

Chapter 3. Claims

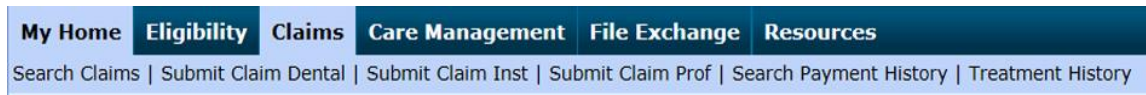
The Nevada Medicaid and Nevada Check Up Provider Web Portal (PWP) allows providers, or their delegates, to create/submit, adjust and copy claims online. Providers, or their delegates can also use the PWP to verify claim status.

For provider specific billing information refer to the [Billing Guidelines \(by Provider Type\)](#).

3.1 Submit Claim

The **Claims** tab provides the ability to submit dental, institutional, and professional claims. To begin the claim submission process select one of the submit claim options from the **Claims** submenu, or click on the **Claims** tab to be directed to the claims landing page.

Claims submenu options:



Claims landing page:



Navigation Notes

Do not use the links that appear at the top of the page to navigate between steps of the claims submission process. This could cause data to be lost. Always use the Back to Step buttons at the bottom of the pages to move between steps. If you have successfully updated any information on a step and return to the previous step, your information is not lost.

Example:

You completed Step 1 and continued to Step 2, where you successfully added or updated the diagnosis code information. You return to Step 1 to indicate that the claim is the result of an accident. When you return to Step 2, the diagnosis information you added previously still appears.

If you add or modify information on a step and click “Continue” button without saving the information, a warning message will display.

Example:

You added a diagnosis code, but did not click Add. You click Continue to proceed to Step 3. You are prompted with a warning that you will lose unsaved data by navigating away from the page.

3.1.1 Submit Claim Dental

Select **Submit Claim Dental** to create and submit a dental claim.

Claim submission is a three step process, click on the “Continue” button at the bottom of each page to continue on to the next step. Click on the “Cancel” button to cancel the creation of the claim.

- Step 1-Provider, Patient and Claim Information
- Step 2-Diagnosis Codes and Other Insurance Details
- Step 3-Service Details and Attachments

Submit Dental Claim: Step 1

Submit Dental Claim: Step 1

* Indicates a required field.

Provider Information

Billing Provider ID 1215 ID Type NPI

*Billing Provider Service Location 22-DENTAL CENTER-321 N MALL DR STE P101, LAS VEGAS, NEVADA, 89030

Rendering Provider ID [] ID Type []

Rendering Provider Service Location -

Referring Provider ID [] ID Type []

Service Facility Location ID [] ID Type []

Patient Information

*Recipient ID []

Last Name - First Name -

Birth Date -

Claim Information

Accident Related [] Accident Date []

*Place of Treatment 11-Physician's Office

*Patient Number []

Authorization Number []

Include Other Insurance

Total Charged Amount \$0.00

[Continue](#) [Cancel](#)

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

Provider Information

The Billing Provider Information is automatically populated with the Billing Provider ID and ID Type of the provider that the signed-in user is associated with.

Submit Dental Claim: Step 1			
* Indicates a required field.			
Provider Information			
Billing Provider ID	1215	ID Type	NPI
* Billing Provider Service Location	22-DENTAL CENTER-321 N MALL DR STE P101,LAS VEGAS,NEVADA,89030		
Rendering Provider ID	1730	ID Type	NPI
* Rendering Provider Service Location	22-DENTAL CENTER.-321 N MALL DR STE P101, LAS VEGAS,NEVADA,89030		
Referring Provider ID	1169	ID Type	NPI
Service Facility Location ID	1205	ID Type	NPI

The following fields can be completed as follows:

- Billing Provider Service Location – Select the appropriate provider type/service location for the type of service being billed
- Rendering Provider ID – If applicable enter the rendering provider NPI
 - ID Type –Select NPI from the drop-down list
- Rendering Provider Service Location – If a rendering provider ID is entered, a rendering provider service location is required; Select the appropriate provider type/service location for rendering provider
- Referring Provider ID – If applicable enter the referring provider NPI
 - ID Type –Select NPI from the drop-down list
- Service Facility Location ID – If applicable enter the service facility NPI
 - ID Type – Select NPI from the drop-down list

Patient Information

Enter the 11-digit recipient ID in the Recipient ID field. The Last Name, First Name, and Birth Date will be automatically populated based for the recipient ID that is entered.

Patient Information			
*Recipient ID	00000000001		
Last Name	CLMGLZ	First Name	ISAAC
Birth Date	01/01/1999		

Claim Information

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

The following fields can be completed as follows:

- Accident Related – If the claim is related to accident, select the accident type from the drop-down list
- Accident Date – Enter the date of the accident
- Accident State – Displays if Auto Accident is selected in the Accident Related drop-down list
- Accident Country – Displays if Auto Accident is selected in the Accident Related drop-down list
- Place of Treatment – Select the place of treatment from the drop-down list
- Patient Number – Enter a patient number
- Authorization Number – If applicable, enter the prior authorization number for the service(s) being billed on the claim
- Include Other Insurance – If the recipient has other insurance that paid as primary, check this box; When this box is checked the Other Insurance Information panel will appear on the Submit Dental Claim: Step 2
- Total Charged Amount – Read only and displays the total charge amount associated with the claim

Submit Dental Claim: Step 2

When the Submit Dental Claim: Step 2 page is first displayed all of the panels are expanded. Click “Collapse All” to close all panels, or click minus icons on each panel to close only that panel.

Submit Dental Claim: Step 2 ?

* Indicates a required field.

Provider Information

Billing Provider ID 1215 ID Type NPI

Patient and Claim Information

Recipient ID 0000000001 Gender Male
 Recipient ISAAC E CLMGLZ Total Charged Amount \$0.00
 Birth Date 01/01/1999

[Expand 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 <input type="text" value="ICD-10-CM"/>	*Diagnosis Code <input type="text"/>	

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

Other Insurance Details -

Enter the carrier and policy holder information below.

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

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

[Refresh Other Insurance](#)

#	Carrier Name	Carrier ID	Policy ID	Payer Paid Amount	Paid Date	Action
<input type="checkbox"/> Click to add a new other insurance.						

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

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

Submit Dental Claim: Step 2 ?

* Indicates a required field.

Provider Information

Billing Provider ID 1215 ID Type NPI

Patient and Claim Information

Recipient ID 00000000001
 Recipient ISAAC E CLMGLZ Gender Male
 Birth Date 01/01/1999 Total Charged Amount \$0.00

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

Diagnosis Codes -

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

#	Diagnosis Type	Diagnosis Code	Action
1			

1 *Diagnosis Type *Diagnosis Code

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

Other Insurance Details +

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

Diagnosis Codes

The first diagnosis entered is considered to be the principal or primary diagnosis code.

- The PWP allows for up to 8 diagnosis codes
- Diagnosis codes are searchable
 - Enter the first three letters or the first three numbers of the code to use the predictive search
- Click the “Add” button to add each diagnosis code
- Click the “Remove” link to remove any diagnosis codes added to the claim in error

Submit Dental Claim: Step 2 ?

* Indicates a required field.

Provider Information

Billing Provider ID 1215 ID Type NPI

Patient and Claim Information

Recipient ID 00000000001
 Recipient ISAAC E CLMGLZ Gender Male
 Birth Date 01/01/1999 Total Charged Amount \$0.00

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

Diagnosis Codes -

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

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

2 *Diagnosis Type *Diagnosis Code

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

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

Other Insurance Details

If the recipient has other insurance carrier information on file with Nevada Medicaid, the policy information will auto populate in the Other Insurance Details panel. Other Insurance Details fields are required only if you are adding other insurance payment information.

Other Insurance Details

Enter the carrier and policy holder information below.

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

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

[Refresh Other Insurance](#)

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

Carrier Name DELTA HEALTH SYSTEMS	Carrier ID 02324
Policy Holder Last Name MZDAIF	First Name ILHWL MI H
Policy ID 50998842	
Insurance Type _	Patient Relationship to Insured 19-Child
Responsibility U-Unknown	*Paid Date <input type="text"/>
Payer Paid Amount <input type="text"/>	
Remaining Patient Liability <input type="text"/>	
*Claim Filing Indicator <input type="text"/>	

Claim Adjustment Details

Save Insurance

Cancel Insurance

Click to add a new other insurance.

Back to Step 1

Continue

Cancel

- Select the sequence number to add payment information.
- Click “Save Insurance” button to save the information to the other insurance details line.
- Click “Cancel Insurance” button to cancel any updates to the other insurance details
- Click “Continue” button to complete Submit Dental Claim: Step 3.
- Click the “Remove” link to remove any other insurance details not relevant to the claim.

Please note: For Dental claims, only payment information is required at the header level. The “Claim Adjustment Details” panel should be collapsed.

If the recipient does not have other insurance carrier information on file with Nevada Medicaid, the policy information will not auto populate in the Other Insurance Details panel. Other Insurance Details can be added by completing the following fields:

- Carrier Name – Enter the other insurance carrier name
- Carrier ID – Enter the other insurance carrier ID

- Policy Holder Last Name – Enter the last name of the policy holder
- First Name – Enter the first name of the policy holder
- MI – Enter the middle initial of the policy holder
- Policy ID – Enter the policy ID
- Insurance Type – Select the insurance type from the drop-down list
- Responsibility – Select the responsibility type from the drop-down list
- Patient Relationship to Insured – Select the patient relationship to insured from the drop-down list
- Payer Paid Amount – Enter the amount paid by the other insurance
- Paid Date – Enter the date the other insurance paid
- Remaining Patient Liability – Enter the remaining patient liability
- Claim Filing Indicator – Select the claim filing indicator from the drop-down list.

Other Insurance Details -

Enter the carrier and policy holder information below.

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

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

[Refresh Other Insurance](#)

#	Carrier Name	Carrier ID	Policy ID	Payer Paid Amount	Paid Date	Action
<input type="checkbox"/> Click to collapse.						
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>*Carrier Name <input type="text"/></p> <p>*Policy Holder Last Name <input type="text"/></p> <p>*Policy ID <input type="text"/></p> <p>Insurance Type <input type="text"/></p> <p>*Responsibility <input type="text"/></p> <p>Payer Paid Amount <input type="text"/></p> <p>Remaining Patient Liability <input type="text"/></p> <p>*Claim Filing Indicator <input type="text"/></p> </div> <div style="width: 45%;"> <p>*Carrier ID <input type="text"/></p> <p>*First Name <input type="text"/> MI <input type="text"/></p> <p>*Patient Relationship to Insured <input type="text"/></p> <p>*Paid Date <input type="text"/></p> </div> </div>						
<div style="display: flex; justify-content: center; gap: 20px;"> Add Insurance Cancel Insurance </div>						
<div style="display: flex; justify-content: space-between; margin-top: 10px;"> Back to Step 1 Continue Cancel </div>						

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

Click "Add Insurance" button to add the Other Insurance Details to the claim.

Updating Other Insurance Details

Select the sequence number of any other insurance line item to update details such as the allowed amount, paid amount, paid date and adjustment codes for the specific other insurance carrier.

- Click “Save Insurance” button to save the information to the other insurance details line
- Click “Cancel Insurance” button to cancel any updates to the other insurance details
- Click the “Remove” link to remove any other insurance details added to the claim in error

#	Carrier Name	Carrier ID	Policy ID	Payer Paid Amount	Paid Date	Action
1	Blue Shield	12345	000000011	\$15.00	01/01/2019	Remove

Carrier Name	<input type="text" value="Blue Shield"/>	Carrier ID	<input type="text" value="12345"/>
*Policy Holder Last Name	<input type="text" value="KJUYD"/>	*First Name	<input type="text" value="PXYME"/> <input type="checkbox"/> MI
*Policy ID	<input type="text" value="000000011"/>		
Insurance Type	<input type="text"/>		
*Responsibility	<input type="text" value="P-Primary"/>	*Patient Relationship to Insured	<input type="text" value="18-Self"/>
Payer Paid Amount	<input type="text" value="15.00"/>	*Paid Date	<input type="text" value="01/01/2019"/>
Remaining Patient Liability	<input type="text" value="100.00"/>		
*Claim Filing Indicator	<input type="text" value="BL-Blue Cross/Blue Shield"/>		

Claim Adjustment Details +

Click to add a new other insurance.

Click “Continue” button to complete Submit Dental Claim: Step 3.

Submit Dental Claim: Step 3

When the Submit Dental Claim: Step 3 page is first displayed not all of the panels are expanded.

- Click “Expand All” to expand all panels, or click plus icons on each panel to open only that panel.
- Click “Collapse All” to close all panels, or click minus icons on each panel to close only that panel.

Submit Dental Claim: Step 3 ?

* Indicates a required field.

Provider Information

Billing Provider ID 1124098421	ID Type NPI
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Patient and Claim Information

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

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

Diagnosis Codes +

Other Insurance Details -

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

Service Details -

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

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

*Svc Date
Oral Cavity Area
Tooth Number

Tooth Surface

*Procedure Code
Modifiers

*Units
*Charge Amount
*Diagnosis Pointers

Rendering Provider ID
ID Type

Rendering Provider Service Location

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

Attachments -

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

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

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

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

Service Details

- Up to 50 service details to be added to a dental claim
- Procedure codes are searchable
 - Enter the first three letters or the first three numbers of the code to use the predictive search
- Modifiers are searchable

- Enter the first 3 letters of the description or the first 2 number or letters of the modifier to use the predictive search
- Click the “Add” button to add each service detail
- Click the “Remove” link to remove any service detail added to the claim in error

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

Updating Service Details

Select the sequence number of any service detail line item to update details such as the service date, procedure code, units or charge amount.

- Click the “Save” button to save the changes
- Click the “Reset” button to clear any of the changes to the service detail
- Click on the “Cancel” button to cancel any updates and close the service detail

Adding Other Insurance Details on Service Detail line

Select the sequence number of any service detail line item to add other insurance details and claim adjustment details.

