

# Chapter 4. Prior Authorization

The Nevada Medicaid and Nevada Check Up Provider Web Portal allows providers, or their delegates, the ability to create/submit, update, and view prior authorizations online using the Provider Web Portal.

## 4.1. Acroynms

- ABA – Applied Behavior Analysis
- ADHC – Adult Day Health Center
- BH – Behavioral Health
- DME – Durable Medical Equipment
- Inpt – Inpatient
- IOP – Intensive Outpatient Program
- M/S – Medical/Surgical
- Outpt – Outpatient
- PA – Prior Authorization
- PCS – Personal Care Services
- PHP – Partial Hospitalization Program
- RTC – Residential Treatment Center
- SDS – Self-Directed Skills

## 4.2. Creating a Prior Authorization

To create a prior authorization on the Provider Web Portal:

1. Log into the Provider Web Portal.
2. On the “My Home” page, under Care Management tab click the “Create Authorization” link:



Or

On the “My Home” page, click on the Care Management tab and click the “Create Authorization” link:



3. The Create Authorization page displays and defaults to Medical. All of the fields marked with a red asterisk (\*) are required fields.

The screenshot shows the 'Create Authorization' form. It has a dark blue header with the title 'Create Authorization' and a help icon. Below the header is a legend: '\* Indicates a required field.' The form is divided into several sections:

- Process Type:** Radio buttons for 'Medical' (selected) and 'Dental'. A dropdown menu for 'Process Type' is also present.
- Requesting Provider Information:** Fields for 'Provider ID' (112), 'ID Type' (NPI), and 'Name' (REGIONAL CENTER). A required field for '\*Service Location' is shown as a dropdown menu.
- Recipient Information:** Fields for '\*Recipient ID', 'Last Name', 'First Name', and 'Birth Date'.
- Referring Provider Information:** A checkbox for 'Referring Provider same as Requesting Provider'. A 'Select from Favorites' dropdown shows 'No favorite providers available.' Below are fields for 'Provider ID', 'ID Type', and 'Name', with an 'Add to Favorites' checkbox.
- Service Provider Information:** A checkbox for 'Service Provider same as Requesting Provider'. A 'Select from Favorites' dropdown shows 'No favorite providers available.' Below are fields for '\*Provider ID', '\*ID Type', 'Name', and 'Add to Favorites'. At the bottom are fields for '\*Service Location' and 'Location'.

**Diagnosis Information**

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

Diagnosis Type	Diagnosis Code	Action
<input type="checkbox"/> Click to collapse.		
*Diagnosis Type <input type="text" value="ICD-10-CM"/>	*Diagnosis Code <input type="text"/>	
<input type="button" value="Add"/> <input type="button" value="Cancel"/>		

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**Service Details**

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

Line #	From Date	To Date	Code	Modifiers	Units	Action
<input type="checkbox"/> Click to collapse.						
	*From Date <input type="text"/>	To Date <input type="text"/>	*Code Type <input type="text" value="CPT/HCPCS"/>	*Code <input type="text"/>		
	Modifiers <input type="text"/>		<input type="text"/>			
	*Units <input type="text"/>		<input type="text"/>			
	*Medical Justification <input style="height: 20px;" type="text"/>					
<input type="button" value="Add Service"/> <input type="button" value="Cancel Service"/>						

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**Attachments**

To include an attachment electronically with the prior authorization request, browse and select the attachment, select an Attachment Type and then click on the Add button.  
[Prior Authorization Forms](#)

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

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

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

- Select the Dental radio button to create a Dental PA. All of the fields marked with a red asterisk (\*) are required fields.

**Create Authorization** ?

\* Indicates a required field.

Medical     **Dental**

\*Process Type  [Expand All](#) | [Collapse All](#)

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**Requesting Provider Information** -

Provider ID 112                      ID Type NPI                      Name REGIONAL CENTER

\*Service Location

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**Recipient Information** -

\*Recipient ID

Last Name                                      First Name

Birth Date                                      Initial X-Ray/Photo Date

Indicate which of the patient's teeth are missing by checking the check box for the corresponding tooth number.

