Details

You can enter up to five unique groups of adjustment amounts with each group code.

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

#	Claim Adjustment Group Code	Adjustment Amount	Adjusted Units	Action
	11-Other Non-Federal Programs			
	12-Preferred Provider Organization (PPO)			
	13-Point of Service (POS)			
	14-Exclusive Provider Organization (EPO)			
	15-Indemnity Insurance			
	16-Health Maintenance Organization (HMO) Medicare Risk			
	17-Dental Maintenance Organization			
	AM-Automobile Medical			
	BL-Blue Cross/Blue Shield			
	CH-Champus			
	CI-Commercial Insurance Co.			
	DS-Disability			
	FI-Federal Employees Program			
	HM-Health Maintenance Organization			
	LM-Liability Medical			
	MA-Medicare Part A			
	MB-Medicare Part B			

*Claim Adjustment Group Code
 *Reason Code

To update existing other insurance carrier information, the user will:

1. Select the sequence number of any other insurance line item.
2. Update the payment and liability details.
3. Select a **Claim Filing Indicator** from the drop-down list.

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

Submitting a Claim: Other Insurance Details, continued

Responsibility U-Unknown Patient Relationship to Insured 19-Child

Payer Paid Amount 100.00 *Paid Date 08/07/2018

Remaining Patient Liability 10.00

*Claim Filing Indicator 11-Other Non-Federal Programs

Claim Adjustment Details

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

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

#	Claim Adjustment Group Code	Reason Code	Adjustment Amount	Adjusted Units	Action
Click to collapse.					
	*Claim Adjustment Group Code CO-Contractual Obligations	*Reason Code 12-The diagnosis is inconsistent with the provider type. Note: Refer to the 835 Healthcare Policy Identification Segme	*Adjustment Amount 10.00	Adjusted Units 1	
	Add Adjustment Cancel Adjustment				
	Save Insurance Cancel Insurance				
2	HEALTH PLAN OF NEVADA	07549	050604428-00	-	Remove
3	Insurance Plan	123456789	987654321	08/01/2018	Remove
Click to add a new other insurance.					
Back to Step 1			Continue Cancel		

To add an adjustment:

4. Enter the details of the adjustment.
5. Click the **Add Adjustment** button to add claim adjustment details.
6. Click the **Save Insurance** button to save the information to the other insurance details line OR click the **Cancel Insurance** button to cancel all changes.

Submitting a Claim: Other Insurance Details, continued

Diagnosis Codes

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

#	Diagnosis Type	Diagnosis Code	Action
1	ICD-10-CM	R401-Stupor	Remove
2			

2 *Diagnosis Type *Diagnosis Code

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.

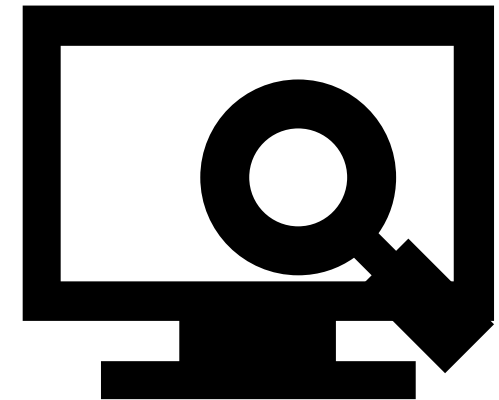
#	Carrier Name	Carrier ID	Policy ID	Payer Paid Amount	Paid Date	Action
1	HEALTH PLAN OF NEVADA	07762	05060442803	\$100.00	08/07/2018	Remove
2	HEALTH PLAN OF NEVADA	07549	050604428-00		-	Remove
3	Insurance Plan	123456789	987654321		08/01/2018	Remove

Click to add a new other insurance.

 7

Continue to Step 3 of the claim submission process:

7. Click the **Continue** button.



Submitting a Crossover Professional Claim

Submitting a Crossover Claim

Submit Professional Claim: Step 1 ?

* Indicates a required field.

Claim Type Crossover Professional 1

Provider Information

Billing Provider ID	1952455032	ID Type	NPI
*Billing Provider Service Location	20-LESTER, LINDA B-1664 N VIRGINIA ST MAIL STOP 1,RENO,NEVADA,89557777		
Rendering Provider ID	<input type="text"/>	ID Type	<input type="text"/>
Rendering Provider Service Location	-		
Referring Provider ID	<input type="text"/>	ID Type	<input type="text"/>
Supervising Provider ID	<input type="text"/>	ID Type	<input type="text"/>
Service Facility Location ID	<input type="text"/>	ID Type	<input type="text"/>

Patient Information

*Recipient ID	<input type="text" value="80733203496"/>		
Last Name	FICDTF	First Name	FERADRF
Birth Date	01/26/1943		

Claim Information

Date Type	<input type="text"/>	Date of Current	<input type="text"/>
Accident Related	<input type="text"/>	Admission Date	<input type="text"/>
*Patient Number	<input type="text" value="12345"/>	Authorization Number	<input type="text"/>
*Transport Certification	<input type="radio"/> Yes <input checked="" type="radio"/> No		
*Does the provider have a signature on file?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Include Other Insurance	<input type="checkbox"/>		
Total Charged Amount	\$0.00		

Medicare Crossover Details

Allowed Medicare Amount	<input type="text" value="5,000.00"/>	Co-insurance Amount	<input type="text" value="950.00"/>
Deductible Amount	<input type="text" value="250.00"/>	Psychiatric Services Amount	<input type="text" value="0.00"/>
Medicare Payment Amount	<input type="text" value="3,800.00"/>	Medicare Payment Date	<input type="text" value="10/12/2018"/>

1. Select the **Claim Type: Crossover Professional**.

NOTE: The user will follow the same steps as previously shown in the “Submitting a Professional Claim” section.