1. Add Other Insurance Details first and click Add Insurance button.

Service Details

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

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

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

Tooth Surface

*Procedure Code D0350-ORAL/FACIAL PHOTO Modifiers

*Units 1 *Charge Amount 150.00 *Diagnosis Pointers 1

Rendering Provider ID ID Type

Rendering Provider Service Location

Other Insurance for Service Detail

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

#	Carrier ID	Procedure Code	Modifiers	Payer Paid Amount	Paid Date	Paid Units	Remaining Patient Liability	Action
Click to collapse.								
	*Other Carrier 02324-DELTA HEALTH SYSTEMS	*Procedure Code D0350-ORAL/FACIAL PHOTO IMAGES	Modifiers	Payer Paid Amount 50.00	*Paid Date 08/01/2018	Paid Units 1.00	Remaining Patient Liability 50.00	

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

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

Service Details

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

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

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

Tooth Surface

*Procedure Code D0350-ORAL/FACIAL PHOTO Modifiers

*Units 1 *Charge Amount 150.00 *Diagnosis Pointers 1

Rendering Provider ID ID Type

Rendering Provider Service Location

Other Insurance for Service Detail

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

#	Carrier ID	Procedure Code	Modifiers	Payer Paid Amount	Paid Date	Paid Units	Remaining Patient Liability	Action
1	02324	D0350-ORAL/FACIAL PHOTO IMAGES		\$50.00	08/01/2018	1.00	\$50.00	Remove

*Other Carrier 02324-DELTA HEALTH SYSTEMS

*Procedure Code D0350-ORAL/FACIAL PHOTO IMAGES

Modifiers

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

Remaining Patient Liability 50.00

Claim Adjustment Details

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

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

#	Claim Adjustment Group Code	Reason Code	Adjustment Amount	Adjusted Units	Action
Click to collapse.					
	*Claim Adjustment Group Code <input type="text"/>	*Reason Code <input type="text"/>	*Adjustment Amount <input type="text"/>	Adjusted Units <input type="text"/>	

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

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

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

Other Insurance for Service Detail

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

#	Carrier ID	Procedure Code	Modifiers	Payer Paid Amount	Paid Date	Paid Units	Remaining Patient Liability	Action
1	02324	D0350-ORAL/FACIAL PHOTO IMAGES		\$50.00	08/01/2018	1.00	\$50.00	Remove

***Other Carrier** 02324-DELTA HEALTH SYSTEMS

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

Modifiers

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

Remaining Patient Liability 50.00

Claim Adjustment Details

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

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

#	Claim Adjustment Group Code	Reason Code	Adjustment Amount	Adjusted Units	Action
Click to collapse.					
	PR-Patient Responsibility	2-Coinsurance Amount	50.00		

Add Adjustment
Cancel Adjustment

Save Insurance Cancel Insurance

Other Insurance for Service Detail

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

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

***Other Carrier** 04432-Nevada Pacific Dental

***Procedure Code** D0350-Oral/facial photo images

Modifiers

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

Remaining Patient Liability 50.00

Claim Adjustment Details

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

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

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

Add Adjustment Cancel Adjustment

Save Insurance Cancel Insurance

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

Other Insurance for Service Detail

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

#	Carrier ID	Procedure Code	Modifiers	Payer Paid Amount	Paid Date	Paid Units	Remaining Patient Liability	Action
1	02324	D0350-ORAL/FACIAL PHOTO IMAGES		\$50.00	08/01/2018	1.00	\$50.00	Remove

*Other Carrier: 02324-DELTA HEALTH SYSTEMS
 *Procedure Code: D0350-ORAL/FACIAL PHOTO IMAGES
 Modifiers:
 Payer Paid Amount: 50.00 *Paid Date: 08/01/2018 Paid Units: 1.00
 Remaining Patient Liability: 50.00

Claim Adjustment Details

You can enter up to five unique group codes. You can repeat six combinations of reason code and adjustment amount with each group code.
 Click the **Remove** link to remove the entire row.

#	Claim Adjustment Group Code	Reason Code	Adjustment Amount	Adjusted Units	Action
1	PR-Patient Responsibility	2-Coinsurance Amount	\$50.00		Remove

Click to add a new adjustment.

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

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

Service Details

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

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

1 *Svc Date: 04/01/2018 Oral Cavity Area: Tooth Number: 2-2nd Molar-UR-Permanent
 Tooth Surface: *Procedure Code: D0350-ORAL/FACIAL PHOTO Modifiers: *Units: 1 *Charge Amount: 150.00 *Diagnosis Pointers: 1
 Rendering Provider ID: ID Type: Rendering Provider Service Location: -

Other Insurance for Service Detail

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

#	Carrier ID	Procedure Code	Modifiers	Payer Paid Amount	Paid Date	Paid Units	Remaining Patient Liability	Action
1	02324	D0350-ORAL/FACIAL PHOTO IMAGES		\$50.00	08/01/2018	1.00	\$50.00	Remove

Click to add a new other insurance.

[Save](#) [Reset](#) [Cancel](#)

Attachments

To include attachments electronically with a claim:

- Transmission Method – FT - File Transfer is selected by default
- Upload file – click “Browse” button and locate the file on your computer to be attached
- Attachment Type – select the type of attachment from the drop-down list
- A description of the attachment can be entered, but it is not required

- Click “Add” button to attach the file
- Repeat for additional attachments if needed up to 10 attachments can be added per claim (Note: the combined size of all attachments cannot exceed 4MB)
- To remove any attachments that were attached incorrectly, use the “Remove” link
- Click on the “Cancel” button to cancel and close the attachment line

Attachments					
Click the Remove link to remove the entire row.					
#	Transmission Method	File	Control #	Attachment Type	Action
1	FT-File Transfer	Test doc.pdf (104K)	20180613570143	OZ-Support Data for Claim	Remove
<input type="checkbox"/> Click to collapse.					
<p> *Transmission Method <input type="text" value="FT-File Transfer"/> </p> <p> *Upload File <input type="text"/> <input type="button" value="Browse..."/> </p> <p> *Attachment Type <input type="text"/> </p> <p> Description <input type="text"/> </p> <p> <input type="button" value="Add"/> <input type="button" value="Cancel"/> </p>					
<input type="button" value="Back to Step 1"/> <input type="button" value="Back to Step 2"/>			<input type="button" value="Submit"/> <input type="button" value="Cancel"/>		

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

Claim Submission

Click the “Submit” button to complete the claim creation process.

Confirm Dental Claim

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

Confirm Dental Claim ?

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

Provider Information

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

Patient Information

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

Claim Information

Accident Related	_	Accident Date	_
Place of Treatment	11-Physician's Office		
Patient Number	12345		
Authorization Number	_		
Previous Claim ICN	_		
Note	_		
		Total Charged Amount	\$150.00

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

Diagnosis Codes +

Other Insurance Details -

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

Service Details -

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

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

No Attachments exist for this claim

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

- Click the “Confirm” button to submit the claim
- Click the “Print Preview” button to print a copy of the Confirm Dental Claim page
- Click on the “Cancel” button to cancel the claim submission

Submit Dental Claim: Confirmation

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

Submit Dental Claim: Confirmation ?
Dental Claim Receipt
Your Dental Claim was successfully submitted. The claim status is Finalized Payment. The Claim ID is 2218172000009 .
Click Print Preview to view the claim details as they have been saved on the payer's system. Click Copy to copy member or claim data. Click Adjust to resubmit the claim. Click New to submit a new claim. Click View to view the details of the submitted claim.
Print Preview Copy Adjust New View

- Click “Print Preview” button to view the claim details
- Click “Copy” button to copy claim data
- Click “Adjust” button to resubmit the claim
- Click “New” button to submit a new claim
- Click “View” button to view the details of the submitted claim

3.1.2 Submit Claim Inst

Select **Submit Claim Inst** to create and submit an **Institutional** claim.

Claim submission is a three step process, click on the “Continue” button at the bottom of each page to continue on to the next step. Click on the “Cancel” button to cancel the creation of the claim.

- Step 1-Provider, Patient and Claim Information
- Step 2-Diagnosis Codes and Other Insurance Details
- Step 3-Service Details and Attachments

Submit Inst Claim: Step 1

Submit Institutional Claim: Step 1 ?

* Indicates a required field.

Claim Type

Provider Information

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

Billing Provider ID 1538	ID Type NPI
*Billing Provider Service Location <input type="text"/>	
Institutional Provider ID <input type="text"/>	ID Type <input type="text"/>
Attending Provider ID <input type="text"/>	ID Type <input type="text"/>
Operating Provider ID <input type="text"/>	ID Type <input type="text"/>
Other Operating Provider ID <input type="text"/>	ID Type <input type="text"/>
Referring Provider ID <input type="text"/>	ID Type <input type="text"/>

Patient Information

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

Claim Information

*Covered Dates <input type="text"/> - <input type="text"/>	*Admission Date/Hour <input type="text"/> (hh:mm)	Discharge Hour <input type="text"/> (hh:mm)
*Admission Type <input type="text"/>	*Admission Source <input type="text"/>	*Admitting Diagnosis <input type="text"/>
*Admitting Diagnosis Type ICD-10-CM <input type="text"/>	*Admitting Diagnosis <input type="text"/>	*Facility Type Code <input type="text"/>
*Patient Status <input type="text"/>	Authorization Number <input type="text"/>	Total Charged Amount \$0.00
*Patient Number <input type="text"/>	<input type="checkbox"/> Include Other Insurance	

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

Claim Type

Use the Claim Type drop-down to indicated the type of institutional claim.

Submit Institutional Claim: Step 1 ?

* Indicates a required field.

Claim Type

Inpatient
 Crossover Inpatient
 Outpatient
 Crossover Outpatient
 Long Term Care

Provider Information

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

Billing Provider ID 1538	ID Type NPI
*Billing Provider Service Location <input type="text"/>	
Institutional Provider ID <input type="text"/>	ID Type <input type="text"/>
Attending Provider ID <input type="text"/>	ID Type <input type="text"/>
Operating Provider ID <input type="text"/>	ID Type <input type="text"/>

Provider Information

The Billing Provider Information is automatically populated with the Billing Provider ID and ID Type of the provider that the signed-in user is associated with.

Submit Institutional Claim: Step 1 ?

* Indicates a required field.

Claim Type

Provider Information

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

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

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

The following fields can be completed as follows:

- Billing Provider Service Location – Select the appropriate provider type/service location for the type of service being billed
- Institutional Provider ID – If applicable enter the institutional provider NPI
 - ID Type –Select NPI from the drop-down list
- Attending Provider ID – If applicable enter the attending provider NPI
 - ID Type –Select NPI from the drop-down list
- Operating Provider ID – If applicable enter the operating provider NPI
 - ID Type –Select NPI from the drop-down list

Patient Information

Enter the 11-digit recipient ID in the Recipient ID field. The Last Name, First Name, and Birth Date will be automatically populated based on the recipient ID that is entered.

Patient Information

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

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

Claim Information

The required information in the Claims Information panel depends on the type of institutional claim that is being created.

Admission Type, Admission Source, Admitting Diagnosis, and Patient Status are searchable. Enter the first three letters or the first numbers of the code to use the predictive search.

For example:

*Admission Source x

- 3-Reserved for assignment by the NUBC. (Discontinued 10/1/07)
- 7-Reserved for assignment by the NUBC. (Discontinued effective 7/1/10)
- A-Reserved for assignment by the NUBC. (Discontinued effective 10/1/07)
- B-Reserved for assignment by the NUBC. (Discontinued effective 7/1/10)
- C-Reserved for assignment by the NUBC. (Discontinued effective 7/1/10)

Claim Information panel for Inpatient, Inpatient Crossover and Long Term Care claims

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

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

Claim Information panel for Outpatient and Outpatient Crossover claims

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

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


The following fields can be completed as follows:

- Covered Dates – Enter the covered dates of service for the claim
- Admission Date/Hour – Enter the date and time of admission
- Discharge Hour – Enter the time the recipient was discharged from care
- Admission Type – Enter a patient number
- Admission Source – Enter the source of admission
- Admitting Diagnosis Type – ICD-10-CM is selected by default, ICD-9-CM can also be selected if applicable
- Admitting Diagnosis – Enter the diagnosis code for the diagnosis that was present at time of admission

- Patient Status – Enter the patient status
- Facility Type Code – Select the correct facility type code from the drop-down list
- Patient Number – Enter patient number
- Authorization Number – If applicable, enter the prior authorization number for the service(s) being billed on the claim
- Include Other Insurance – If the recipient has other insurance that paid as primary, check this box; When this box is checked the Other Insurance Information panel will appear on the Submit Institutional Claim: Step 2
- Total Charged Amount – Read only and displays the total charge amount associated with the claim

Medicare Crossover Details

The Medicare Crossover Details panel will display when Crossover Inpatient or Crossover Outpatient is selected as the claim type.

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

Use the Medicare Explanation of Benefits to complete the following fields as applicable:

- Allowed Medicare Amount
- Deductible Amount
- Co-insurance Amount
- Blood Deductible Amount
- Medicare Payment Date
- Medicare Payment Amount

Submit Institutional Claim: Step 2

When the Submit Institutional Claim: Step 2 page is first displayed all of the panels except for diagnosis are collapsed. Click “Expand All” to open all panels, or click plus icons on each panel to open only that panel.

Submit Institutional Claim: Step 2 ?

* Indicates a required field.

Claim Type Inpatient

Provider Information

Billing Provider ID 1407146111 **ID Type** NPI

Patient and Claim Information

Recipient ID 53239301555	Gender Male
Recipient ILHWL H MZDAIF	Total Charged Amount \$0.00
Birth Date 12/16/2002	Admission Date/Hour 07/01/2018 - 05:23
Covered Dates 07/01/2018 - 07/05/2018	Admitting Diagnosis V80010A-Animl-ridr injured by fall fr horse in noncln acc, init
Admitting Diagnosis Type ICD-10-CM	

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

Diagnosis Codes -

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

#	Diagnosis Type	Diagnosis Code	POA	Action
1				

1 *Diagnosis Type *Diagnosis Code

Present on Admission

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

External Cause of Injury Diagnosis Codes +

Condition Codes +

Occurrence Codes +

Value Codes +

Surgical Procedures +

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

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

Submit Institutional Claim: Step 2 ?

* Indicates a required field.

Claim Type Inpatient

Provider Information

Billing Provider ID 1538 **ID Type** NPI

Patient and Claim Information

Recipient ID 0000000001 **Gender** Male
Recipient ISAAC E CLMGLZ **Total Charged Amount** \$0.00
Birth Date 01/01/1999 **Admission Date/Hour** 05/01/2018 - _
Covered Dates 05/01/2018 - 05/10/2018
Admitting Diagnosis Type ICD-10-CM **Admitting Diagnosis** W261XXA-Contact with sword or dagger, initial encounter

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

Diagnosis Codes -

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

#	Diagnosis Type	Diagnosis Code	POA	Action
1				

1 *Diagnosis Type *Diagnosis Code

Present on Admission

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

External Cause of Injury Diagnosis Codes -

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

#	Diagnosis Type	External Cause of Injury Diagnosis Code	Action
1			

1 *Diagnosis Type *External Cause of Injury Diagnosis Code

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

Other Insurance Details -

Enter the carrier and policy holder information below.

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

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

[Refresh Other Insurance](#)

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

Condition Codes -

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

#	Condition Code	Action
1		

1 *Condition Code

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

Occurrence Codes -

Select the row number to edit the row. Click the **Remove** link to remove the entire row. For an Occurrence Code enter the same From and To Date. For an Occurrence Span enter the From and To dates of the span.