Permanent

Tooth #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Missing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Missing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tooth #	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Primary

Tooth #	J	I	H	G	F	E	D	C	B	A
Missing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Missing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tooth #	K	L	M	N	O	P	Q	R	S	T

**Rendering Provider Information** -

Rendering Provider same as Requesting Provider

Select from Favorites

Provider ID  ID Type  Name  Add to Favorites

\*Place of Service

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**Diagnosis Information** -

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

Diagnosis Type	Diagnosis Code	Action
<input type="checkbox"/> Click to collapse.		
*Diagnosis Type <input type="text" value="ICD-10-CM"/>	*Diagnosis Code <input type="text"/>	
<input type="button" value="Add"/> <input type="button" value="Cancel"/>		

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**Service Details** -

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

Line #	From Date	To Date	Code	Modifiers	Tooth Number	Units	Action
<input type="checkbox"/> Click to collapse.							
*From Date <input type="text"/>	To Date <input type="text"/>	*Code Type <input type="text" value="CPT/HCPCS"/>	*Code <input type="text"/>	Modifiers <input type="text"/>			
*Units <input type="text"/>	Tooth Number <input type="text"/>	Tooth Surface <input type="text"/>					
Oral Cavity Area <input type="text"/>	Requested Dollars <input type="text"/>	*Medical Justification <input type="text"/>					
<input type="button" value="Add Service"/> <input type="button" value="Cancel Service"/>							

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**Attachments** -

To include an attachment electronically with the prior authorization request, browse and select the attachment, select an Attachment Type and then click on the Add button.  
[Prior Authorization Forms](#)

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

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

When the Create Authorization is first displayed, all of the panels are expanded.

**Collapse:**

Click on the (-) button on the right hand side of the panel to collapse that panel.

**Create Authorization** ?

\* Indicates a required field.

Medical  Dental

\*Process Type

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

Requesting Provider Information	+
Recipient Information	+
Referring Provider Information	+
Service Provider Information	+

Click the "Collapse All" link on the top right hand corner of the page to collapse all of the panels.

**Expand:**

Click on the (+) button on the right hand side of the panel to expand that panel.

The screenshot shows a web form titled "Create Authorization" with a help icon in the top right corner. A note at the top left states "\* Indicates a required field." The form is organized into several expandable sections, each with a minus sign icon on the right:

- Process Type:** Radio buttons for "Medical" (selected) and "Dental". A dropdown menu for "\*Process Type" is below. Links for "Expand All" and "Collapse All" are on the right.
- Requesting Provider Information:** Fields for "Provider ID" (112), "ID Type" (NPI), and "Name" (REGIONAL CENTER). A dropdown for "\*Service Location" is below.
- Recipient Information:** Fields for "\*Recipient ID", "Last Name", "Birth Date", and "First Name".
- Referring Provider Information:** A checkbox for "Referring Provider same as Requesting Provider". A dropdown for "Select from Favorites" shows "No favorite providers available.". Fields for "Provider ID", "ID Type", "Name", and "Add to Favorites" are below.
- Service Provider Information:** A checkbox for "Service Provider same as Requesting Provider". A dropdown for "Select from Favorites" shows "No favorite providers available.". Fields for "\*Provider ID", "\*ID Type", "Name", "Add to Favorites", "\*Service Location", and "Location" are below.

Click the "Expand All" link on the top right hand corner of the page to expand all of the panels.

## 4.3. Process Types

Create Authorization is a one-page process for all prior authorization requests.

1. Select Medical or Dental to indicate the type of authorization that is being created.
2. The Process Type drop-down lists will display all of the available process types based on the type of authorization that was selected. The required information in the Service Details section is dependent on the process type selected.

Medical – Select one of the following process types from the drop-down list:

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

Dental – Select one of the following process types from the drop-down list:

- Dental
- Dental Orthodontia
- Retro Dental
- Retro Dental Orthodontia

## 4.4. Provider Information

For Medical and Dental Prior Authorizations, the Requesting Provider Information is automatically populated with the Provider ID and Name of the provider that the signed-in user is associated with. If

there is more than one service location associated to the logged in provider, use the Service Location drop-down list to select the correct provider type and location for the prior authorization.

The screenshot shows the 'Create Authorization' form. At the top, there are radio buttons for 'Medical' (selected) and 'Dental'. Below that is a '\*Process Type' dropdown menu. The 'Requesting Provider Information' section is expanded, showing a table with columns: 'Provider ID', 'ID Type', and 'Name'. The table contains one row: '112', 'NPI', 'REGIONAL CENTER'. Below this, a '\*Service Location' dropdown menu is open, showing a list of options: '10- REGIONAL CENTER-11 MILL ST,RENO,NEVADA,895021576', '11- REGIONAL CENTER-11 MILL ST,RENO,NEVADA,900844444', '12- REGIONAL CENTER-11 MILL ST,RENO,NEVADA,895021576', '20- REGIONAL CENTER-11 MILL ST,RENO,NEVADA,895020000', and '81- REGIONAL CENTER-11 MILL ST,RENO,NEVADA,895021576'. The 'Recipient Information' section is partially visible below.