Submitting a Crossover Claim, continued

Medicare Crossover Details

Allowed Medicare Amount	<input type="text" value="5,000.00"/>	2	Co-insurance Amount	<input type="text" value="950.00"/>
Deductible Amount	<input type="text" value="250.00"/>		Psychiatric Services Amount	<input type="text" value="0.00"/>
Medicare Payment Amount	<input type="text" value="3,800.00"/>		Medicare Payment Date	<input type="text" value="10/12/2018"/>

3

2. Enter the **Medicare Crossover Details:**

- **Allowed Medicare Amount**
- **Deductible Amount**
- **Medicare Payment Amount**
- **Medicare Payment Date**

3. Click the **Continue** button.

Submitting a Crossover Claim, continued

Diagnosis Codes +

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 *Unit Type EPSDT Family Plan

Clia Number

Rendering Provider ID ID Type **4**

Rendering Provider Service Location

Referring Provider ID ID Type

Medicare Crossover Details

Allowed Medicare Amount	<input type="text"/> 5,000.00	Co-insurance Amount	<input type="text"/> 950.00
Deductible Amount	<input type="text"/> 250.00	Psychiatric Services Amount	<input type="text"/> 0.00
Medicare Payment Amount	<input type="text"/> 3,800.00	Medicare Payment Date	<input type="text"/> 10/12/2018

NDCs for Svc. # 1

5

4. Enter applicable service detail information. Required fields are marked with a red asterisk (*).
5. Click the **Add** button.

Submitting a Crossover Claim, continued

Medicare Crossover Details							
Allowed Medicare Amount		\$5,000.00		Co-insurance Amount		\$950.00	
Deductible Amount		\$250.00		Psychiatric Services Amount		\$0.00	
Medicare Payment Amount		\$3,800.00		Medicare Payment Date		10/12/2018	
Expand All Collapse All							
Diagnosis Codes							
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	09/20/2018	09/20/2018	21-Inpatient Hospital	01210-Anesth hip joint surgery	\$6,500.00	120.000 Unit	Remove
2						0.000	
Attachments							
<div style="display: flex; justify-content: space-between; align-items: center;">Back to Step 1Back to Step 26SubmitCancel</div>							

6. Click the **Submit** button.

Submitting a Crossover Claim, continued

Medicare Crossover Details											
Allowed Medicare Amount \$5,000.00				Co-insurance Amount \$950.00							
Deductible Amount \$250.00				Psychiatric Services Amount \$0.00							
Medicare Payment Amount \$3,800.00				Medicare Payment Date 10/12/2018							
Expand All Collapse All											
Diagnosis Codes											
+											
Service Details											
-											
#	From Date	To Date	Place of Service	EMG	Procedure Code	Mod	Diag Code Ptrs	Units	EPSDT	Family Plan	Charge Amount
1	09/20/2018	09/20/2018	21		01210		1	120.000 Unit	<input type="checkbox"/>	<input type="checkbox"/>	\$6,500.00
No Other Insurance Details exist for this claim											
No Attachments exist for this claim											
Back to Step 1				Back to Step 2		Back to Step 3		Print Preview		<div style="display: inline-block; border: 1px solid gray; padding: 5px; margin: 0 10px;">7</div> <div style="display: inline-block; border: 2px solid red; padding: 5px; margin: 0 10px;">Confirm</div> <div style="display: inline-block; padding: 5px; margin: 0 10px;">Cancel</div>	

7. Click the **Confirm** button.

Submitting a Crossover Claim, continued

Submit Crossover Professional Claim: Confirmation ?

Crossover Professional Claim Receipt

Your Crossover Professional Claim was successfully submitted. The claim status is Finalized Payment.

The Claim ID is 2218297000010.

Click **Print Preview** to view the claim details as they have been saved on the payer's system.
Click **Copy** to copy member or claim data.
Click **Adjust** to resubmit the claim.
Click **New** to submit a new claim.
Click **View** to view the details of the submitted claim.

[Print Preview](#) [Copy](#) [Adjust](#) [New](#) [View](#)

The user will receive a **Confirmation** with the **Professional Claim Receipt**.

Searching for a Professional Claim

Searching for a Claim

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

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

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

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

Search Claims

Medical/Dental

A minimum one field is required.
Recipient ID, Service From and To Date are required fields for the search when Claim ID is not entered.

Claim searches are limited to a maximum range of 45 days.

Claim Information

Claim ID

Recipient Information

Recipient ID

Service Information

Rendering Provider ID ID Type Claim Type

Service From To Claim Status

Search **Reset**

To search for a claim the user will need to:

1. Hover over **Claims**.
2. Select **Search Claims**.

Searching for a Claim, continued

Search Claims

Medical/Dental

A minimum one field is required.
Recipient ID, Service From and To Date are required fields for the search when Claim ID is not entered.

Claim searches are limited to a maximum range of 45 days.

Claim Information

Claim ID

Recipient Information

3 Recipient ID

Service Information

Rendering Provider ID ID Type Claim Type

Service From To Claim Status

4

The fastest way to locate a claim is by entering the **Claim ID**.

To search without using the **Claim ID**:

3. Enter the search parameters.
4. Click the **Search** button.

NOTE: When searching for a claim without using the **Claim ID**, the user must enter the **Recipient ID** along with the **Service From** and **To** date range as shown in this example.

Searching for a Claim, continued

Search Claims ?

Medical/Dental

A minimum one field is required.
 Recipient ID, Service From and To Date are required fields for the search when Claim ID is not entered.

Claim searches are limited to a maximum range of 45 days.