#	Occurrence Code	From Date	To Date	Action
1		-	-	

1 *Occurrence Code *From Date *To Date

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

Value Codes			
Select the row number to edit the row. Click the Remove link to remove the entire row.			
#	Value Code	Amount	Action
1			
1	*Value Code <input type="text"/>	*Amount <input type="text"/>	
<input type="button" value="Add"/> <input type="button" value="Reset"/>			
Surgical Procedures			
Operating Provider is required to be entered back on Step 1 to allow for entry of surgical procedure codes within this panel.			
<input type="button" value="Back to Step 1"/>		<input type="button" value="Continue"/> <input type="button" value="Cancel"/>	

[Go to Top](#)

Diagnosis Codes

The first diagnosis entered is considered to be the principal or primary diagnosis code.

- The PWP allows for up to 8 diagnosis codes
- Diagnosis codes are searchable
 - Enter the first three letters or the first three numbers of the code to use the predictive search
- Click the “Add” button to add each diagnosis code
- Click the “Remove” link to remove any diagnosis codes added to the claim in error

#	Diagnosis Type	Diagnosis Code	POA	Action
1	ICD-10-CM	R4020-Unspecified coma	Yes	Remove
2				

2 *Diagnosis Type *Diagnosis Code

Present on Admission

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

External Cause of Injury Diagnosis Codes

If applicable enter the external cause of injury diagnosis codes.

- Diagnosis codes are searchable
 - Enter the first three letters or the first three numbers of the code to use the predictive search
- Click the “Add” button to add each diagnosis code
- Click the “Remove” link to remove any diagnosis codes added to the claim in error

#	Diagnosis Type	External Cause of Injury Diagnosis Code	Action
1	ICD-10-CM	R4020-Unspecified coma	Remove
2			

2 *Diagnosis Type *External Cause of Injury Diagnosis Code

Patient Reason for Visit Diagnosis Codes

The patient reason for visit diagnosis codes only displays on institutional claims with an outpatient claim type. If applicable enter the patient reason for visit diagnosis codes.

- Diagnosis codes are searchable
 - Enter the first three letters or the first three numbers of the code to use the predictive search

- Click the “Add” button to add each diagnosis code
- Click the “Remove” link to remove any diagnosis codes added to the claim in error

Patient Reason for Visit Diagnosis Codes			
Select the row number to edit the row. Click the Remove link to remove the entire row.			
#	Diagnosis Type	Patient Reason for Visit Diagnosis Code	Action
1	ICD-10-CM	B088-Oth viral infections with skin and mucous membrane lesions	Remove
2			
2	*Diagnosis Type <input type="text" value="ICD-10-CM"/>	*Patient Reason for Visit Diagnosis Code <input type="text"/>	
<input type="button" value="Add"/> <input type="button" value="Reset"/>			

Other Insurance Details

If the recipient has other insurance carrier information on file with Nevada Medicaid, the policy information will auto populate in the Other Insurance Details panel. Other Insurance Details fields are required only if you are adding other insurance payment information.

Other Insurance Details -

Enter the carrier and policy holder information below.

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

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

Refresh Other Insurance

#	Carrier Name	Carrier ID	Policy ID	Payer Paid Amount	Paid Date	Action
1	HPN HEALTH PLAN OF NEVADA, INC	01091	15006		-	Remove

Carrier Name HPN HEALTH PLAN OF NEVADA, INC **Carrier ID** 01091

Policy Holder Last Name IRAPSEU **First Name** GXCTBX **MI** _

Policy ID 15006

Insurance Type _

Responsibility U-Unknown **Patient Relationship to Insured** 19-Child

Payer Paid Amount ***Paid Date**

Remaining Patient Liability

***Claim Filing Indicator**

Claim Adjustment Details -

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

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

#	Claim Adjustment Group Code	Reason Code	Adjustment Amount	Adjusted Units	Action
<input type="checkbox"/> Click to collapse.					
	*Claim Adjustment Group Code <input type="text"/>	*Reason Code <input type="text"/>	*Adjustment Amount <input type="text"/>	Adjusted Units <input type="text"/>	
	Add Adjustment	Cancel Adjustment			

[Save Insurance](#)

[Cancel Insurance](#)

- Click “Add Adjustment” to add claim adjustment details to the other insurance details line
- Click “Save Insurance” to save the information to the other insurance details line
- Click “Cancel Adjustment” to cancel any updates to the claims adjustment details
- Click “Cancel Insurance” to cancel any updates to the other insurance details
- Click the “Remove” link to remove any other insurance details added to the claim in error

If the recipient does not have other insurance carrier information on file with Nevada Medicaid, the policy information will not auto populate in the Other Insurance Details panel. Other Insurance Details can be added by completing the following fields:

- Carrier Name – Enter the other insurance carrier name
- Carrier ID – Enter the other insurance carrier ID
- Policy Holder Last Name – Enter the last name of the policy holder

- First Name – Enter the first name of the policy holder
- MI – Enter the middle initial of the policy holder
- Policy ID – Enter the policy ID
- Insurance Type – Select the insurance type from the drop-down list
- Responsibility – Select the responsibility type from the drop-down list
- Patient Relationship to Insured – Select the patient relationship to insured from the drop-down list
- Payer Paid Amount – Enter the amount paid by the other insurance
- Paid Date – Enter the date the other insurance paid
- Remaining Patient Liability – Enter the remaining patient liability
- Claim Filing Indicator – Select the claim filing indicator from the drop-down list.

Other Insurance Details ☰

Enter the carrier and policy holder information below.

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

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

[Refresh Other Insurance](#)

#	Carrier Name	Carrier ID	Policy ID	Payer Paid Amount	Paid Date	Action
☐ Click to collapse.						
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>*Carrier Name <input style="width: 90%;" type="text"/></p> <p>*Policy Holder Last Name <input style="width: 90%;" type="text"/></p> <p>*Policy ID <input style="width: 90%;" type="text"/></p> <p>*Responsibility <input style="width: 90%;" type="text"/></p> <p>Payer Paid Amount <input style="width: 90%;" type="text"/></p> <p>Remaining Patient Liability <input style="width: 90%;" type="text"/></p> <p>*Claim Filing Indicator <input style="width: 90%;" type="text"/></p> </div> <div style="width: 45%;"> <p>*Carrier ID <input style="width: 90%;" type="text"/></p> <p>*First Name <input style="width: 90%;" type="text"/> MI <input style="width: 20px;" type="text"/></p> <p>*Patient Relationship to Insured <input style="width: 90%;" type="text"/></p> <p>*Paid Date <input style="width: 90%;" type="text"/></p> </div> </div> <div style="margin-top: 10px; display: flex; justify-content: space-between;"> Add Insurance Cancel Insurance </div>						

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

Click “Add Insurance” to add the Other Insurance Details to the claim.

Updating Other Insurance Details

Click the sequence number of any other insurance line item to update details such as the allowed amount, paid amount, paid date and adjustment codes for the specific other insurance carrier.

- Click “Add Adjustment” to add claim adjustment details to the other insurance details line
- Click “Save Insurance” to save the information to the other insurance details line
- Click “Cancel Adjustment” to cancel any updates to the claims adjustment details
- Click “Cancel Insurance” to cancel any updates to the other insurance details
- Click the “Remove” link to remove any other insurance details added to the claim in error

Other Insurance Details

Enter the carrier and policy holder information below.

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

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

[Refresh Other Insurance](#)

#	Carrier Name	Carrier ID	Policy ID	Payer Paid Amount	Paid Date	Action
1	Blue Shield	BS001	0000000011	\$150.00	06/01/2018	Remove

Carrier Name **Carrier ID**

***Policy Holder Last Name** ***First Name**

***Policy ID**

***Responsibility** ***Patient Relationship to Insured**

Payer Paid Amount ***Paid Date**

Remaining Patient Liability

***Claim Filing Indicator**

Claim Adjustment Details

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

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

#	Claim Adjustment Group Code	Reason Code	Adjustment Amount	Adjusted Units	Action
Click to collapse.					
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

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

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

Condition Codes

If applicable enter condition codes for the claim.

- The PWP allows for up to 24 condition codes
- Condition codes are searchable
 - Enter the first three letters or the first two numbers of the code to use the predictive search
- Click the “Add” button to add each condition code
- Click the “Remove” link to remove any condition codes added to the claim in error

Condition Codes		
Click the Remove link to remove the entire row.		
#	Condition Code	Action
1	04-Informational - Only Bill	Remove
2		
2	*Condition Code <input type="text"/>	
<input type="button" value="Add"/> <input type="button" value="Reset"/>		

Occurrence Codes

If applicable enter occurrence codes for the claim.

- The PWP allows for up to 24 occurrence codes
- Occurrence codes are searchable
 - Enter the first three letters or the first two numbers of the code to use the predictive search
- Click the “Add” button to add each occurrence code
- Click the “Remove” link to remove any occurrence codes added to the claim in error

Occurrence Codes				
Select the row number to edit the row. Click the Remove link to remove the entire row. For an Occurrence Code enter the same From and To Date. For an Occurrence Span enter the From and To dates of the span.				
#	Occurrence Code	From Date	To Date	Action
1	10-Last Menstrual Period	04/01/2018	04/01/2018	Remove
2		-	-	
2	*Occurrence Code <input type="text"/>	*From Date <input type="text"/>	*To Date <input type="text"/>	
<input type="button" value="Add"/> <input type="button" value="Reset"/>				

Value Codes

If applicable enter value codes for the claim.

- The PWP allows for up to 24 value codes
- Value codes are searchable
 - Enter the first three letters or the first two numbers of the code to use the predictive search
- Value code amounts are displayed as a decimal. The amount can either be a number, such as days, or a dollar amount.
 - For value codes 80 – Covered Days and 81 – Non Covered Days enter the number of days.
- Click the “Add” button to add each value code
- Click the “Remove” link to remove any value codes added to the claim in error

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

Surgical Procedures

In order to add surgical procedure codes to the claim, an operating provider needs to be entered on Submit Institutional Claim: Step 1.

- The PWP allows for up to 24 surgical procedures
- The first surgical procedure code entered is considered to be the principal surgical procedure code
- Surgical procedures are searchable
 - Enter the first three letters or the first two numbers of the code to use the predictive search
- Click the “Add” button to add each surgical procedure
- Click the “Remove” link to remove any surgical procedures added to the claim in error

Surgical Procedures				
Select the row number to edit the row. Click the Remove link to remove the entire row. Please note that the 1st surgical procedure code entered is considered to be the principal (primary) Surgical Procedure Code.				
#	Surgical Procedure Type	Surgical Procedure Code	Date	Action
1	ICD-10-PCS	0001-THER HN VESSEL US	05/01/2018	Remove
2			-	

2	*Surgical Procedure Type	ICD-10-PCS	*Surgical Procedure Code	<input type="text"/>
	*Date	<input type="text"/>		

Click “Continue” button to complete Submit Institutional Claim: Step 3.

Submit Institutional Claim: Step 3

When the Submit Institutional Claim: Step 3 page is first displayed not all of the panels are expanded.

- Click “Expand All” to expand all panels, or click plus icons on each panel to open only that panel.
- Click “Collapse All” to close all panels, or click minus icons on each panel to close only that panel.

Submit Institutional Claim: Step 3 ?

* Indicates a required field.

Claim Type Inpatient

Provider Information

Billing Provider ID 1538 **ID Type** NPI

Patient and Claim Information

Recipient ID 00000000001	Gender Male
Recipient ISAAC E CLMGLZ	Total Charged Amount \$0.00
Birth Date 01/01/1999	Admission Date/Hour 05/01/2018 - _
Covered Dates 05/01/2018 - 05/10/2018	Admitting Diagnosis W261XXA-Contact with sword or dagger, initial encounter
Admitting Diagnosis Type ICD-10-CM	

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

Diagnosis Codes +

External Cause of Injury Diagnosis Codes +

Other Insurance Details -

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

Condition Codes +

Occurrence Codes +

Value Codes +

Surgical Procedures +

Service Details -

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

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

1 *Revenue Code HCPCS/Proc Code

Modifiers

From Date To Date *Units *Unit Type

*Charge Amount

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

Attachments -

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

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

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

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

Service Details Inpatient Claim Types

- Up to 50 service details to be added to an institutional claim
- Revenue Codes are searchable
 - Enter the first three letters or the first three numbers of the code to use the predictive search
- HCPCS/Proc codes are searchable
 - Enter the first three letters or the first three numbers of the code to use the predictive search
- Modifiers are searchable

- Enter the first 3 letters of the description or the first 2 number or letters of the modifier to use the predictive search
- Click the “Add” button to add each service detail
- Click the “Remove” link to remove any service detail added to the claim in error

Service Details							
Select the row number to edit the row. Click the Remove link to remove the entire row.							
Svc #	Revenue Code	HCPCS/Proc Code	From Date	To Date	Units	Charge Amount	Action
1	0121-R&B-2 Bed-Med-Surg-Gyn		05/01/2018	05/10/2018	10.00 Days	\$1,000.00	Remove
2					0.000		

2 *Revenue Code HCPCS/Proc Code

Modifiers

From Date To Date *Units *Unit Type

*Charge Amount

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

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

Service Details Outpatient Claim Types

- Up to 50 service details to be added to an institutional claim
- Revenue Codes are searchable
 - Enter the first three letters or the first three numbers of the code to use the predictive search
- HCPCS/Proc codes are searchable
 - Enter the first three letters or the first three numbers of the code to use the predictive search
- Modifiers are searchable
 - Enter the first 3 letters of the description or the first 2 number or letters of the modifier to use the predictive search
- Click the “Add” button to add each service detail
- Click the “Remove” link to remove any service detail added to the claim in error

Service Details							
Select the row number to edit the row. Click the Remove link to remove the entire row.							
Svc #	Revenue Code	HCPCS/Proc Code	From Date	To Date	Units	Charge Amount	Action
1	0450-Emergency Room-General	77012-Ct scan for needle biopsy	05/01/2018	05/01/2018	1.000 Unit	\$250.00	Remove
2					0.000		

2 *Revenue Code HCPCS/Proc Code

Modifiers

From Date To Date *Units *Unit Type

*Charge Amount

NDCs for Svc. # 2

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

Adding NDC information for Physician-Administered Drugs

Nevada Medicaid requires a National Drug Code (NDC) and an NDC quantity for each claim line with a physician administered drug. To add NDC information to the service line, expand the NDCs for Svc section by clicking on the plus icon. The HCPCS/Proc Code and NDC are both required for Physician-Administered Drugs.

Service Details -

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

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

2 *Revenue Code HCPCS/Proc Code

Modifiers

From Date To Date *Units *Unit Type

*Charge Amount

NDCs for Svc. # 2 -

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

Code Type

NDC/UPN

Quantity Unit of Measure

Updating Service Details

Select the sequence number of any service detail line item to update details such as the service date, procedure code, units or charge amount.