### Medical Process Types:

- Referring Provider Information
  - If there is a referring provider, complete one of the following options:
    1. Check the box to indicate - Referring Provider same as Requesting Provider  
OR
    2. Use the “Select from Favorites” drop-down list to select a provider from your favorites list  
OR
    3. Enter Provider ID and ID Type
- Service Provider Information
  - Complete one of the following options:
    1. Check the box to indicate – Service Provider same as Requesting Provider  
OR
    2. Use the “Select from Favorites” drop-down list to select a provider from your favorites list  
OR
    3. Enter Provider ID and ID Type
    4. If there is more than one service location associated with the service provider, use the Service Location drop-down list to select the correct provider type and location.
- Check the Add to Favorites checkbox to add the entered provider to the favorite providers list
- Select service location from the “Location” drop-down list (Optional)



Requesting Provider Information		
Provider ID	112	ID Type NPI
Name	REGIONAL CENTER	
*Service Location	<input type="text"/>	
Recipient Information		
*Recipient ID	<input type="text"/>	
Last Name	First Name	
Birth Date		
Referring Provider Information		
Referring Provider same as Requesting Provider	<input type="checkbox"/>	
Select from Favorites	<input type="text"/> No favorite providers available.	
Provider ID	<input type="text"/>	<input type="text"/> ID Type
	<input type="text"/>	<input type="text"/> Name
		<input type="checkbox"/> Add to Favorites
Service Provider Information		
Service Provider same as Requesting Provider	<input type="checkbox"/>	
Select from Favorites	<input type="text"/> No favorite providers available.	
*Provider ID	<input type="text"/>	<input type="text"/> ID Type
	<input type="text"/>	<input type="text"/> Name
		<input type="checkbox"/> Add to Favorites
*Service Location	<input type="text"/>	
Location	<input type="text"/>	

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

Dental Process Types:

- Rendering Provider Information
  - If there is a rendering provider, complete one of the following options:
    1. Check the box to indicate - Rendering Provider same as Requesting Provider  
OR
    2. Use the “Select from Favorites” drop-down list to select a provider from your favorites list  
OR
    3. Enter Provider ID and ID Type
    4. If there is more than one service location associated with the service provider, use the Service Location drop-down list to select the correct provider type and location.
  - Check the Add to Favorites checkbox to add the entered provider to the favorite providers list.
  - Select place of service from the “Place of Service” drop-down list (Required)

**Create Authorization** ?

\* Indicates a required field.

Medical     **Dental**

**\*Process Type**  [Expand All](#) | [Collapse All](#)

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**Requesting Provider Information** -

**Provider ID** 107                      **ID Type** NPI                      **Name** DENTAL INC  
**\*Service Location**

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**Recipient Information** -

**\*Recipient ID**

**Last Name**                                      **First Name**  
**Birth Date**                                      **Initial X-Ray/Photo Date**

Indicate which of the patient's teeth are missing by checking the check box for the corresponding tooth number.

Permanent

Tooth #	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Missing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Data load in progress...				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Missing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tooth #	32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

Primary

Tooth #	J	I	H	G	F	E	D	C	B	A
Missing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Missing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tooth #	K	L	M	N	O	P	Q	R	S	T

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**Rendering Provider Information** -

**Rendering Provider same as Requesting Provider**   
**Select from Favorites**

**Provider ID**   **ID Type**  **Name** REGIONAL CENTER    **Add to Favorites**

**\*Service Location**

**\*Place of Service**

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

## 4.5. Recipient Information

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

### Medical

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

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

### Dental

The recipient information panel for dental PAs also includes a field to enter the initial X-Ray/Photo Date, and a tooth chart to indicate which of the patient's teeth are missing (if applicable).

Recipient Information	
*Recipient ID <input type="text"/>	
Last Name	First Name
Birth Date	Initial X-Ray/Photo Date <input type="text"/>
Indicate which of the patient's teeth are missing by checking the check box for the corresponding tooth number.	
Permanent	
Tooth #	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16
Missing?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Missing?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Tooth #	32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17
Primary	
Tooth #	J I H G F E D C B A
Missing?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Missing?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Tooth #	K L M N O P Q R S T

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

## 4.6. Service Information

The Process Type selected determines the fields presented in Service Details panel.

- All authorizations require:
  - At least one diagnosis code (enter without decimals)
  - Service details (up to 27 service lines)
  - At least one electronic attachment
- Attachments can be submitted:
  - Electronically
  - By mail only if dental x-rays or dental molds that do not allow for electronic submission.