Claim Information

Claim ID

Recipient Information

Recipient ID

Service Information

Rendering Provider ID ID Type Claim Type

Service From To Claim Status

Once the user has clicked the **Search** button, the results will display below. From there, the user may:

5. Click the **(+)** symbol to expand the claim details.

Search Results

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

Total Records: 1

	Claim ID	TCN	Claim Type	Claim Status	Service Date	Recipient ID	Rendering Provider ID	Medicaid Paid Amount	Paid Date	Recipient Responsibility
5	2218256000002		Professional	Finalized Denied	09/12/2018	67770816236	1003195538	\$0.00	09/14/2018	

Searching for a Claim, continued

Search Results

To see service line information, or to view the remittance advice, click on the '+' next to the claims ID. Total Records: 1

Claim ID	TCN	Claim Type	Claim Status	Service Date	Recipient ID	Rendering Provider ID	Medicaid Paid Amount	Paid Date	Recipient Responsibility
2218256000002		Professional	Finalized Denied	09/12/2018	67770816236	1003195538	\$0.00	09/14/2018	

Professional Claim Information

Recipient UGNWLA TRNXEUK	Total Charge Amount \$300.00
Birth Date 02/11/1985	Total Paid Amount \$0.00
Rendering Provider MICHAEL A SMITH	Paid Date 09/14/2018
Claim Status Finalized Denied	Reason Code Finalized/Denial-The claim/line has been denied.

Service Information

Service	Service Date	Line Status	Reason Code	Units	Procedure/Modifiers	Charge	Paid
1	09/12/2018	Finalized Denied	Finalized/Denial-The claim/line has been denied.	1	2018F	\$100.00	\$0.00
2	01/12/2018	Finalized Denied	Finalized/Denial-The claim/line has been denied.	1	96361	\$200.00	\$0.00

[RA Copy \(PDF\)](#)

- Click the [blue Claim ID](#) link to open a specific claim.

NOTE: The user may view the RA by clicking the **RA Copy (PDF)** button. Searching for RAs will be covered later in the training.

Searching for a Claim, continued

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

[Print Preview](#)

View Dental Claim - ID 221823500007

[Back to Search Results](#) ?

Provider Information

Billing Provider ID	1407146111	ID Type	NPI
Billing Provider Service Location	22-SMILES TODAY DENTAL GROUP LLC-1580 E DESERT INN RD, LAS VEGAS, NEVADA, 89169		
Rendering Provider ID	1407146111	ID Type	NPI
Rendering Provider Service Location	22-SMILES TODAY DENTAL GROUP LLC-1580 E DESERT INN RD, LAS VEGAS, NEVADA, 89169		
Referring Provider ID	_	ID Type	_
Service Facility Location ID	_	ID Type	_

Patient Information

Claim Status	Finalized Denied		
Recipient ID	97338188081		
Recipient	WXEBVG MUZAE	Gender	Female
Birth Date	05/02/1967		

Claim Information

Accident Related	_	Accident Date	_
Place of Treatment	11-Physician's Office		
Patient Number	12345		
Authorization Number	_		
Related Claim ICN	_		
Previous Claim ICN	_		
Note	_		
Total Allowed Amount	\$0.00	Total Co-pay Amount	\$0.00
		Total Charged Amount	\$725.25
		Total Paid Amount	\$0.00

[Expand All](#)

All

Adjudication Errors

7



Diagnosis Codes



If the claim is denied, the user may review the errors as follows:

7. Click the (+) symbol adjacent to the **Adjudication Errors** panel.

Searching for a Claim, continued

Certification Condition Indicator Yes

Condition Indicator Patient was admitted to a hospital

—

—

—

Transport Distance 1.00

Ambulance Transport Reason Patient was transported to nearest facility for care of symptoms, complaints, or both. Can be used to indicate that the patient was transferred to a residential facility.

Previous Claim ICN —

Note —

Does the provider have a signature on file? Yes

Total Charged Amount \$300.00

Total Allowed Amount \$0.00 **Total Co-pay Amount** \$0.00 **Total Paid Amount** \$0.00

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

Adjudication Errors -

Claim / Service #	HIPAA Adj	Description	EOB
Service # 1	1010	RENDERING PROV NOT MEMBER OF BILLING PROV GROUP	3110
Service # 2	1010	RENDERING PROV NOT MEMBER OF BILLING PROV GROUP	3110

Diagnosis Codes +

Service Details -

#	From Date	To Date	Place of Service	EMG	Procedure Code	Mod	Diag Code Ptrs	Units	Charge Amount	Allowed Amount	Co-pay Amount	Paid Amount
<u>1</u>	09/12/2018	09/12/2018	11	N	2018F		1	1.000 Unit	\$100.00	\$0.00	\$0.00	\$0.00
<u>2</u>	01/12/2018	01/12/2018	11	N	96361		1	1.000 Unit	\$200.00	\$0.00	\$0.00	\$0.00

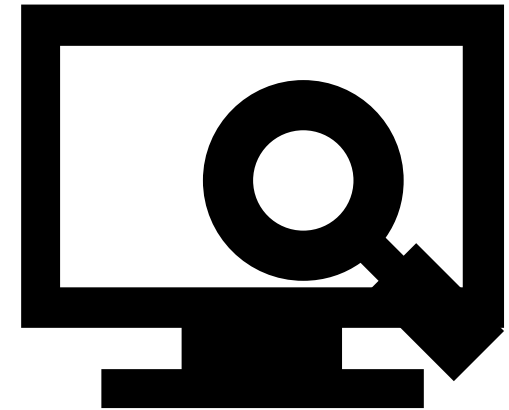
No Other Insurance Details exist for this claim

No Attachments exist for this claim

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

With the **Adjudication Errors** panel expanded, the user may review the errors associated with the claim's denial.