Service Details -

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

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

1 *Revenue Code HCPCS/Proc Code

Modifiers

From Date To Date *Units *Unit Type

*Charge Amount

NDCs for Svc. # 1 +

Other Insurance for Service Detail +

- Click the "Save" button to save the changes
- Click the "Reset" button to clear any of the changes to the service detail
- Click on the "Cancel" button to cancel any updates and close the service detail

Attachments

To include attachments electronically with a claim:

- Transmission Method – FT - File Transfer is selected by default
- Upload file – click “Browse” button and locate the file on your computer to be attached
- Attachment Type – select the type of attachment from the drop-down list
- A description of the attachment can be entered, but it is not required
- Click “Add” button to attach the file
- Repeat for additional attachments if needed up to 10 attachments can be added per claim (Note: the combined size of all attachments cannot exceed 4MB)
- To remove any attachments that were attached incorrectly, use the “Remove” link
- Click on the “Cancel” button to cancel and close the attachment line

Attachments

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

#	Transmission Method	File	Control #	Attachment Type	Action
1	FT-File Transfer	Test doc.pdf (104K)	20180613570143	OZ-Support Data for Claim	Remove

Click to collapse.

***Transmission Method** FT-File Transfer ▾

***Upload File**

***Attachment Type** ▾

Description

All

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

Claim Submission

Click the “Submit” button to complete the claim creation process.

Confirm Institutional Claim

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

[Print Preview](#)

Confirm Institutional Claim ?							
Select Print Preview before you Confirm if you want to assure you view the claim as you entered it. After confirmation, Print Preview may reflect changes as the claim has been saved on the payer system.							
Claim Type Outpatient							
Provider Information							
Billing Provider ID	1538	ID Type	NPI				
Billing Provider Service Location	11-MEDICAL CENTER-1303 N MAIN ST,LAS VEGAS,NEVADA,89030						
Institutional Provider ID	_	ID Type	_				
Attending Provider ID	_	ID Type	_				
Operating Provider ID	1437	ID Type	NPI				
Operating Provider Service Location	20-JACKSON, MICHAEL E--1303 N MAIN ST,LAS VEGAS,NEVADA,89030						
Other Operating Provider ID	_	ID Type	_				
Referring Provider ID	_	ID Type	_				
Patient Information							
Recipient ID	0000000001		Gender	Male			
Recipient	ISAAC E CLMGLZ						
Birth Date	01/01/1999						
Claim Information							
Covered Dates	05/01/2018		Admission Date/Hour	05/01/2018 - _			
Admission Type	1-Emergency		Admission Source	2			
Admitting Diagnosis Type	_		Discharge Hour	_			
Admitting Diagnosis	_		Facility Type Code	131-Hospital Outpatient: Admit through Discharge Claim			
Patient Status	01		Authorization Number	12345678900			
Patient Number	12345						
Previous Claim ICN	_						
Note	_						
			Total Charged Amount	\$250.00			
Expand All Collapse All							
Diagnosis Codes +							
External Cause of Injury Diagnosis Codes +							
Patient Reason for Visit Diagnosis Codes +							
Other Insurance Details -							
#	Carrier Name	Carrier ID	Policy ID	Payer Paid Amount	Paid Date		
1	Blue Shield	BS001	00000000001	\$100.00	06/01/2018		
Condition Codes +							
Occurrence Codes +							
Value Codes +							
Surgical Procedures +							
Service Details -							
Svc #	Revenue Code	HCPCS/Proc Code	Mod	From Date	To Date	Units/Type	Charge Amount
1	0450-Emergency Room-General	77012-Ct scan for needle biopsy	TC	05/01/2018	05/01/2018	1.000 Unit	\$250.00
Attachments +							
Back to Step 1 Back to Step 2 Back to Step 3 Print Preview Confirm Cancel 							

- Click the “Confirm” button to submit the claim
- Click the “Print Preview” button to print a copy of the Confirm Institutional Claim page
- Click on the “Cancel” button to cancel the claim submission

Submit Institutional Claim: Confirmation

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

Submit Outpatient Claim: Confirmation ?
Outpatient Claim Receipt
Your Outpatient Claim was successfully submitted. The claim status is Finalized Payment. The Claim ID is 2218172000008 .
Click Print Preview to view the claim details as they have been saved on the payer’s system. Click Copy to copy member or claim data. Click Adjust to resubmit the claim. Click New to submit a new claim. Click View to view the details of the submitted claim.
Print Preview Copy Adjust New View

- Click “Print Preview” button to view the claim details
- Click “Copy” button to copy claim data
- Click “Adjust” button to resubmit the claim
- Click “New” button to submit a new claim
- Click “View” button to view the details of the submitted claim

3.1.3 Submit Claim Prof

Select **Submit Claim Prof** to create and submit a professional claim.

Claim submission is a three step process, click on the “Continue” button at the bottom of each page to continue on to the next step. Click on the “Cancel” button to cancel the creation of the claim.

- Step 1-Provider, Patient and Claim Information
- Step 2-Diagnosis Codes and Other Insurance Details
- Step 3-Service Details and Attachments

Submit Professional Claim: Step 1

Submit Professional Claim: Step 1 ?

* Indicates a required field.

Claim Type

Provider Information

Billing Provider ID	1124098421	ID Type	NPI
*Billing Provider Service Location	<input type="text"/>		
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"/>	First Name	<input type="text"/>
Last Name	<input type="text"/>	Birth Date	<input type="text"/>

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"/>	Authorization Number	<input type="text"/>
*Transport Certification	<input type="radio"/> Yes <input 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	\$0.00

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

Claim Type

Use the Claim Type drop-down to indicate the type of professional claim.

Submit Professional Claim: Step 1

* Indicates a required field.

Claim Type: Professional (dropdown menu open showing Professional, Professional, Crossover Professional)

Provider Information

Billing Provider ID	1124098421	ID Type	NPI
* Billing Provider Service Location	[Dropdown menu]		
Rendering Provider ID	[Input field]	ID Type	[Dropdown menu]
Rendering Provider Service Location	-		
Referring Provider ID	[Input field]	ID Type	[Dropdown menu]
Supervising Provider ID	[Input field]	ID Type	[Dropdown menu]
Service Facility Location ID	[Input field]	ID Type	[Dropdown menu]

Provider Information

The Billing Provider Information is automatically populated with the Billing Provider ID and ID Type of the provider that the signed-in user is associated with.

Provider Information

Billing Provider ID	1124098421	ID Type	NPI
* Billing Provider Service Location	20-RENOVN REGIONAL MEDICAL CENTER-1155 MILL ST,RENO,NEVADA,895021576		
Rendering Provider ID	1497716146	ID Type	NPI
* Rendering Provider Service Location	20-JONES, MICHAEL A-1200 N MOUNTAIN ST,CARSON CITY,NEVADA,897033821		
Referring Provider ID	[Input field]	ID Type	[Dropdown menu]
Supervising Provider ID	[Input field]	ID Type	[Dropdown menu]
Service Facility Location ID	[Input field]	ID Type	[Dropdown menu]

The following fields can be completed as follows:

- Billing Provider Service Location – Select the appropriate provider type/service location for the type of service being billed
- Rendering Provider ID – If applicable enter the rendering provider NPI
 - ID Type –Select NPI from the drop-down list
- Rendering Provider Service Location – If a rendering provider ID is entered, a rendering provider service location is required; Select the appropriate provider type/service location for rendering provider
- Referring Provider ID – If applicable enter the referring provider NPI
 - ID Type –Select NPI from the drop-down list
- Service Facility Location ID – If applicable enter the service facility NPI
 - ID Type – Select NPI from the drop-down list

Patient Information

Enter the 11-digit recipient ID in the Recipient ID field. The Last Name, First Name, and Birth Date will be automatically populated based on the recipient ID that is entered.

Patient Information	
*Recipient ID	30356532844
Last Name	IRAPSEU
Birth Date	07/27/2002
First Name	HVXQOSDCN

Claim Information

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

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

The following fields can be completed as follows:


- Date Type – Select illness, injury or pregnancy from the drop-down list if applicable.
- Date of Current – Enter the start date of the illness, injury, or pregnancy that is related to this claim
- Accident Related – If the claim is related to accident, select the accident type from the drop-down list
- Admission Date – Enter the admission date if this claim is related to a hospital admission
- Accident State – Displays if Auto Accident is selected in the Accident Related drop-down list
- Accident Country – Displays if Auto Accident is selected in the Accident Related drop-down list
- Patient Number – Enter a patient number
- Authorization Number – If applicable, enter the prior authorization number for the service(s) being billed on the claim
- Transport Certification – Select yes or no
- Certification Condition Indicator – This question displays and is required if yes is marked for Transport Certification; Select yes or no
- Condition Indicator – These fields appear and are required if yes is marked for Transport Certification; select the correct value from the drop-down list
- Transport Distance – This field displays and is required if yes is marked for Transport

Certification; enter the number of miles patient was transported

- Ambulance Transport Reason – This field displays and is required if yes is marked for Transport Certification; Select the ambulance transport reason from the drop-down list
- Does the provider have a signature on file? – Select yes or no
- Include Other Insurance – If the recipient has other insurance that paid as primary, check this box; When this box is checked the Other Insurance Information panel will appear on the Submit Dental Claim: Step 2
- Total Charged Amount – Read only and displays the total charge amount associated with the claim

Medicare Crossover Details

The Medicare Crossover Details panel will display when Crossover Professional is selected as the claim type.

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

Use the Medicare Explanation of Benefits to complete the following fields as applicable:

- Allowed Medicare Amount
- Deductible Amount
- Co-insurance Amount
- Psychiatric Services Amount
- Medicare Payment Date
- Medicare Payment Amount

Submit Professional Claim: Step 2

When the Submit Prof Claim: Step 2 is first displayed all of the panels are expanded. Click “Collapse All” to close all panels, or click minus icons on each panel to close only that panel.

Submit Professional Claim: Step 2 ?

* Indicates a required field.

Claim Type Professional

Provider Information

Billing Provider ID 1912 **ID Type** NPI

Patient and Claim Information

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

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

Diagnosis Codes -

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

#	Diagnosis Type	Diagnosis Code	Action
1			

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

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

Other Insurance Details -

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

[Refresh Other Insurance](#)

#	Carrier Name	Carrier ID	Policy ID	Payer Paid Amount	Paid Date	Action
<input type="checkbox"/> Click to add a new other insurance.						

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

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

Submit Professional Claim: Step 2 ?

* Indicates a required field.

Claim Type Professional

Provider Information

Billing Provider ID 1912 **ID Type** NPI

Patient and Claim Information

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

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

Diagnosis Codes -

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

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

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

Other Insurance Details +

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

Diagnosis Codes

The first diagnosis entered is considered to be the principal or primary diagnosis code.

- The PWP allows for up to 8 diagnosis codes
- Diagnosis codes are searchable
 - Enter the first three letters or the first three numbers of the code to use the predictive search
- Click the “Add” button to add each diagnosis code
- Click the “Remove” link to remove any diagnosis codes added to the claim in error

Submit Professional Claim: Step 2 ?

* Indicates a required field.

Claim Type Professional

Provider Information

Billing Provider ID 1912 **ID Type** NPI

Patient and Claim Information

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

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

Diagnosis Codes -

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

#	Diagnosis Type	Diagnosis Code	Action
<u>1</u>	ICD-10-CM	S8290XA-Unsp fracture of unsp lower leg, init for clos fx	Remove
<u>2</u>			
2	*Diagnosis Type <input type="text" value="ICD-10-CM"/>	*Diagnosis Code <input type="text"/>	

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

Other Insurance Details +

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

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

Other Insurance Details

If the recipient has other insurance carrier information on file with Nevada Medicaid, the policy information will auto populate in the Other Insurance Details panel. Other Insurance Details fields are required only if you are adding other insurance payment information.

#	Carrier Name	Carrier ID	Policy ID	Payer Paid Amount	Paid Date	Action
1	Blue Shield	12345	000000011	\$15.00	01/01/2019	Remove

Carrier Name: Carrier ID:

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

*Policy ID:

Insurance Type:

*Responsibility: *Patient Relationship to Insured:

Payer Paid Amount: *Paid Date:

Remaining Patient Liability:

*Claim Filing Indicator:

Claim Adjustment Details +

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

Click to add a new other insurance.

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

- Click “Save Insurance” to save the information to the other insurance details line
- Click “Cancel Insurance” to cancel any updates to the other insurance details
- Click “Continue” button to complete Submit Professional Claim: Step 3.
- Click the “Remove” link to remove any other insurance details not relevant to the claim.

Please note: For Professional claims, only payment information is required at the header level. The “Claim Adjustment Details” panel should be collapsed.

If the recipient does not have other insurance carrier information on file with Nevada Medicaid, the policy information will not auto populate in the Other Insurance Details panel. Other Insurance Details can be added by completing the following fields:

- Carrier Name – Enter the other insurance carrier name
- Carrier ID – Enter the other insurance carrier ID
- Policy Holder Last Name – Enter the last name of the policy holder
- First Name – Enter the first name of the policy holder
- MI – Enter the middle initial of the policy holder
- Policy ID – Enter the policy ID
- Insurance Type – Select the insurance type from the drop-down list
- Responsibility – Select the responsibility type from the drop-down list

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

Other Insurance Details -

Enter the carrier and policy holder information below.

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

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

[Refresh Other Insurance](#)

#	Carrier Name	Carrier ID	Policy ID	Payer Paid Amount	Paid Date	Action
<input type="checkbox"/> Click to collapse.						
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>*Carrier Name <input type="text"/></p> <p>*Policy Holder Last Name <input type="text"/></p> <p>*Policy ID <input type="text"/></p> <p>Insurance Type <input type="text"/></p> <p>*Responsibility <input type="text"/></p> <p>Payer Paid Amount <input type="text"/></p> <p>Remaining Patient Liability <input type="text"/></p> <p>*Claim Filing Indicator <input type="text"/></p> </div> <div style="width: 45%;"> <p>*Carrier ID <input type="text"/></p> <p>*First Name <input type="text"/> MI <input type="checkbox"/></p> <p>*Patient Relationship to Insured <input type="text"/></p> <p>*Paid Date <input type="text"/></p> </div> </div>						
<div style="display: flex; justify-content: center; gap: 20px;"> Add Insurance Cancel Insurance </div>						
<div style="display: flex; justify-content: space-between; margin-top: 10px;"> Back to Step 1 Continue Cancel </div>						

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

Click “Add Insurance” to add the Other Insurance Details to the claim.

Updating Other Insurance Details

Select the sequence number of any other insurance line item to update details such as the allowed amount, paid amount, paid date and adjustment codes for the specific other insurance carrier.

