Authorization Criteria Search Functions Enhanced on the Provider Web Portal

Effective January 26, 2015, an enhancement was made to the online prior authorization (PA) system in the Provider Web Portal to allow providers and their delegates the ability to search criteria for PA requirements for a procedure or revenue code based on provider type and specialty. The online authorization criteria search can be accessed through the unsecured and secured areas of the Provider Web Portal.

Gaining access to Authorization Criteria

To access the Authorization Criteria page using the unsecured area of the Provider Web Portal:

1. Open a web browser such as Internet Explorer or Firefox.
2. Enter www.medicaid.nv.gov in the address bar.
3. The Provider Web Portal Home page opens as shown below. Then click EVS. The submenu displays User Manual or HPES Login.
4. Click HPES Login. The EVS Home page opens.
5. Click Authorization Criteria.
To access the Authorization Criteria page using the secured area of the Provider Web Portal:

1. Open a web browser such as Internet Explorer or Firefox.
2. Enter www.medicaid.nv.gov in the address bar.
3. The Provider Web Portal homepage opens as shown below. Then click EVS. The submenu displays User Manual or HPES Login.

4. Click HPES Login. The EVS Home page opens.

5. Log in to the Provider Web Portal.
6. On the “My Home” page, under Care Management click the “Authorization Criteria” link to open the Authorization Criteria page:

When the Authorization Criteria link is clicked on either the unsecured or secured areas of the Provider Web Portal, the Authorization Criteria provider portal page is displayed.

**Authorization Criteria**

The following fields are displayed on the Authorization Criteria page:

1. Code Type (Dental, Medical (CPT/HCPCS) and Revenue Code)
2. Procedure Code or Description
3. Provider Type
4. Provider Specialty (optional)

The fields marked with a red * are required fields.

Note: The provider type will default to the logged in provider’s type when the Authorization Criteria page is accessed from the secure portal. The defaulted provider type can be overridden.

1. **Code Type** select one of the following options:

   - *Code Type* select one of the following options:
     - Select
     - Dental
     - Medical
     - Revenue

   - *Procedure Code or Description*:
     - 333
     - 33200-INSERTION OF HEART PACEMAKER
     - 33201-INSERTION OF HEART PACEMAKER
     - 33202-INSERT EPICARD ELTRD OPEN
     - 33203-INSERT EPICARD ELTRD ENDO

   OR

2. **Procedure Code or Description**.

   Enter Procedure Code:

   - *Code Type* Medical
   - *Procedure Code or Description* 33222-RELOCATION POCKET PACEMAKER
   - 33223-RELOCATE POCKET FOR DEFIB

   OR

   Enter Description of the code:
3. **Provider Type.**
   
Enter Number: (If not using the default)

   ![Provider Type Field](image)

   OR

4. **Provider Specialty.** (Optional)
   
Enter Specialty Code:

   ![Provider Specialty Field](image)

   OR

After all of the search criteria has been entered, click the “Search” button to display the search results:
If multiple rows are returned, the search results can be sorted by:

- Provider Specialty
- Claim Type
- PA Required
- Age Restrictions
- Effective date

The example below is sorted by Provider Specialty:

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Provider Type</th>
<th>Provider Specialty</th>
<th>Claim Type</th>
<th>PA Required</th>
<th>Age Restrictions</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>A4377-DRAINABLE PLASTIC PCH W/O FP</td>
<td>017-SPECIAL CLINICS</td>
<td>166-FAMILY PLANNING</td>
<td>PRACTITIONER</td>
<td>Required if exceeding service limitations</td>
<td>0-999</td>
<td>06/01/2006 - 12/31/9999</td>
</tr>
<tr>
<td>A4377-DRAINABLE PLASTIC PCH W/O FP</td>
<td>017-SPECIAL CLINICS</td>
<td>174-PUBLIC HEALTH</td>
<td>PRACTITIONER</td>
<td>Required if exceeding service limitations</td>
<td>0-999</td>
<td>06/01/2006 - 12/31/9999</td>
</tr>
<tr>
<td>A4377-DRAINABLE PLASTIC PCH W/O FP</td>
<td>017-SPECIAL CLINICS</td>
<td>183-COMPREHENSIVE OUTPATIENT REHAB FACILITIES (CO)</td>
<td>PRACTITIONER</td>
<td>Required if exceeding service limitations</td>
<td>0-999</td>
<td>06/01/2006 - 12/31/9999</td>
</tr>
<tr>
<td>A4377-DRAINABLE PLASTIC PCH W/O FP</td>
<td>017-SPECIAL CLINICS</td>
<td>195-COMMUNITY HEALTH CLINICS - STATE HEALTH DIVIS</td>
<td>PRACTITIONER</td>
<td>Required if exceeding service limitations</td>
<td>0-999</td>
<td>06/01/2006 - 12/31/9999</td>
</tr>
<tr>
<td>A4377-DRAINABLE PLASTIC PCH W/O FP</td>
<td>017-SPECIAL CLINICS</td>
<td>196-SPECIAL CHILDREN'S CLINICS</td>
<td>PRACTITIONER</td>
<td>Required if exceeding service limitations</td>
<td>0-999</td>
<td>06/01/2006 - 12/31/9999</td>
</tr>
</tbody>
</table>