NOTE: User will be shown how to adjust a claim later in this training.



Viewing Professional Claim Remittance Advice (RA)

Viewing a Claim's RA











The screenshot shows the Provider Web Portal interface. The top navigation bar includes 'My Home', 'Eligibility', 'Claims', 'Care Management', 'File Exchange', 'Resources', and 'My Provider'. The 'Claims' menu item is highlighted with a red box and a callout '1'. Below the navigation bar, there are links for 'Search Claims', 'Submit Claim Dental', 'Submit Claim Inst', 'Submit Claim Prof', 'Search Payment History', and 'Treatment History'. The 'Search Payment History' link is highlighted with a red box and a callout '2'. The breadcrumb trail shows 'Claims > Search Payment History'. The main content area displays provider information for Karen S Gonzalez, including 'Provider ID 1205806429', 'ID Type NPI', 'Name KAREN S GONZALEZ', and 'Location ID 100506939'. Below this is the 'Search Payment History' form. The form includes a legend: '* Indicates a required field.' and 'Placeholder for configurable text.' The search criteria fields are: 'Payment Method' (dropdown menu set to 'All'), 'Payment Type' (dropdown menu set to 'All'), 'Check # / RA #' (text input field), 'Issue Date' (range selector with '*From' and '*To' fields, both set to dates in 2018), and 'Issue Date' (calendar icon). The 'Search' button is highlighted with a red box and a callout '4', and the 'Reset' button is also visible.

To begin locating an RA, the user will:

1. Hover over **Claims**.
2. Select **Search Payment History**.
3. Enter search criteria to refine the search results.
4. Click the **Search** button.

NOTE: Users can only search for RAs on the Provider Web Portal for the past 6 months. The default search range is for the past 90 days.

Viewing a Claim's RA, continued

Search Results						
To access a copy of the Remittance Advice, select the 'RA' icon. Access to the RA will require PDF software.						
If the RA is too large to display, you will get an error message instead of downloaded RA. You will need to contact Customer Service for assistance.						
					5	Total Records: 11
Issue Date	Payment Method	Payment Type	Check # / RA #	Total Paid Amount	RA Copy (PDF)	
09/14/2018	CHK	C	000000000/100005447	\$0.00		
09/07/2018	CHK	C	000012397/100005394	\$30.00		
09/07/2018	ACH	E	000930866/100005361	\$130.00		
08/31/2018	CHK	C	000000000/100005323	\$0.00		
08/17/2018	CHK	C	000000000/100005263	\$0.00		
08/10/2018	ACH	E	000930835/100005216	\$300.00		
08/10/2018	ACH	E	000930819/100005155	\$610.00		
07/13/2018	ACH	E	000930802/100004985	\$50.00		
07/06/2018	ACH	E	000930797/100004953	\$20.00		
06/29/2018	ACH	E	000930789/100004925	\$10.00		

5. Click on the RA Copy (PDF) icon.











Viewing a Claim's RA, continued

Search Results

To access a copy of the Remittance Advice, select the 'RA' icon. Access to the RA will require PDF software.

If the RA is too large to display, you will get an error message instead of downloaded RA. You will need to contact Customer Service for assistance.

Total Records: 11

Issue Date	Payment Method	Payment Type	Check # / RA #	Total Paid Amount	RA Copy (PDF)
09/14/2018	CHK	C	000000000/100005447	\$0.00	
09/07/2018	CHK	C	000012397/100005394	\$30.00	
09/07/2018	ACH	E	000930866/100005361	\$130.00	
08/31/2018	CHK	C	000000000/100005323	\$0.00	
08/17/2018	CHK	C	000000000/100005263	\$0.00	
08/10/2018	ACH	E	000930835/100005216	\$300.00	
08/10/2018	ACH	E	000930819/100005155	\$610.00	
07/13/2018	ACH	E	000930802/100004985	\$50.00	
07/06/2018	ACH	E	000930797/100004953	\$20.00	
06/29/2018	ACH	E	000930789/100004925	\$10.00	

1 2

PDF Files require [Adobe Acrobat Reader](#)

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CPT is a registered trademark ® of the AMA. CDT is a registered trademark ® of the ADA. Applicable FARS/DFARS apply.

6. User will click the **Open** button.

Do you want to open or save **RA 100005447.pdf** (4.10 KB) from **portalmod.nvad.xnv.dcs-usps.com**?

6

Viewing a Claim's RA, continued

REPORT: CRA-HCDN-R	NEVADA DIVISION OF HEALTH CARE FINANCING AND POLICY				DATE: 09/13/2018	
RA#: 100005447	NEVADA MEDICAID (TXIX)				PAGE: 2	
PAYER: TXIX	PROVIDER REMITTANCE ADVICE					
	PROFESSIONAL SERVICES CLAIMS DENIED					
GONZALEZ KAREN S				PAYEE ID 100506939	MCD	
PO BOX 748356				NPI	1205806429	
LOS ANGELES, CA 90074-4444				CHECK/EPT NUMBER	000000000	
				PAYMENT DATE	09/14/2018	
--ICN--	PCN	MRN	SERVICE DATES	BILLED	OTH INS	SPENDDOWN
			FROM TO	AMOUNT	AMOUNT	AMOUNT
MEMBER NAME: ARS EAUNSXK			MEMBER NO.: 97131704238			
218256000001 UNLINK			091318 091318	10.00	0.00	0.00
			SERVICE DATES	PA NUMBER		
PROC CD MODIFIERS ALLW UNITS	FROM TO	RENDERING PROVIDER	BILLED AMT	DETAIL	ROBS	
65436	0.00	091318 091318 MCD 100506939		3006		
NCPDP REJ:				10.00		
		TOTAL PROFESSIONAL SERVICE CLAIMS DENIED:	10.00	0.00	0.00	
TOTAL NO. DENIED:	1					

After clicking **Open**, the user can review the RA.