- Click “Save Insurance” to save the information to the other insurance details line
- Click “Cancel Insurance” to cancel any updates to the other insurance details
- Click the “Remove” link to remove any other insurance details added to the claim in error

#	Carrier Name	Carrier ID	Policy ID	Payer Paid Amount	Paid Date	Action
1	Blue Shield	12345	000000011	\$15.00	01/01/2019	Remove

Carrier Name	<input type="text" value="Blue Shield"/>	Carrier ID	<input type="text" value="12345"/>
*Policy Holder Last Name	<input type="text" value="KJUYD"/>	*First Name	<input type="text" value="PXMYE"/> MI <input type="checkbox"/>
*Policy ID	<input type="text" value="000000011"/>		
Insurance Type	<input type="text"/>		
*Responsibility	<input type="text" value="P-Primary"/>	*Patient Relationship to Insured	<input type="text" value="18-Self"/>
Payer Paid Amount	<input type="text" value="15.00"/>	*Paid Date	<input type="text" value="01/01/2019"/>
Remaining Patient Liability	<input type="text" value="100.00"/>		
*Claim Filing Indicator	<input type="text" value="BL-Blue Cross/Blue Shield"/>		

Claim Adjustment Details +

Click to add a new other insurance.

Click “Continue” button to complete Submit Professional Claim: Step 3.

Submit Professional Claim: Step 3

When the Submit Professional Claim: Step 3 is first displayed not all of the panels are expanded.

- Click “Expand All” to expand all panels, or click plus icons on each panel to open only that panel.
- Click “Collapse All” to close all panels, or click minus icons on each panel to close only that panel.

Submit Professional Claim: Step 3 ?

* Indicates a required field.

Claim Type Professional

Provider Information

Billing Provider ID 1124098421 **ID Type** NPI

Patient and Claim Information

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

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

Diagnosis Codes +

Other Insurance Details -

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

Service Details -

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

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

1 *From Date To Date *Place of Service EMG

*Procedure Code Modifiers *Diagnosis Pointers

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

Clia Number

Rendering Provider ID ID Type

Rendering Provider Service Location

Referring / Ordering Provider ID ID Type Ordering Provider Yes No

NDCs for Svc. # 1 +

Attachments -

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

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

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

Service Details

- Up to 50 service details to be added to a professional claim
- Procedure codes are searchable
 - Enter the first three letters or the first three numbers of the code to use the predictive search
- Modifiers are searchable
 - Enter the first 3 letters of the description or the first 2 number or letters of the modifier to use the predictive search
- Click the “Add” button to add each service detail
- Click the “Reset” button to clear all of the information that has been entered
- Click the “Remove” link to remove any service detail added to the claim in error

Service Details							
Select the row number to edit the row. Click the Remove link to remove the entire row.							
Svc #	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
1	04/15/2018	04/15/2018	11-Office	99213-OFFICE/OUTPATIENT VISIT EST	\$350.00	1.000 Unit	Remove
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

Cia Number

Rendering Provider ID ID Type

Rendering Provider Service Location

Referring / Ordering Provider ID ID Type Ordering Provider Yes No

NDCs for Svc. # 2

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

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

Adding NDC information for Physician-Administered Drugs

Nevada Medicaid requires a National Drug Code (NDC) and an NDC quantity for each claim line with a physician-administered drug. To add NDC information to the service line, expand the NDCs for Svc section by clicking on the plus icon. The HCPCS/Proc Code and NDC are both required for physician-administered drugs.

Service Details							
Select the row number to edit the row. Click the Remove link to remove the entire row.							
Svc #	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
1	04/15/2018	04/15/2018	11-Office	99213-OFFICE/OUTPATIENT VISIT EST	\$350.00	1.000 Unit	Remove
2						0.000	

2 *From Date 04/15/2018 To Date *Place of Service 11-Office EMG

*Procedure Code j1050 Modifiers *Diagnosis Pointers

*Charge Amount 250.00 *Units 1.000 *Unit Type Unit EPSDT Family Plan

Cia Number

Rendering Provider ID ID Type

Rendering Provider Service Location

Referring / Ordering Provider ID ID Type Ordering Provider Yes No

NDCs for Svc. # 2

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

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

NDC/UPN 00009074635

Quantity 1.000 Unit of Measure Milliliter

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

Updating Service Details

Select the sequence number of any service detail line item to update details such as the service date, procedure code, units or charge amount.

The screenshot shows a web application interface for updating service details. At the top, there is a header "Service Details" and a sub-header "Select the row number to edit the row. Click the Remove link to remove the entire row." Below this is a table with columns: Svc #, From Date, To Date, Place of Service, Procedure Code, Charge Amount, Units, and Action. The first row is selected, with "1" in the Svc # column. Below the table is a detailed form for the selected row, including fields for From Date, To Date, Place of Service, Procedure Code, Modifiers, Charge Amount, Units, Unit Type, EPSDT, Family Plan, and various provider IDs. At the bottom of the form are three buttons: Save, Reset, and Cancel, each highlighted with a red box.

Svc #	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
1	04/15/2018	04/15/2018	11-Office	99213-OFFICE/OUTPATIENT VISIT EST	\$350.00	1.000 Unit	Remove

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

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

*Charge Amount 350.00 *Units 1.000 *Unit Type Unit EPSDT Family Plan

Clin Number

Rendering Provider ID ID Type

Rendering Provider Service Location

Referring / Ordering Provider ID ID Type Ordering Provider Yes No

NDCs for Svc. # 1

Other Insurance for Service Detail

Save Reset Cancel

- Click the “Save” button to save the changes
- Click the “Reset” button to clear any of the changes to the service detail
- Click on the “Cancel” button to cancel any updates and close the service detail

Adding Other Insurance Details on Service Detail line

Select the sequence number of any service detail line item to add other insurance details and claim adjustment details.

1. Add Other Insurance Details and click Add Insurance button.

Service Details

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

Svc #	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
<u>1</u>	04/15/2018	04/15/2018	11-Office	99213-OFFICE/OUTPATIENT VISIT EST	\$350.00	1.000 Unit	Remove

1 *From Date To Date *Place of Service EMG

*Procedure Code Modifiers *Diagnosis Pointers

*Charge Amount *Units *Unit Type EPSDT Family Plan

Cia Number

Rendering Provider ID ID Type

Rendering Provider Service Location Referring / Ordering Provider ID ID Type Ordering Provider Yes No

NDCs for Svc. # 1

Other Insurance for Service Detail

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

#	Carrier ID	Procedure Code	Modifiers	Payer Paid Amount	Paid Date	Paid Units	Remaining Patient Liability	Action
<input type="checkbox"/> Click to collapse.								
	*Other Carrier <input type="text" value="12345-Blue Shield"/>	*Procedure Code <input type="text" value="99213-OFFICE/OUTPATIENT VISIT EST"/>	Modifiers <input type="text" value=""/> <input type="text" value=""/>	Payer Paid Amount <input type="text" value="15.00"/>	*Paid Date <input type="text" value="01/01/2019"/>	Paid Units <input type="text" value="1.00"/>	Remaining Patient Liability <input type="text" value="100.00"/>	

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

Service Details

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

Svc #	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
1	04/15/2018	04/15/2018	11-Office	99213-OFFICE/OUTPATIENT VISIT EST	\$350.00	1.000 Unit	Remove

1 *From Date To Date *Place of Service EMG

*Procedure Code Modifiers *Diagnosis Pointers

*Charge Amount *Units *Unit Type EPSDT Family Plan

Cia Number

Rendering Provider ID ID Type

Rendering Provider Service Location

Referring / Ordering Provider ID ID Type Ordering Provider Yes No

NDCs for Svc. # 1

Other Insurance for Service Detail

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

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

*Other Carrier

*Procedure Code

Modifiers

Payer Paid Amount *Paid Date Paid Units

Remaining Patient Liability

Claim Adjustment Details

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

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

#	Claim Adjustment Group Code	Reason Code	Adjustment Amount	Adjusted Units	Action
Click to collapse.					
	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	

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

Other Insurance for Service Detail

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

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

*Other Carrier: 12345-Blue Shield

*Procedure Code: 99213-OFFICE/OUTPATIENT VISIT EST

Modifiers:

Payer Paid Amount: 15.00 *Paid Date: 01/01/2019 Paid Units: 1.00

Remaining Patient Liability: 100.00

Claim Adjustment Details

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

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

#	Claim Adjustment Group Code	Reason Code	Adjustment Amount	Adjusted Units	Action
Click to collapse.					
*Claim Adjustment Group Code	PR-Patient Responsibility				
*Reason Code	1-Deductible Amount				
*Adjustment Amount	100.00	Adjusted Units			

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

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

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

Other Insurance for Service Detail

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

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

*Other Carrier: 12345-Blue Shield

*Procedure Code: 99213-OFFICE/OUTPATIENT VISIT EST

Modifiers:

Payer Paid Amount: 15.00 *Paid Date: 01/01/2019 Paid Units: 1.00

Remaining Patient Liability: 100.00

Claim Adjustment Details

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

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

#	Claim Adjustment Group Code	Reason Code	Adjustment Amount	Adjusted Units	Action
1	PR-Patient Responsibility	1-Deductible Amount	\$100.00		Remove

Click to add a new adjustment.

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

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

Service Details

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

Svc #	From Date	To Date	Place of Service	Procedure Code	Charge Amount	Units	Action
<u>1</u>	04/15/2018	04/15/2018	11-Office	99213-OFFICE/OUTPATIENT VISIT EST	\$350.00	1.000 Unit	Remove

1 *From Date To Date *Place of Service EMG

*Procedure Code Modifiers *Diagnosis Pointers

*Charge Amount *Units *Unit Type EPSDT Family Plan

Cia Number

Rendering Provider ID ID Type

Rendering Provider Service Location Referring / Ordering Provider ID ID Type Ordering Provider Yes No

NDCs for Svc. # 1

Other Insurance for Service Detail

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

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

Click to add a new other insurance.

Attachments

To include attachments electronically with a claim:

- Transmission Method – FT - File Transfer is selected by default
- Upload file – click “Browse” button and locate the file on your computer to be attached
- Attachment Type – select the type of attachment from the drop-down list
- A description of the attachment can be entered, but it is not required
- Click “Add” button to attach the file
- Repeat for additional attachments if needed up to 10 attachments can be added per claim (Note: the combined size of all attachments cannot exceed 4MB)
- To remove any attachments that were attached incorrectly, use the “Remove” link
- Click on the “Cancel” button to cancel and close the attachment line

Attachments

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

#	Transmission Method	File	Control #	Attachment Type	Action
1	FT-File Transfer	Test doc.pdf (104K)	20180613570143	OZ-Support Data for Claim	Remove

Click to collapse.

***Transmission Method** FT-File Transfer ▾

***Upload File**

***Attachment Type** ▾

Description

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

Claim Submission

Click the “Submit” button to complete the claim creation process.

Confirm Professional Claim

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

[Print Preview](#)

Confirm Professional Claim ?

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

Claim Type Professional

Provider Information

Billing Provider ID	1124098421	ID Type	NPI
Billing Provider Service Location	20-RENOWN REGIONAL MEDICAL CENTER-1155 MILL ST,RENO,NEVADA,895021576		
Rendering Provider ID	_	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	30356532844	Gender	Female
Recipient	HVXQOSDCN I IRAPSEU		
Birth Date	07/27/2002		

Claim Information

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

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

Diagnosis Codes +

Other Insurance Details -

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

Service Details -

#	From Date	To Date	Place of Service	EMG	Procedure Code	Mod	Diag Code Ptrs	Units	EPSDT	Family Plan	Charge Amount
<u>1</u>	04/15/2018	04/15/2018	11		99213		1	1,000 Unit	<input type="checkbox"/>	<input type="checkbox"/>	\$350.00
<u>2</u>	04/15/2018	04/15/2018	11		J1050		1	1,000 Unit	<input type="checkbox"/>	<input type="checkbox"/>	\$250.00

No Attachments exist for this claim

Back to Step 1
Back to Step 2
Back to Step 3
Print Preview

Confirm
Cancel

- Click the “Confirm” button to submit the claim
- Click the “Print Preview” button to print a copy of the Confirm Professional Claim page
- Click on the “Cancel” button to cancel the claim submission

Submit Professional Claim: Confirmation

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

Submit Professional Claim: Confirmation ?

Professional Claim Receipt

Your Professional Claim was successfully submitted. The claim status is Finalized Payment.
The Claim ID is 2318178000001.

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

Print Preview **Copy** **Adjust** **New** **View**

- Click “Print Preview” button to view the claim details
- Click “Copy” button to copy claim data
- Click “Adjust” button to resubmit the claim
- Click “New” button to submit a new claim
- Click “View” button to view the details of the submitted claim

3.1.4 Submit a Claim for Exception Batch Processing

To submit a claim for Exception Batch processing on the Provider Web Portal, use the attachments panel to attach the batch processing letter. The attachment description must start with capital **EXCP** for the claim to be processed correctly.

To submit an EDI 837 X12 claim for Exception Batch processing, please refer to the Electronic Verification System (EVS) User Manual Chapter 8 File Exchange.

Attachments [collapse icon]

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

#	Transmission Method	File	Control #	Attachment Type	Action
[collapse icon] Click to collapse.					
	*Transmission Method	FT-File Transfer			
	*Upload File	C:\Users\Desktop\Special Processing	Browse...		
	*Attachment Type	OZ-Support Data for Claim			
	Description	EXCP letter			

Add **Cancel**

Back to Step 1 **Back to Step 2** **Submit** **Cancel**

Please note: Adjustment claims cannot be submitted as an exception batch. If a paid claim requiring exception batch requires a change, it will first need to be voided. The provider can resubmit the new claim as an exception batch after the void has been completed. Section 3.4 of this manual provides instructions for voiding a claim.

3.1.5 Third Party Liability (TPL) Claim Submission

Dental and Professional claims

- The total payment by other insurers must be entered at the header level.
- The adjustment reason codes that explain how/why the other insurer paid or denied each detail must be entered on the appropriate detail level.

Please refer to the above sections to see instructions for each Claim Form.

Header level example (Dental claim):

#	Carrier Name	Carrier ID	Policy ID	Payer Paid Amount	Paid Date	Action
1	Blue Shield	12345	000000011	\$15.00	01/01/2019	Remove
<div style="display: flex; justify-content: space-between;"> <div> <p>Carrier Name <input type="text" value="Blue Shield"/></p> <p>*Policy Holder Last Name <input type="text" value="KJUYD"/></p> <p>*Policy ID <input type="text" value="000000011"/></p> <p>Insurance Type <input type="text"/></p> <p>*Responsibility <input type="text" value="P-Primary"/></p> <p>Payer Paid Amount <input type="text" value="15.00"/></p> <p>Remaining Patient Liability <input type="text" value="100.00"/></p> <p>*Claim Filing Indicator <input type="text" value="BL-Blue Cross/Blue Shield"/></p> </div> <div> <p>Carrier ID <input type="text" value="12345"/></p> <p>*First Name <input type="text" value="PXMYE"/> MI <input type="checkbox"/></p> <p>*Patient Relationship to Insured <input type="text" value="18-Self"/></p> <p>*Paid Date <input type="text" value="01/01/2019"/></p> </div> </div>						
Claim Adjustment Details +						
<input type="button" value="Save Insurance"/> <input type="button" value="Cancel Insurance"/>						
<input type="checkbox"/> Click to add a new other insurance.						
<input type="button" value="Back to Step 1"/>			<input type="button" value="Continue"/> <input type="button" value="Cancel"/>			

Detail level example (Dental claim):

Other Insurance for Service Detail								
Click the row number to edit the row. Click the Remove link to remove the entire row.								
#	Carrier ID	Procedure Code	Modifiers	Payer Paid Amount	Paid Date	Paid Units	Remaining Patient Liability	Action
1	04432	D0350-Oral/facial photo images		\$50.00	08/01/2018	1.00	\$50.00	Remove
<p>*Other Carrier 04432-Nevada Pacific Dental</p> <p>*Procedure Code D0350-Oral/facial photo images</p> <p>Modifiers</p> <p>Payer Paid Amount 50.00 *Paid Date 08/01/2018 Paid Units 1.00</p> <p>Remaining Patient Liability 50.00</p>								
Claim Adjustment Details								
You can enter up to five unique group codes. You can repeat six combinations of reason code and adjustment amount with each group code.								
Click the Remove link to remove the entire row.								
#	Claim Adjustment Group Code	Reason Code	Adjustment Amount	Adjusted Units	Action			
<input type="checkbox"/> Click to collapse.								
<p>*Claim Adjustment Group Code CO-Contractual Obligations</p> <p>*Reason Code 45-Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustm</p> <p>*Adjustment Amount 50.00 Adjusted Units 1</p> <p>Add Adjustment Cancel Adjustment</p>								
<p>Save Insurance Cancel Insurance</p>								

Header level example (Professional claim):

#	Carrier Name	Carrier ID	Policy ID	Payer Paid Amount	Paid Date	Action
1	Blue Shield	12345	000000011	\$15.00	01/01/2019	Remove
<p>Carrier Name Blue Shield Carrier ID 12345</p> <p>*Policy Holder Last Name KJUYD *First Name PXMYE MI <input type="checkbox"/></p> <p>*Policy ID 000000011</p> <p>Insurance Type</p> <p>*Responsibility P-Primary *Patient Relationship to Insured 18-Self</p> <p>Payer Paid Amount 15.00 *Paid Date 01/01/2019</p> <p>Remaining Patient Liability 100.00</p> <p>*Claim Filing Indicator BL-Blue Cross/Blue Shield</p>						
Claim Adjustment Details						
<p>Save Insurance Cancel Insurance</p>						
<input type="checkbox"/> Click to add a new other insurance.						
<p>Back to Step 1 Continue Cancel</p>						

Detail level example (Professional claim):

Other Insurance for Service Detail								
Click the row number to edit the row. Click the Remove link to remove the entire row.								
#	Carrier ID	Procedure Code	Modifiers	Payer Paid Amount	Paid Date	Paid Units	Remaining Patient Liability	Action
1	07829	99214-OFFICE/OUTPATIENT VISIT EST		\$50.00	08/01/2018	1.00	\$50.00	Remove
<p>*Other Carrier <input type="text" value="07829-Cigna"/></p> <p>*Procedure Code <input type="text" value="99214-OFFICE/OUTPATIENT VISIT EST"/></p> <p>Modifiers <input type="text"/></p> <p>Payer Paid Amount <input type="text" value="50.00"/> *Paid Date <input type="text" value="08/01/2018"/> Paid Units <input type="text" value="1.00"/></p> <p>Remaining Patient Liability <input type="text" value="50.00"/></p>								
Claim Adjustment Details								
You can enter up to five unique group codes. You can repeat six combinations of reason code and adjustment amount with each group code.								
Click the Remove link to remove the entire row.								
#	Claim Adjustment Group Code	Reason Code			Adjustment Amount	Adjusted Units	Action	
<input type="checkbox"/> Click to collapse.								
<p>*Claim Adjustment Group Code <input type="text" value="CO-Contractual Obligations"/></p> <p>*Reason Code <input type="text" value="45-Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Usage: This adjustme"/></p> <p>*Adjustment Amount <input type="text" value="50.00"/> Adjusted Units <input type="text" value=""/></p> <p>Add Adjustment Cancel Adjustment</p>								
Save Insurance Cancel Insurance								

Institutional claims

- The total payment by other insurers must be entered at the header level.
- The adjustment reason codes that explain how/why the other insurer paid or denied the claim must be entered at the header level.

Header level example (Institutional claim):

Other Insurance Details

Enter the carrier and policy holder information below.

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

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

[Refresh Other Insurance](#)

#	Carrier Name	Carrier ID	Policy ID	Payer Paid Amount	Paid Date	Action
1	HPN HEALTH PLAN OF NEVADA, INC	01091	15006		-	Remove

Carrier Name HPN HEALTH PLAN OF NEVADA, INC **Carrier ID** 01091

Policy Holder Last Name IRAPSEU **First Name** GXCTBX **MI** -

Policy ID 15006

Insurance Type -

Responsibility U-Unknown **Patient Relationship to Insured** 19-Child

Payer Paid Amount ***Paid Date**

Remaining Patient Liability

***Claim Filing Indicator**

Claim Adjustment Details

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

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

#	Claim Adjustment Group Code	Reason Code	Adjustment Amount	Adjusted Units	Action
<input type="checkbox"/> Click to collapse.					
<p>*Claim Adjustment Group Code <input type="text"/></p> <p>*Reason Code <input type="text"/></p> <p>*Adjustment Amount <input type="text"/> Adjusted Units <input type="text"/></p> <p>Add Adjustment Cancel Adjustment</p>					

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

3.1.6 Crossover Claim Submission

When Medicare is the primary insurer and a payment is made or coinsurance/ deductible is applied, the claim must be submitted as a Crossover claim type. Use the Medicare Explanation of Benefits to complete the Medicare Crossover Details fields.

If Medicare denies a claim and the claim crosses over to Nevada Medicaid with no Medicare payment or coinsurance/deductible, then the provider will need to submit the claim to Nevada Medicaid through the Provider Web Portal Direct Data Entry (DDE) as a regular Fee-for-Service (FFS) claim.

- For Professional claims where the primary carrier is Medicare: Submit the claim as a Fee-for-Service claim and include payment information, payment date and carrier information at the

header level. Include the claim adjustment reason code for each detail.

- For Institutional claims where the primary carrier is Medicare: Submit the claim as a Fee-for-Service claim and include the claim adjustment reason code, carrier information, payment information and payment date at the header level.

3.2 View a Claim

Once a claim has been submitted, the claim can be viewed by selecting the “View” button on the Submit Receipt page or selecting the ICN from the Search Results grid.

Submit Receipt page

Submit Professional Claim: Confirmation ?

Professional Claim Receipt

Your Professional Claim was successfully submitted. The claim status is Finalized Payment.
The Claim ID is **231817800001**.

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

Print Preview
Copy
Adjust
New
View

Search Results grid

Search Claims ?

Medical/Dental

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

Claim Information

Claim ID

Recipient Information

Recipient ID

Service Information

Rendering Provider ID ID Type Claim Type

Service From To Claim Status

Search Reset

Search Results

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

	Claim ID	TCN	Claim Type	Claim Status	Service Date	Recipient ID	Rendering Provider ID	Medicaid Paid Amount	Paid Date	Recipient Responsibility
+	2018105000012		Outpatient	Finalized Payment	02/07/2018 - 02/08/2018	354563	1538	\$0.00	-	

Viewing the claim displays a summary of the claim that was submitted, with the first panel expanded. Select "Expand All" to expand all panels, or select plus icons on each panel to open only that panel.

[Print Preview](#)

View Institutional Claim - ID 2218178000021
Back to Claims

Claim Type Inpatient

Provider Information

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

Patient Information

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

Claim Information

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

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

Adjudication Errors

Diagnosis Codes

Service Details

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

No External Cause of Injury Diagnosis Codes exist for this claim

No Other Insurance Details exist for this claim

No Condition Codes exist for this claim

No Occurrence Codes exist for this claim

No Value Codes exist for this claim

No Surgical Procedures exist for this claim

No Attachments exist for this claim

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

3.3 Adjust a Claim

Once a claim has been processed and paid, an adjustment can be submitted to correct data entry or billing errors. To begin the claim adjustment process select the “Adjust” button on the Submit Receipt page, or View claims page.

Submit Receipt page

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

View page

[Print Preview](#)

View Institutional Claim - ID 2018105000012											Back to Search Results ?
Claim Type Outpatient											
Provider Information											
Billing Provider ID	1538	ID Type	NPI								
Billing Provider Service Location	11- MEDICAL CENTER-1303 N MAIN ST.,LAS VEGAS,NEVADA,89119										
Institutional Provider ID	_	ID Type	_								
Attending Provider ID	1801	ID Type	NPI								
Operating Provider ID	_	ID Type	_								
Operating Provider Service Location											
Other Operating Provider ID	_	ID Type	_								
Referring Provider ID	1801	ID Type	NPI								
Patient Information											
Recipient ID	354563	Gender	Male								
Recipient	YDYE J MDKDDZSC										
Birth Date	01/29/1940										
Claim Information											
Claim Status	Finalized Payment										
Covered Dates	02/07/2018 - 02/08/2018										
Admission Type	1-Emergency										
Admission Date/Hour	02/07/2018 - 12:00										
Admission Source	1-Non - Health Care Facility Point of Origin										
Admitting Diagnosis Type	_										
Discharge Hour	_										
Admitting Diagnosis	_										
Facility Type Code	130-Hospital Outpatient: Non-Payment/Zero										
Patient Status	01-Discharged to Home or Self Care (Routine Discharge)										
Authorization Number	_										
Patient Number	TTG-CLAIM										
Related Claim ICN	_										
Previous Claim ICN	_										
Note	_										
Total Allowed Amount	\$400.00	Total Co-pay Amount	\$0.00	Total Charged Amount	\$800.00	Total Paid Amount	\$0.00				
Expand All Collapse All											
Adjudication Errors +											
Diagnosis Codes +											
External Cause of Injury Diagnosis Codes +											
Patient Reason for Visit Diagnosis Codes +											
Condition Codes +											
Occurrence Codes +											
Value Codes +											
Service Details -											
Svc #	Revenue Code	HCPCS/Proc Code	Mod	From Date	To Date	Units/Type	Charge Amount	Allowed Amount	Co-pay Amount	Paid Amount	
1	0112-R&B-Pvt-Obstetric	40650-Repair lip		02/07/2018	02/07/2018	1.000 Unit	\$400.00	\$400.00	\$0.00	\$0.00	
2	0120-R&B-Semi-Pvt-2 Bed-General			02/08/2018	02/08/2018	1.000 Unit	\$400.00	\$0.00	\$0.00	\$0.00	
No Other Insurance Details exist for this claim											
No Surgical Procedures exist for this claim											
No Attachments exist for this claim											
Adjust Copy Void Print Preview											

Clicking the “Adjust” button reopens the claim so corrections can be made and the claim resubmitted for processing. Claim adjustment is a three-step process. The adjudication details will display on Resubmit Claim: Step 1. Click on the “Continue” button at the bottom of each page to continue on to the next step. Click on the “Cancel” button to cancel the adjustment.

Resubmit Institutional Claim ID 2018105000012: Step 1 ?

* Indicates a required field.

Claim Type Outpatient

Provider Information

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

Billing Provider ID 1538 **ID Type** NPI

***Billing Provider Service Location** 11- MEDICAL CENTER-1303 N MAIN ST,LAS VEGAS,NEVADA,89119

Institutional Provider ID **ID Type**

Attending Provider ID 1801 **ID Type** NPI

Operating Provider ID **ID Type**

Other Operating Provider ID **ID Type**

Referring Provider ID 1801195276 **ID Type** NPI

Patient Information

***Recipient ID** 3545636

Last Name MDKGDZSC **First Name** YDYE

Birth Date 01/29/1940

Claim Information

Claim Status Finalized Payment

***Covered Dates** 02/07/2018 - *02/08/2018

Admission Date/Hour 02/07/2018 - 12:00 (hh:mm) **Discharge Hour** (hh:mm)

***Admission Type** 1-Emergency ***Admission Source** 1-Non - Health Care Facility Point of Origin

Admitting Diagnosis Type ICD-10-CM **Admitting Diagnosis**

***Patient Status** 01-Discharged to Home or Self Ca ***Facility Type Code** 130-Hospital Outpatient: Non-Payment/Ze

***Patient Number** TTG-CLAIM **Authorization Number**

Include Other Insurance **Total Charged Amount** \$800.00

Adjudication Errors

Claim / Service #	HIPAA Adj	Description	EOB
Claim	282	COVERED DAYS MISSING	1930
Claim	7499	CLAIM PROCESSED BY CLINICAL CLAIM EDITOR	7499
Service # 2	3959	NO REIMB RULE FOR REV CODE	1178

Continue
Cancel

Navigate through each step of the claim and make any necessary updates. Select “Resubmit” button the Resubmit Claim: Step 3 to display the Confirm page.

Resubmit Claim: Step 3

Resubmit Institutional Claim ID 2018105000012: Step 3 ?

* Indicates a required field.

Claim Type: Outpatient

Provider Information

Billing Provider ID: 1538 ID Type: NPI

Patient and Claim Information

Claim Status: Finalized Payment	
Recipient ID: 3545636	
Recipient: YDYE J MDKKDZSC	Gender: Male
Birth Date: 01/29/1940	Total Charged Amount: \$8.00
Covered Dates: 02/07/2018 - 02/08/2018	Admission Date/Hour: 02/07/2018 - 12:00

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

Adjudication Errors +

Diagnosis Codes +

External Cause of Injury Diagnosis Codes +

Patient Reason for Visit Diagnosis Codes +

Condition Codes +

Occurrence Codes +

Value Codes +

Service Details -

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

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

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
Resubmit
Cancel

Click “Confirm” button on the Confirm page to submit the adjustment claim.

Confirmation page

[Print Preview](#)

Confirm Institutional Claim - ID 2018105000012 ?

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

Claim Type Outpatient

Provider Information

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

Patient Information

Recipient ID	3545636	Gender	Male
Recipient	YDYE J MDKGDZSC		
Birth Date	01/29/1940		

Claim Information

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

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

Adjudication Errors +

Diagnosis Codes +

External Cause of Injury Diagnosis Codes +

Patient Reason for Visit Diagnosis Codes +

Condition Codes +

Occurrence Codes +

Value Codes +

Service Details -

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

No Other Insurance Details exist for this claim

No Surgical Procedures exist for this claim

No Attachments exist for this claim

Back to Step 1
Back to Step 2
Back to Step 3
Print Preview
Confirm
Cancel

Resubmit Claim: Confirmation

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

Resubmit Outpatient Claim: Confirmation
?

Outpatient Claim Receipt

Your Outpatient Claim was successfully resubmitted. The claim status is Finalized Payment.
The Claim ID is **5918178000001**.

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

Print Preview
Copy
Adjust
View

3.4 Void a Claim

Once a claim has been processed and paid, a void can be submitted to void the payment. To begin the claim void process select the "Void" button on the View claims page. To access the View claims page, search for the claim that needs to be voided, and select the Claim ID in the search results grid.