Copying Professional Claims

Copying a Claim

My Home Eligibility Claims Care Management File Exchange Resources

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

1 Search Claims

Search Claims

Medical/Dental

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

Claim Information

Claim ID

Recipient Information

Recipient ID

Service Information

Rendering Provider ID ID Type Claim Type

Service From To Claim Status

3

Search Results

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

Total Records: 1

	Claim ID	TCN	Claim Type	Claim Status	Service Date	Recipient ID	Rendering Provider ID	Medicaid Paid Amount	Paid Date	Recipient Responsibility
+ 4	2218262000035		Professional	Finalized Payment	09/18/2018	67032685329	1841251725	\$44.62	-	

To copy a claim, the user will:

1. Return to the “Search Claims” page.
2. Enter the search criteria.
3. Click the **Search** button.

Search results will populate at the bottom of the screen.

From the search results:

4. Click the [blue Claim ID](#) link.

Copying a Claim, continued

Recipient: FRODOLEY, GIOVANNA
Birth Date: 05/01/2002

Claim Information

Claim Status: Finalized Payment
Date Type: _
Accident Related: _
Patient Number: 053036404FKE
Related Claim ICN: _
Transport Certification: No
Previous Claim ICN: _
Note: _
Date of Current: _
Admission Date: 09/18/2018
Authorization Number: _
Does the provider have a signature on file? Yes

Total Charged Amount: \$175.00
Total Allowed Amount: \$44.62
Total Co-pay Amount: \$0.00
Total Paid Amount: \$44.62

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

Adjudication Errors +

Diagnosis Codes +

Service Details -

#	From Date	To Date	Place of Service	EMG	Procedure Code	Mod	Diag Code Ptrs	Units	Charge Amount	Allowed Amount	Co-pay Amount	Paid Amount
1	09/18/2018	09/18/2018	32	N	99308		1	1.000 Unit	\$175.00	\$44.62	\$0.00	\$44.62

No Other Insurance Details exist for this claim

No Attachments exist for this claim

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

After the user has viewed the claim, user will:

5. Scroll down to the bottom of the "Claim Information" page.
6. Click the **Copy** button.

Copying a Claim, continued

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

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

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

[Claims](#) > [Search Claims](#) > [View Professional Claim](#) > Copy Claim

Copy Professional Claim

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

Recipient Information
Recipient ID
Last Name
First Name
Birth Date
Patient Number

Service Information
Service Facility Location
Diagnosis Code(s)
Place(s) of Service
Procedure Code(s)
Modifier(s)
Diagnosis Pointer(s)
Detail Charge Amount(s)
Units
Unit Type(s)
Rendering Provider(s)
NDC Code Type(s)
NDC Code(s)
NDC Unit Price(s)
NDC Quantity(s)
NDC Unit of Measure(s)

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

Entire Claim
Copies data listed in columns 1 and 2 PLUS:
Referring Provider
Accident Related
Accident State
Accident Country
Pregnancy Indicator
Authorization Number
Emergency Indicator(s)
EPSDT Indicator(s)
Family Plan Indicator(s)
NDC Prescription #(s)
NDC Prescription Type(s)
Other Insurance Details
All Dates

8

7. Select what portion of the claim to copy (for this example, the user has selected **Entire Claim**).
8. Click the **Copy** button.

Copying a Claim, continued

Submit Professional Claim: Step 1 ?

* Indicates a required field.

Claim Type

Provider Information

Billing Provider ID	1578564860	ID Type	NPI
*Billing Provider Service Location	<input type="text" value="20-HOSPITALISTS OF ARIZONA-2510 W DUNLAP AVE STE 290,PHOENIX,ARIZONA,850212759"/>		
Rendering Provider ID	<input type="text" value="1841251725"/>	ID Type	NPI
Rendering Provider Service Location	<input type="text" value="24-SHAVER, NANCY C-1919 E THOMAS RD EAST BLDG,PHOENIX,ARIZONA,850167710"/>		
Referring Provider ID	<input type="text"/>	ID Type	<input type="text"/>
Supervising Provider ID	<input type="text"/>	ID Type	<input type="text"/>
Service Facility Location ID	<input type="text"/>	ID Type	<input type="text"/>

Patient Information

*Recipient ID	<input type="text" value="67032685329"/>	First Name	MROBMLV
Last Name	GIOXBIK	Birth Date	05/01/2002

Claim Information

Date Type	<input type="text"/>	Date of Current	<input type="text"/>
Accident Related	<input type="text"/>	Admission Date	<input type="text" value="09/18/2018"/>
*Patient Number	<input type="text" value="053036404FKE"/>	Authorization Number	<input type="text"/>
*Transport Certification	<input type="radio"/> Yes <input checked="" type="radio"/> No		
*Does the provider have a signature on file?	<input type="radio"/> Yes <input type="radio"/> No		
Include Other Insurance	<input type="checkbox"/>		
		Total Charged Amount	\$175.00

9

As the user goes through Steps 1-3, the user may make updates.

9. Click the **Continue** button.

Adjusting a Professional Claim

Adjusting a Claim

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

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

1 Search Claims

Search Claims

Medical/Dental

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

2

Claim Information

Claim ID

Recipient Information

Recipient ID

Service Information

Rendering Provider ID ID Type Claim Type

Service From To Claim Status

3 Search Reset

4

Search Results

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

Total Records: 1

	Claim ID	Claim Type	Claim Status	Service Date	Recipient ID	Rendering Provider ID	Medicaid Paid Amount	Paid Date	Recipient Responsibility
+	2218262000035	Professional	Finalized Payment	09/18/2018	67032685329	1841251725	\$44.62	-	

To begin the claim adjustment process:

1. Return to the “Search Claims” page.
2. Enter the search criteria.
3. Click the **Search** button.
4. Click the [blue Claim ID](#) link.