Search claims response with Search Results grid.

Search Claims
?

Medical/Dental

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

Claim Information

Claim ID

Recipient Information

Recipient ID

Service Information

Rendering Provider ID

ID Type

Claim Type

Service From

To

Claim Status

Search
Reset

Search Results

To see service line information, or to view the remittance advice, click on the '+' next to the claims ID. Total Records: 3

	Claim ID	TCN	Claim Type	Claim Status	Service Date	Recipient ID	Rendering Provider ID	Medicaid Paid Amount	Paid Date	Recipient Responsibility
+	2218178000008		Outpatient	Finalized Payment	02/07/2018	234567890123	1538178801	\$100.00	02/26/2018	
+	2218172000008		Outpatient	Finalized Payment	02/05/2018	234567890123	1538178801	\$100.00	02/08/2018	
+	2218110000008		Outpatient	Finalized Payment	02/02/2018	234567890123	1538178801	\$0.00	02/28/2018	

View claims page

Claims > Search Claims > View Institutional Claim

[Print Preview](#)

View Institutional Claim - ID 221817800008											Back to Search Results	?		
Claim Type Outpatient														
Provider Information														
Billing Provider ID	1538178801				ID Type	NPI								
Billing Provider Service Location	10-VALLEY VIEW MEDICAL CENTER-1303 N MAIN ST, CEDAR CITY, UTAH, 84721-9746													
Institutional Provider ID	-				ID Type	-								
Attending Provider ID	1750363404				ID Type	NPI								
Operating Provider ID	-				ID Type	-								
Other Operating Provider ID	-				ID Type	-								
Referring Provider ID	-				ID Type	-								
Patient Information														
Recipient ID	234567890123				Recipient	DEF ABC				Gender	Female			
Birth Date	06/29/1990													
Claim Information														
Claim Status	Finalized Payment													
Covered Dates	02/28/2018				Admission Date/Hour	02/28/2018 - 01:00								
Admission Type	2-Urgent				Admission Source	2-Clinic or Physician's Office								
Admitting Diagnosis Type	-				Discharge Hour	-								
Admitting Diagnosis	-				Facility Type Code	131-Hospital Outpatient: Admit through Discharge Claim								
Patient Status	01-Discharged to Home or Self Care (Routine Discharge)													
Patient Number	234567890123													
Authorization Number	45181080003													
Previous Claim ICN	-													
Note	-													
Related Claim ICN	-													
Total Allowed Amount	\$100.00				Total Co-pay Amount	\$0.00				Total Charged Amount	\$100.00			
										Total Paid Amount	\$100.00			
											Expand All	Collapse All		
Adjudication Errors													+	
Diagnosis Codes													+	
Patient Reason for Visit Diagnosis Codes													+	
Condition Codes													+	
Occurrence Codes													+	
Value Codes													+	
Service Details													-	
Svc #	Revenue Code	HCPCS/Proc Code	Mod	From Date	To Date	Units/Type	Charge Amount	Allowed Amount	Co-pay Amount	Paid Amount				
1	0100-All Inclusive Rate (R&B + Ancillary)	58674-LAPS ABLTJ UTERINE FIBROIDS		02/28/2018	02/28/2018	1.000 Unit	\$100.00	\$100.00	\$0.00	\$0.00				
No External Cause of Injury Diagnosis Codes exist for this claim														
No Other Insurance Details exist for this claim														
No Surgical Procedures exist for this claim														
No Attachments exist for this claim														
Adjust Copy Void Print Preview RA Copy (PDF)														

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

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

Confirmation

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

OK Cancel

No External Cause of Injury Diagnosis Code

No Other Insurance Details exist for this claim

No Surgical Procedures exist for this claim

No Attachments exist for this claim

Adjust Copy Void Print Preview RA Copy (PDF)

After selecting OK, the user will be returned back to the search claims page and a confirmation message will appear indicating that the Claim ID was successfully voided.

Search Claims

Medical/Dental

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

Claim Information

Claim ID

Recipient Information

Recipient ID

Service Information

Rendering Provider ID ID Type Claim Type

Service From To Claim Status

Search Reset

Confirmation

Your Outpatient Claim ID was successfully voided.

OK

3.5 Copy a Claim

Once a claim has been submitted, the details can be copied to quickly enter a new claim. To copy a claim, select the “Copy” button on the Submit Receipt page, or View claims page.

Submit Receipt page

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

View Institutional Claim - ID 2018105000012											Back to Search Results ?
Claim Type Outpatient											
Provider Information											
Billing Provider ID	1538	ID Type	NPI								
Billing Provider Service Location	11- MEDICAL CENTER-1303 N MAIN ST.,LAS VEGAS,NEVADA,89119										
Institutional Provider ID	-	ID Type	-								
Attending Provider ID	1801	ID Type	NPI								
Operating Provider ID	-	ID Type	-								
Operating Provider Service Location											
Other Operating Provider ID	-	ID Type	-								
Referring Provider ID	1801	ID Type	NPI								
Patient Information											
Recipient ID	354563			Gender	Male						
Recipient	YDYE J MDKDDZSC										
Birth Date	01/29/1940										
Claim Information											
Claim Status	Finalized Payment										
Covered Dates	02/07/2018 - 02/08/2018			Admission Date/Hour	02/07/2018 - 12:00						
Admission Type	1-Emergency			Admission Source	1-Non - Health Care Facility Point of Origin						
Admitting Diagnosis Type	-										
Admitting Diagnosis	-										
Patient Status	01-Discharged to Home or Self Care (Routine Discharge)										
Patient Number	TTG-CLAIM			Authorization Number	-						
Previous Claim ICN	-										
Note	-										
Total Allowed Amount	\$400.00	Total Co-pay Amount	\$0.00	Total Charged Amount	\$800.00						
				Total Paid Amount	\$0.00						
Expand All Collapse All											
Adjudication Errors +											
Diagnosis Codes +											
External Cause of Injury Diagnosis Codes +											
Patient Reason for Visit Diagnosis Codes +											
Condition Codes +											
Occurrence Codes +											
Value Codes +											
Service Details -											
Svc #	Revenue Code	HCPCS/Proc Code	Mod	From Date	To Date	Units/Type	Charge Amount	Allowed Amount	Co-pay Amount	Paid Amount	
1	0112-R&B-Pvt-Obstetric	40650-Repair lip		02/07/2018	02/07/2018	1.000 Unit	\$400.00	\$400.00	\$0.00	\$0.00	
2	0120-R&B-Semi-Pvt-2 Bed-General			02/08/2018	02/08/2018	1.000 Unit	\$400.00	\$0.00	\$0.00	\$0.00	
No Other Insurance Details exist for this claim											
No Surgical Procedures exist for this claim											
No Attachments exist for this claim											
<input type="button" value="Adjust"/> <input style="border: 2px solid red;" type="button" value="Copy"/> <input type="button" value="Void"/> <input type="button" value="Print Preview"/>											

Copy Claim Information

- Select the information you would like to copy to a new claim.
- Click "Copy" button to copy the selected information into a new claim. The Submit Claim: Step 1 page appears where you can continue entering the claim information.

Copy Outpatient Claim ?

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

<input type="radio"/> Recipient Information Recipient ID Last Name First Name Birth Date Condition Codes(s)	<input type="radio"/> Service Information Inpatient/Outpatient Ind. Admission Source Admission Type Admitting Diagnosis Place of Service Diagnosis Code(s) Revenue Code(s) HCPCS/Proc Code(s) Modifier(s) Detail Charge Amount(s) Units Unit Type(s) NDC Code Type(s) NDC Code(s) NDC Quantity(s) NDC Unit of Measure(s)	<input type="radio"/> Recipient and Service Information Copies data listed in previous 2 columns.	<input type="radio"/> Entire Claim Copies data listed in columns 1 and 2 PLUS: All Providers Admission Date/Hour Discharge Hour Patient Status Authorization Number Occurrence Code(s) Value Code(s) Surgical Procedure Code(s) NDC Prescription #(s) NDC Prescription Type(s) Other Insurance Details All Dates All Amounts
---	---	---	---

3.6 Appeal a Claim

Once a claim has been processed and denied, an appeal can be submitted online using Secure Correspondence. Secure Correspondence is for authenticated (logged in) users to submit appeals, questions, comments or request technical assistance related to EVS functions in a secure environment and receive answers through the website. For more information on Secure Correspondence, refer to EVS User Manual Chapter 1.

Providers have the right to appeal a claim that has been denied. If your appeal is rejected (e.g., for incomplete information), there is no extension to the original 30 calendar days. Per Medicaid Services Manual (MSM) Chapter 100, Section 105.2C titled Disputed Payment, appeal requests for subsequent same service claim submissions will not be considered. That is, if a provider resubmits a claim that has already been denied and another denial is received, the provider does not have another 30-day window in which to submit an appeal. Such appeal requests will be rejected.

How to file a claim appeal

To submit a claim appeal, include each component listed below:

A completed form FA-90 (Formal Claim Appeal Request) that contains all of the following:

- Reason for the appeal.
- Provider name and NPI/API.
- The claim’s ICN (claim number).
- Name and phone number of the person Nevada Medicaid can contact regarding the appeal.
- Documentation to support the issue, when applicable, e.g., physician’s notes, emergency room reports.

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

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

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

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

My Home

Provider

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

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

Provider Services

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

Welcome Health Care Professional!

[Contact Us](#)

1 [Secure Correspondence](#)

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

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

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

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

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

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

[My Home](#) > [Secure Correspondence](#)

Secure Correspondence - Message Box

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

2 [Create New Message](#)

From the Create Message screen, enter in information. All fields with a red asterisk (*) are required.

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

My Home > Secure Correspondence > Create Message

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

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

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

* Indicates a required field.

3 *Subject

4 *Message Category

5 *Email

6 *Confirm Email

7 *ICN

8 *Service Provider ID

9 *ID Type

Service Provider Location

10 *Denial Reason

11 *RA Date

12 *Message

Attachments

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

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

15

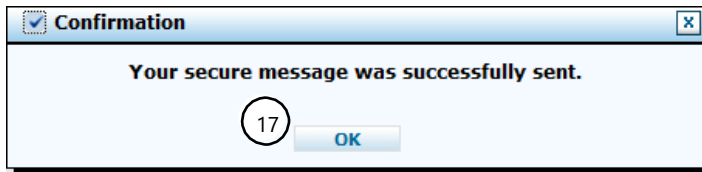
16

3. Enter in a Subject for the appeal.
4. Select Claims Appeals from the **Message Category** drop-down box.
5. Enter an email address.
6. Confirm email address by re-entering the email address from above.
7. Enter the ICN number in the ICN field.
8. Enter the Service Provider ID in the Service Provider ID field. If there is more than one service location, select the correct service location from the Service Provider Location drop-down box.
9. Select Service Provider ID Type from the ID Type drop-down box.
10. Enter the denial reason in the Denial Reason field.
11. Enter the RA Issue Date in the RA Date field.

12. Enter comments limited to 1,000 characters.
13. Upload the supporting documentation for the appeal using the Upload File field. Note: multiple attachments can be submitted.
14. Select FA-90-Claim Appeal Request Form as the Attachment Type. Note: Select this for each attachment, if multiple attachments are being submitted.
15. Click Add button to add the attachments to the appeal.
16. Click **Send**.

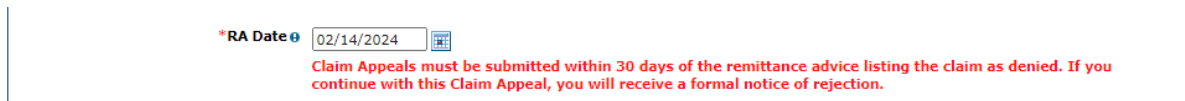
The Confirmation screen box displays stating the secure message was successfully sent.

17. Click OK.



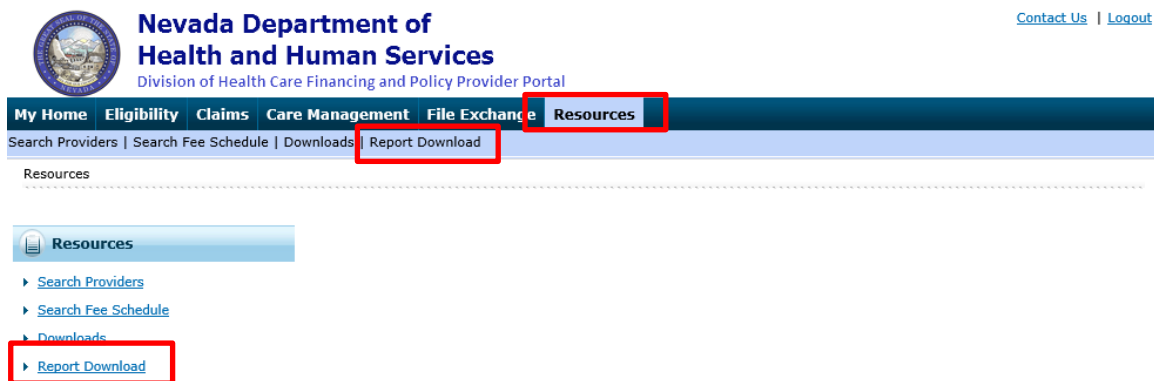
An email will be sent to the email address entered on the Secure Correspondence Message when a response is ready to your inquiry.

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



How to download a claim appeal letter

The Report Download page allows users to download Provider Letters. The Report Download page can be accessed under Resources.



Select Claims Appeal Letters as the Report Category. To search for appeal letters, enter either of the following:

- From Date, To Date and Recipient ID.
- Contact Tracking Number (CTN) - The CTN can be found in the Secure Correspondence Message Box.

Resources > Report Download Tuesday 02/26/2019 04:02 PM PST

Report Download ?

* Indicates a required field.
Enter your search criteria and click the **Search** button.

Provider ID 119	ID Type NPI
*Report Category Claims Appeal Letters	
From Date / / x	To Date x
Recipient ID 	
Contact Tracking Number 	

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

3.7 Verifying claim status

The **Search Claims** tab provides the ability to search and view a list of claims for recipients which the provider billed. The list can be filtered to search by various methods such as by claim or by recipient.

By clicking on the **Claims** tab, you will see two links that allow you to either search claims or to search your payment history.

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

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

Wednesday 06/27/2018 10:38 AM PST

Claims

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

3.7.1 Availability

The status of a direct data entry claim submitted using the PWP is usually available on the same day of submission.

3.7.2 Accessing the claim status request

To view claims status, select **Search Claims** from the **Claims** submenu, or click on the **Claims** tab to be directed to the claims landing page.

Claims submenu

The screenshot shows the top navigation bar of the Nevada Department of Health and Human Services Provider Portal. The logo is on the left, followed by the department name and division. The navigation menu includes 'My Home', 'Eligibility', 'Claims', 'Care Management', 'File Exchange', and 'Resources'. Below the menu is a search bar with options like 'Search Claims', 'Submit Claim Dental', etc. The date and time 'Wednesday 06/27/2018 10:41 AM PST' are displayed on the right. Below the navigation bar are buttons for 'Provider', 'Broadcast Messages', and 'Contact Us'.

Claims landing page

The screenshot shows the Claims landing page. It features the same navigation bar as the previous page. Below the navigation bar, there is a 'Claims' button. A list of links is provided: 'Search Claims', 'Submit Claim Dental', 'Submit Claim Inst', 'Submit Claim Prof', 'Search Payment History', and 'Treatment History'. The date and time 'Wednesday 06/27/2018 10:38 AM PST' are displayed on the right.

3.7.3 Verifying claim status

To verify claim status, the user has the option to search by the following:

- Claim Information
- Recipient Information
- Service Information

The screenshot shows the 'Search Claims' form. It has a title bar with a question mark icon. The form is divided into three sections: 'Claim Information', 'Recipient Information', and 'Service Information'. The 'Claim Information' section has a 'Claim ID' field. The 'Recipient Information' section has a 'Recipient ID' field. The 'Service Information' section has fields for 'Rendering Provider ID', 'Service From', 'To', 'ID Type', 'Claim Type', and 'Claim Status'. There are 'Search' and 'Reset' buttons at the bottom.

Claim Status field requirements

Field	Format
Claim Information	
Claim ID	Optional field. Must enter in 16-digit Internal Claim Number (ICN). If ICN is not used, must enter recipient ID and service dates. If incorrect ICN is entered, will receive message: "There are no claims to show based on the search criteria selected."
Recipient Information	
Recipient ID	Optional field. Required field if no ICN is entered. Must enter 11-digit recipient ID. If the incorrect ID is entered or no claims found, will receive message: "There are no claims to show based on the search criteria selected."
Service Information	
Rendering Provider ID	Optional field. Must enter provider 10-digit National Provider Identifier (NPI) or Atypical Provider Identifier (API). Claims are only shown when paid to the logged in provider, but the rendering provider on the claim can be different and used as search criteria. Provider ID Type is required if Rendering Provider ID is entered. You have the ability to search for providers by clicking on the magnifying glass icon. If the incorrect ID is entered or no claims found, will receive message: "There are no claims to show based on the search criteria selected."
ID Type	Must select the Provider ID Type in this field if searching by rendering provider.
Claim Type	Optional field. Drop-down menu defaults to "ALL." If no claims found, will receive message: "There are no claims to show based on the search criteria selected."
Service From	Optional field. Required field if no Claim ID entered. Service date searches cannot span more than 45 days or include future dates. If claim status is for one date of service, the From date must be the same as the To date. Must be entered in MMDDCCYY format. If no claims are found, will receive message: "There are no claims to show based on the search criteria selected."
Service To	Optional field. Required field if no Claim ID entered. Service date searches cannot span more than 45 days or include future dates. If claim status is for one date of service, the From date must be the same as the To date. Must be entered in MMDDCCYY format. If no claims are found, will receive message: "There are no claims to show based on the search criteria selected."
Claim Status	Optional field. Drop-down menu defaults to "ALL." If no claims found, will receive message: "There are no claims to show based on the search criteria selected."

A minimum of one field (claim ID or ICN) is required for searches. If the ICN is unknown, you can request a claim search by recipient ID and service date range. If the servicing/rendering provider is different than the billing provider, you should include the rendering Provider ID and Provider ID Type.

To search claims:

1. Enter information in the appropriate fields.
2. Click “Search” button.

A successful response to the claim status inquiry when searching by recipient ID and Service From and To date is shown below.

Search Results

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

Total Records: 3

	Claim ID	TCN	Claim Type	Claim Status	Service Date	Recipient ID	Rendering Provider ID	Medicaid Paid Amount	Paid Date	Recipient Responsibility
+	2218178000008		Outpatient	Finalized Payment	02/07/2018	234567890123			02/26/2018	
+	2218172000008		Outpatient	Finalized Payment	02/05/2018	234567890123			02/08/2018	
+	2218110000008		Outpatient	Finalized Payment	02/02/2018	234567890123			02/28/2018	

- Claim ID – ICN is listed
 - TCN – Transaction Control Number. Currently not used - field is blank
 - Claim Type – Currently not use - field is blank
 - Claim Status – Status of claim (paid, denied, or pending)
 - Service Date – Date of service
 - Recipient ID – Recipient identification
 - Rendering Provider ID – The NPI or other identifier of the provider who rendered the service
 - Medicaid Paid Amount – The payment received
 - Paid Date – The date of the payment
 - Recipient Responsibility – Currently not used - field is blank
3. To view more information about the claim, click on the expand all “+” symbol located to the left of the **Claim ID** column to view the claim information page.

Search Results										
To see service line information, or to view the remittance advice, click on the '+' next to the claims ID.										Total Records: 3
	Claim ID	TCN	Claim Type	Claim Status	Service Date	Recipient ID	Rendering Provider ID	Medicaid Paid Amount	Paid Date	Recipient Responsibility
<input type="checkbox"/>	2218178000008		Outpatient	Finalized Payment	02/07/2018			\$100.00	02/26/2018	
<input type="checkbox"/>	2218172000008		Outpatient	Finalized Payment	02/05/2018			\$100.00	02/08/2018	

Outpatient Claim Information										
Recipient DEF ABC			Total Charge Amount \$100.00							
Birth Date 06/29/1990			Total Paid Amount \$100.00							
Rendering Provider VALLEY VIEW MEDICAL CENTER			Paid Date 02/08/2018							
Claim Status Finalized Payment			Reason Code Finalized/Payment-The claim/line has been paid.							
Service Information										
Service	Service Date	Line Status	Reason Code	Units	Revenue	Procedure/Modifiers	Charge	Paid		
1	02/05/2018	Finalized Payment	Finalized/Payment-The claim/line has been paid.	1	100	58674	\$100.00	\$100.00		
RA Copy (PDF)										

<input type="checkbox"/>	2218110000008		Outpatient	Finalized Payment	02/02/2018	234567890123	1538178801	\$0.00	02/28/2018	
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The claim information displays the services billed in more detail.

Service – Service line

Service Date – Date of service

Line Status – Claim line status

Reason Code – Codes for claim status

Units – Units billed

Revenue – Revenue code if applicable

Procedure/Modifiers – Services billed with modifiers if applicable

Charge – Charges billed

Paid – Payment received

For claims that are finalized, the user will have the ability to click **RA Copy (PDF)** where a new window will open to gain access to a copy of the remittance advice. The user can then print or save the RA to his/her computer.

To view the claim click on the Claim ID in the search results grid.

Search Claims ?

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

Claim Information

Claim ID

Recipient Information

Recipient ID

Service Information

Rendering Provider ID

ID Type

Claim Type

Service From

To

Claim Status

Search
Reset

Search Results

To see service line information, or to view the remittance advice, click on the '+' next to the claims ID. Total Records: 3

	Claim ID	TCN	Claim Type	Claim Status	Service Date	Recipient ID	Rendering Provider ID	Medicaid Paid Amount	Paid Date	Recipient Responsibility
+	2218178000008		Outpatient	Finalized Payment	02/07/2018			\$100.00	02/26/2018	
+	2218172000008		Outpatient	Finalized Payment	02/05/2018			\$100.00	02/08/2018	
+	2218110000008		Outpatient	Finalized Payment	02/02/2018			\$0.00	02/28/2018	

The View claims page will display.

[Print Preview](#)

View Institutional Claim - ID 2218178000008											Back to Search Results ?
Claim Type Outpatient											
Provider Information											
Billing Provider ID				ID Type NPI							
Billing Provider Service Location											
Institutional Provider ID				ID Type _							
Attending Provider ID				ID Type NPI							
Operating Provider ID _				ID Type _							
Other Operating Provider ID _				ID Type _							
Referring Provider ID _				ID Type _							
Patient Information											
Recipient ID *****						Gender Female					
Recipient Birth Date											
Claim Information											
Claim Status Finalized Payment				Admission Date/Hour 02/28/2018 - 01:00							
Covered Dates 02/28/2018				Admission Source 2-Clinic or Physician's Office							
Admission Type 2-Urgent				Discharge Hour _							
Admitting Diagnosis Type _				Facility Type Code 131-Hospital Outpatient: Admit through Discharge Claim							
Admitting Diagnosis _				Authorization Number							
Patient Status 01-Discharged to Home or Self Care (Routine Discharge)				Related Claim ICN							
Patient Number											
Previous Claim ICN											
Note											
Total Allowed Amount \$100.00				Total Co-pay Amount \$0.00				Total Charged Amount \$100.00			
								Total Paid Amount \$100.00			
Expand All Collapse All											
Adjudication Errors +											
Diagnosis Codes +											
Patient Reason for Visit Diagnosis Codes +											
Condition Codes +											
Occurrence Codes +											
Value Codes +											
Service Details -											
Svc #	Revenue Code	HCP/Proc Code	Mod	From Date	To Date	Units/Type	Charge Amount	Allowed Amount	Co-pay Amount	Paid Amount	
1	0100-All Inclusive Rate (R&B + Ancillary)	58674-LAPS ABLTJ UTERINE FIBROIDS		02/28/2018	02/28/2018	1.000 Unit	\$100.00	\$100.00	\$0.00	\$0.00	
No External Cause of Injury Diagnosis Codes exist for this claim											
No Other Insurance Details exist for this claim											
No Surgical Procedures exist for this claim											
No Attachments exist for this claim											
Adjust Copy Void Print Preview RA Copy (PDF)											

1. To clear the screen and access claim status on another claim, click the **Reset** button found on the search claims section of the page.

Search Claims

Medical/Dental

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

Claim Information

Claim ID

Recipient Information

Recipient ID

Service Information

Rendering Provider ID ID Type Claim Type

Service From To Claim Status

3.7.4 Verifying claim status through member focused viewing

The **Member Focused Viewing** link allows you to view a summary of all members' information on one page, based on the last 10 members previously viewed in EVS. When you search for other members in EVS, the **Member Focused Viewing** page remains available, so you do not have to repeat searches.

To check on claim status in Member Focus Viewing, click **Member Focused Viewing** from the **My Home page**.

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

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

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

My Home

Provider

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

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

Provider Services

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

Welcome Health Care Professional!

[Contact Us](#)

[Secure Correspondence](#)

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

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

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

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

The **Member Focus Search** page appears. This page displays two tabs. If the user has previously viewed members, the **Last Member Viewed** tab displays up to the last 10 searches. If no members have been previously viewed, then only the **Search** tab displays. Selection of an individual member from either tab displays the Member In Focus bar at the top of the page and summary information below, including their recent activity.

Member Focus Search ?

Last Members Viewed Search

The most recent recipients you viewed are listed below. Click on the recipient name below to access the Member Focus View.

Recipient ID	Recipient	Gender	Birth Date	City	Zip Code
23456789012	DEF ABC	Female	06/29/1990	EL PASO	79835-0000
35456362520	YDYE J MDKGDZSC	Male	01/29/1940	ELKO	89801-0000
00000000001	ISAAC E CLMGLZ	Male	01/01/1999	RENO	89511-0000

Click the name that is listed on the **Member Focus Search** page. The **Member Details** page appears.

The member details displays showing:

- Member Details
- Coverage Details
- Claims information
- Authorization information

Note: At the top of the page, the member will remain in focus even if the user navigates away from the **Member Details** page. Click “Close Member Focus” link to close the member in focus.

Member in Focus: YDYE J MDK KDZSC [Change](#) ID: 35456362520 [Close Member Focus](#) X



Other Details

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

Member Details

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

Coverage Details

Coverage	Effective Date	End Date
Medicaid Fee For Service	06/28/2018	06/30/2018

[View eligibility verification information](#)

Your Member Claims

Medical/Dental

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

Claim ID	Service Date	Claim Type	Claim Status
2318082000001	03/15/2018 - 03/15/2018	Outpatient	Pending In Process
2018082000033	03/15/2018 - 03/15/2018	Outpatient	Pending In Process
2018082000052	03/15/2018 - 03/15/2018	Outpatient	Pending In Process
2318082000003	03/15/2018 - 03/15/2018	Outpatient	Pending In Process
2018082000097	03/15/2018 - 03/15/2018	Outpatient	Pending In Process

[View more claims for this member](#)


Your Member Authorizations

[Submit an Authorization](#)

There are no authorizations for this member.

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

Member in Focus: YDYE J MDK KDZSC [Change](#) ID: 35456362520 [Close Member Focus](#) X



Other Details

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

Member Details

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

Coverage Details

Coverage	Effective Date	End Date
Medicaid Fee For Service	06/28/2018	06/30/2018

[View eligibility verification information](#)

Your Member Claims

Medical/Dental

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

Claim ID	Service Date	Claim Type	Claim Status
2318082000001	03/15/2018 - 03/15/2018	Outpatient	Pending In Process
2018082000033	03/15/2018 - 03/15/2018	Outpatient	Pending In Process
2018082000052	03/15/2018 - 03/15/2018	Outpatient	Pending In Process
2318082000003	03/15/2018 - 03/15/2018	Outpatient	Pending In Process
2018082000097	03/15/2018 - 03/15/2018	Outpatient	Pending In Process

[View more claims for this member](#)

To search for more claims, click on the **View More Claims for This Member** link. This will take the user to the **Search Claims** page. The Recipient ID field will be pre-populated with the recipient ID. The Service From and To fields will also be pre-populated with a 30 days search range using the date of the search as the To date.

If there are any claims that match the search criteria they will be listed under the **Search Results**. The message “There are no claims to show based on the search criteria selected.” will display if, there are no claims that match the search criteria.

Member in Focus: YDYE J MDKDKZSC [Change](#) ID: 35456362520 [Return to Member Focus](#) [Close Member Focus](#)

Search Claims

Medical/Dental

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

Claim Information

Claim ID

Recipient Information

Recipient ID

Service Information

Rendering Provider ID ID Type Claim Type

Service From To Claim Status

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

1. To check claim status on another claim for the same member, fill in the **From** and **To** dates and click **Search**.
2. To check claim status for another member, click **Reset** and fill in the member's information, then click **Search**. Even if another member's information is displayed, the previous member will still remain in focus.
3. To go back to the previous members detail page, click **Return to Member Focus**.
4. To change the member in focus, click **Change** next to the name in the Member in Focus. This will take you back to the **Member in Focus** page. You can then select from the other members on the list.
5. To remove the member in focus while checking claim status on another member, click **Close Member Focus** or click on the "✕" icon. The **Claim Status** page will now be in view and the user will no longer be in Member Focus Viewing.

Member in Focus: YDYE J MDKQZSC [Change](#) ID: 35456362520 [Return to Member Focus](#) [Close Member Focus](#) ✕

Search Claims ?

Medical/Dental

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

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

Claim Information

Claim ID

Recipient Information

Recipient ID

Service Information

Rendering Provider ID ID Type Claim Type

Service From To Claim Status