NOTE: Denied Claims cannot be adjusted. The **Claim Status** column will indicate “Finalized Payment” if a claim is paid.

Adjusting a Claim, continued

Recipient: FRODOLEY, GIOVANNI
Birth Date: 05/01/2002

Claim Information

Claim Status: Finalized Payment
Date Type: _
Accident Related: _
Patient Number: 053036404FKE
Related Claim ICN: _
Transport Certification: No
Previous Claim ICN: _
Note: _
Date of Current: _
Admission Date: 09/18/2018
Authorization Number: _

Does the provider have a signature on file? Yes

Total Charged Amount: \$175.00
Total Allowed Amount: \$44.62
Total Co-pay Amount: \$0.00
Total Paid Amount: \$44.62

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

Adjudication Errors +

Diagnosis Codes +

Service Details -

#	From Date	To Date	Place of Service	EMG	Procedure Code	Mod	Diag Code Ptrs	Units	Charge Amount	Allowed Amount	Co-pay Amount	Paid Amount
1	09/18/2018	09/18/2018	32	N	99308		1	1.000 Unit	\$175.00	\$44.62	\$0.00	\$44.62

No Other Insurance Details exist for this claim

No Attachments exist for this claim

Adjust **Copy** **Void** **Print Preview**

On the “View Professional Claim” page, the user will:

5. Scroll down to the bottom of the page.
6. Click the **Adjust** button.

Adjusting a Claim, continued

Resubmit Professional Claim ID 2218262000035: Step 1

* Indicates a required field.

Claim Type Professional

7 **Provider Information**

Billing Provider ID 1578564860 ID Type NPI
 *Billing Provider Service Location 20-HOSPITALISTS OF ARIZONA-2510 W DUNLAP AVE STE 290,PHOENIX,ARIZONA,850212759
 Rendering Provider ID 1841251725 ID Type NPI
 Rendering Provider Service Location 24-SHAVER, NANCY C-1919 E THOMAS RD EAST BLDG,PHOENIX,ARIZONA,850167710
 Referring Provider ID ID Type
 Supervising Provider ID ID Type
 Service Facility Location ID ID Type

Patient Information

Claim Status Finalized Payment
 *Recipient ID 67032685329
 Last Name GIOXBIK First Name MROBMLV
 Birth Date 05/01/2002

Claim Information

Date Type Date of Current
 Accident Related Admission Date 09/18/2018
 *Patient Number 053036404FKE Authorization Number
 *Transport Certification Yes No
 *Does the provider have a signature on file? Yes No
 Include Other Insurance Total Charged Amount \$175.00

8 **Adjudication Errors**

Claim / Service #	HIPAA Adj	Description	EOB
Claim	7499	CLAIM PROCESSED BY CLINICAL CLAIM EDITOR	7499
Service # 1	4084	ALLOWED AMT LESS THAN BILLED AMOUNT VARIANCE	0507

9 Continue Cancel

From here, the user may:

7. Review and make any necessary edits to the provider, patient or claim information.
8. Review the **Adjudication Errors** panel to identify any issues that may need to be resolved.
9. Click on the **Continue** button at the bottom of the page to proceed to the next step.

Adjusting a Claim, continued

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

Adjudication Errors +

Diagnosis Codes +

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	09/18/2018	09/18/2018	32-Nursing Facility	99308-Nursing fac care subseq	\$175.00	1.000 Unit	
2						0.000	

2 *From Date To Date *Place of Service EMG

*Procedure Code Modifiers *Diagnosis Pointers

*Charge Amount *Units *Unit Type EPSDT Family Plan

Cla Number Authorization Number

Rendering Provider ID ID Type

Rendering Provider Service Location

Referring Provider ID ID Type

NDCs for Svc. # 2 -

Attachments -

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

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

10

10. Click the **Resubmit** button.


Adjusting a Claim, continued

Patient Information											
Recipient ID	67032685329					Gender	Female				
Recipient	MROBMLV V GIOXBIK										
Birth Date	05/01/2002										
Claim Information											
Claim Status	Finalized Payment										
Date Type	_										
Accident Related	_										
Patient Number	053036404FKE					Admission Date	09/18/2018				
Related Claim ICN	_										
Transport Certification	No										
Previous Claim ICN	2218262000035										
Note	_										
Does the provider have a signature on file?	Yes										
Total Charged Amount	\$175.00										
Expand All Collapse All											
Adjudication Errors											
Diagnosis Codes											
Service Details											
#	From Date	To Date	Place of Service	EMG	Procedure Code	Mod	Diag Code Ptrs	Units	EPSDT	Family Plan	Charge Amount
<u>1</u>	09/18/2018	09/18/2018	32	N	99308		1	1.000 Unit	<input type="checkbox"/>	<input type="checkbox"/>	\$175.00
No Other Insurance Details exist for this claim											
No Attachments exist for this claim											
Back to Step 1 Back to Step 2 Back to Step 3 Print Preview											
11 Confirm Cancel											

11. Click the **Confirm** button.

NOTE: Click the **Cancel** button to cancel the adjustment.

Adjusting a Claim, continued


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Division of Health Care Financing and Policy Provider Portal

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

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

[Claims](#) > Claim Receipt

Resubmit Professional Claim: Confirmation 

Professional Claim Receipt

Your Professional Claim was successfully resubmitted. The claim status is Finalized Payment.

The Claim ID is 5918263000001.

Click **Print Preview** to view the claim details as they have been saved on the payer's system.
Click **Copy** to copy member or claim data.
Click **Adjust** to resubmit the claim.
Click **View** to view the details of the submitted claim.

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

The “Resubmit Professional Claim: Confirmation” page will appear after the claim has been submitted. It will display the claim status and adjusted Claim ID.

Submitting an Appeal for a Claim

Submitting an Appeal for a Claim

Provider

Welcome Carson

Name

Provider ID

Location ID

▶ [My Profile](#)

▶ [Switch Provider](#)

Provider Services

▶ [Member Focused Viewing](#)

▶ [Search Payment History](#)

▶ [Revalidate-Update Provider](#)

▶ [Pharmacy PA](#)

▶ [PASRR](#)

▶ [EHR Incentive Program](#)

▶ [EPSDT](#)

▶ [Presumptive Eligibility](#)

Broadcast Messages

Hours of Availability
The Nevada Provider Web Portal is unavailable between midnight and 12:25 AM PST Monday-Saturday and between 8 PM and 12:25 AM PST on Sunday.

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](#)

1

[Secure Correspondence](#)

From the home page, the user will:

1. Select **Secure Correspondence** to start the Appeal process.

Submitting an Appeal for a Claim, continued

The screenshot shows the 'Secure Correspondence - Create Message' form. The 'Message Category' dropdown is highlighted with a red box and a callout bubble containing the number '2'. The form fields are as follows:

Field	Value
*Subject	Appeal of a denied claim
*Message Category	Claims - Appeals
Email	john.doe@myhealth.com
Confirm Email	john.doe@myhealth.com
Phone Number	
*Preferred Method of Communication	Email
*Service Provider ID	1234567890
*Provider Type	20 - Physician
*Denial Reason	Denied with EOB 0245.
*Message	Claim was Denied. Please review additional documentation.

The user will then:

2. Select “Claims – Appeals” from the **Message Category** dropdown and fill out all of the required fields.

Submitting an Appeal for a Claim, continued

The screenshot shows a web form titled "Attachments" with a table header containing columns for "#", "Transmission Method", "File", "Control #", "Attachment Type", and "Action". Below the table is a form area with a "Click to collapse" link. The form contains the following fields:

- *Transmission Method: A dropdown menu currently showing "EL-Electronic Only".
- *Upload File: A text input field with a "Browse..." button to its right.
- *Attachment Type: A dropdown menu.
- Description: A text input field.

At the bottom of the form are "Add" and "Cancel" buttons. Below the form area, there are "Send" and "Cancel" buttons. A red box highlights the "Transmission Method" dropdown, the "Upload File" field, and the "Browse..." button, with a hexagonal callout containing the number "3". Another red box highlights the "Send" button, with a hexagonal callout containing the number "4".

Next, the user will need to:

3. Click the **Browse** button and locate the file supporting the appeal request.
4. Click the **Send** button.

NOTE: Once the user clicks **Send** and the appeal has been created, the system will create a Contact Tracking Number (CTN). The user can use the CTN to check on the status of the appeal.

Submitting an Appeal for a Claim, continued

Secure Correspondence - Message Box

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

Status	CTN #	Subject	Category	Open Date	Last Modified
Open	4256	Appeal of a denial		09/18/2018	
Open	4255	testing		09/18/2018	
Open	4253	Testing from MO		09/18/2018	
Open	4252	Testing 6268 in MO	Level 2 Support - Account Issues	09/18/2018	
Open	4251	Testing 6268	Claims - Appeals	09/06/2018	

Confirmation

5 Your secure message was successfully sent.

OK

After the user clicks the **Send** button, a confirmation message will populate with “Your secure message was successfully sent”

User will then need to:
5. Click the **OK** button.

Submitting an Appeal for a Claim, continued

Secure Correspondence - Message Box [Back to My Home](#) ?

Access your messages by selecting the individual subject line. Whenever a new message is sent, a confirmation e-mail precedes the request. For additional queries please contact us. [Create New Message](#)

Total Records: 13

Status	CTN #	Subject	Message Category	Date Opened	Last Activity Date
Open	4256	Appeal of a denied claim	Claims - Appeals	10/02/2018	10/02/2018
Open	4255	testing	Claims - Appeals	09/27/2018	09/27/2018
Open	4253	Testing from MO	Level 2 Support - Account Issues	09/19/2018	09/19/2018
Open	4252	Testing 6268 in MO	Level 2 Support - Account Issues	09/18/2018	09/18/2018
Open	4251	Testing 6268	Claims - Appeals	09/06/2018	09/06/2018
Open	4227	Testing sample for 5916	Level 2 Support - Account Issues	08/14/2018	08/14/2018
Closed	4217	Help	Other	07/08/2018	08/03/2018
Open	4218	Testing Help	Other	07/08/2018	07/08/2018
Open	4219	Testing help..	Other	07/08/2018	07/08/2018
Open	4188	Testing in Model	Level 2 Support - Account Issues	04/09/2018	04/09/2018

1 2

After the user clicks the **OK** button, they will be directed to the **Secure Correspondence - Message Box**, where the new CTN can be seen.

Voiding a Professional Claim

Voiding a Claim

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

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

Search Claims

Search Claims

Medical/Dental

A minimum one field is required.
Recipient ID, Service From and To Date are required fields for the search when Claim ID is not entered.

Claim searches are limited to a maximum range of 45 days.

Claim Information

Claim ID

Recipient Information

Recipient ID

Service Information

Rendering Provider ID ID Type Claim Type

Service From To

Search Reset

To search for a claim the user will need to:

1. Hover over **Claims**.
2. Select **Search Claims**.
3. Enter **Claim ID**.
4. Click the **Search** button.

Voiding a Claim, continued

Search Claims ?

Medical/Dental

A minimum one field is required.
Recipient ID, Service From and To Date are required fields for the search when Claim ID is not entered.

Claim searches are limited to a maximum range of 45 days.

Claim Information

Claim ID

Recipient Information

Recipient ID

Service Information

Rendering Provider ID

Service From

Once the user has clicked the **Search** button, the results will display below.

To open the claim, the user will:

- Click the [blue Claim ID](#) link to open the claim.

NOTE: Denied Claims cannot be voided. The **Claim Status** column will indicate “Finalized Payment” if a claim is paid.

Search Results

To see service line information, or to view the remittance advice, click on the '+' next to the claims ID. Total Records: 1

	Claim ID	TCN	Claim Type	Claim Status	Service Date	Recipient ID	Rendering Provider ID	Medicaid Paid Amount	Paid Date	Recipient Responsibility
<input type="button" value="+"/>	5918263000001	5	Professional	Finalized Payment	09/18/2018	67032685329	1841251725	\$44.62	09/21/2018	

Voiding a Claim, continued

Claim Information

Claim Status Finalized Payment
Date Type _ Date of Current _
Accident Related _ Admission Date 09/18/2018
Patient Number 053036404FKE Authorization Number _
Related Claim ICN _
Transport Certification No
Previous Claim ICN 2218262000035
Note _
Does the provider have a signature on file? Yes

Total Allowed Amount \$44.62 Total Co-pay Amount \$0.00 Total Charged Amount \$175.00
Total Paid Amount \$44.62

[Expand A](#)

Adjudication Errors

Diagnosis Codes

Service Details

#	From Date	To Date	Place of Service	EMG	Procedure Code	Mod	Diag Code Ptrs	Units	Charge Amount	Allowed Amount	Co-pay Amount
<u>1</u>	09/18/2018	09/18/2018	32	N	99308		1	1.000 Unit	\$175.00	\$44.62	\$0

No Other Insurance Details exist for this claim

No Attachments exist for this claim

6

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

To void the claim, the user will:

6. Click the **Void** button.

Voiding a Claim, continued

Does the provider have a signature on file? Yes

Total Charged Amount \$175.00
Total Paid Amount \$44.62
Total Co-pay Amount \$0.00
Allowed Amount \$44.62

Confirmation

Are you sure you want to void this Professional Claim ID 5918263000001?

7 OK Cancel

To Date	Place of Service	Ptrs	Unit	Charged Amount	Co-pay		
09/18/2018	32	N	99308	1	1.000 Unit	\$175.00	\$44.62

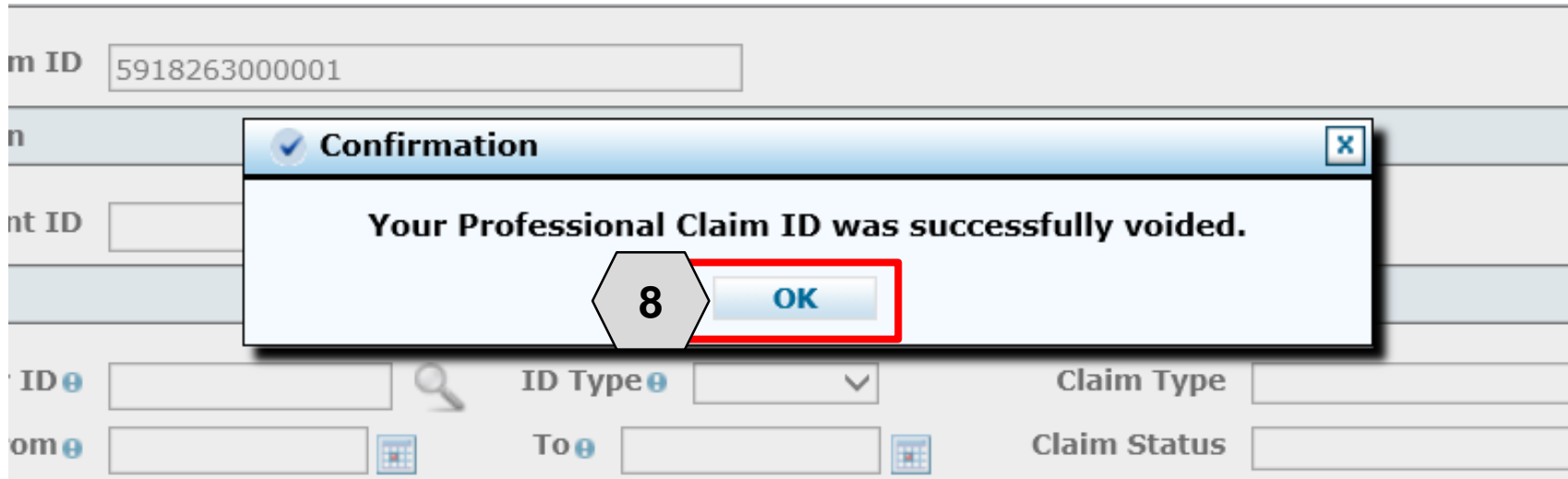
Insurance Details exist for this claim

Insurance Details exist for this claim

Just Copy Void Print Preview

7. Click the **OK** button.

Voiding a Claim, continued



8. Click the **OK** button.



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 Provider 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: <http://dhcfp.nv.gov/Resources/AdminSupport/Manuals/MSM/MSMHome/>

DHCFP Contact Information:

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



Contact Nevada Medicaid



Contact Nevada Medicaid

Prior Authorization Department: 800-525-2395

Customer Service Call Center: 877-638-3472 (Monday through Friday 8 am to 5 pm Pacific Time)

Provider Field Representative:

E-mail: NevadaProviderTraining@dxc.com



Thank You