### Diagnosis Information

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

- Portal allows for up to 9 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 “Add” button to add each diagnosis code.

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

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

## Service Details for Inpatient Process Types

*Inpatient M/S, BH Inpatient, BH RTC, Hospice, Retro BH Inpatient, Retro BH RTC, Retro Hospice and Retro Inpatient M/S*

- Inpatient Process Type authorizations can have up to 27 service lines.
- For hospital inpatient concurrent reviews that are greater than 27 lines, beginning at what would be line 28, please start a new PA with the next day's date following the "through" date from line 27.

For example:

- Line 27: 1/1 to 1/4
- Line 28 of new PA: 1/5

This is **only** for concurrent review PAs with more than 27 lines.

**Note:** Please remember that only one (1) PA is allowed per claim. If you have more than one PA, please split bill the claim if it is for one continuous stay.

- Revenue codes are searchable.
  - Enter the first three numbers, or description of the code to use the predictive search.
- Enter the requested From Date. The Through date will automatically be calculated when the service line is added to the PA by clicking the "Add Service" button.
  - The Through date will be based on the # of Days requested without the addition of a day for the Date of Discharge
  - Service lines with overlapping dates are not allowed.
- The Medical Justification field allows up to 6000 characters. Acceptable characters include [a-z], [A-Z], [0-9], spaces and characters '?!,( )-+;:\_%/\=&#\*\$^@.
- If your National Provider Identifier (NPI) is tied to multiple provider types, i.e., 10, 11 and 12, 20, please enter the provider type associated with the authorization request in the medical justification field.
- Click "Add Service" button to add the service line to the PA
- Use the Copy link to copy the service line information to the next line.
- Use the Remove link to remove any service lines added in error.

Service Details						
Line #	From Date	Through Date	Code		# of Days	Action
1	06/01/2017	06/03/2017	0121-Room & Board - Semi-Private 2 beds - Med/Surg/OB		3	<a href="#">Copy</a>   <a href="#">Remove</a>

Click to collapse.

\*From Date  Code Type Revenue \*Code

\*# of Days

\*Medical Justification

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

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

## Service Details for Medical Non Inpatient Process Types

ABA, ADHC, Audiology, BH Outpatient, BH PHP/IOP, BH Rehab, DME, Home Health, Hospice, Ocular, Outpatient M/S, PCS Annual Update, PCS Informational Cancel, PCS Initial, PCS One-Time, PCS Significant Change, PCS SDS, PCS Temporary Auth, PCS Transfer, Retro ABA, Retro Audiology, Retro BH Outpatient, Retro BH PHP/IOP, Retro BH Rehab, Retro DME, Retro Hospice, Retro Home Health, Retro Ocular, and Retro Outpatient M/S

- Non Inpatient Process Type authorizations can have up to 27 service lines.
- CPT/HCPCS codes are searchable.
  - Enter the first three numbers or description of the code to use the predictive search.
- Enter the requested “From Date.” The “To Date” is optional but can be used to request a date range.
- Modifiers – If applicable, up to four modifiers can be entered.
- Enter the number of units for the service being requested.
- (Optional) Frequency – drop-down list that only appears for ADHC and PCS Process Types. If applicable, select the frequency of the service being requested.
- The Medical Justification field allows up to 6000 characters. Acceptable characters include [a-z], [A-Z], [0-9], spaces and characters '?!,( )-+;:\_%/\=&#\*\$^@.
- If your National Provider Identifier (NPI) is tied to multiple provider types, i.e., 10, 11 and 12, 20, please enter the provider type associated with the authorization request in the medical justification field.
- Click “Add Service” button to add the service line to the PA.
- Use the Copy link to copy the service line information to the next line.
- Use the Remove link to remove any service lines added in error.

Service Details							
Line #	From Date	To Date	Code	Modifiers	Units	Action	
1	06/01/2017	06/30/2017	97010-Hot or cold packs therapy	GO	10	<a href="#">Copy</a>   <a href="#">Remove</a>	

Click to collapse.

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

Modifiers

\*Units  Frequency

\*Medical Justification

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

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

## Service Details for Dental Process Types

### *Dental, Dental Orthodontia, Retro Dental, and Retro Dental Orthodontia*

- Dental Process Type authorizations can have up to 27 service lines.
- CPT/HCPCS and CDT codes are searchable.
  - Enter the first three numbers or description of the code to use the predictive search.
- Enter the requested “From Date.” The “To Date” is optional, but can be used to request a date range.
  - If a “To Date” is entered, it can’t exceed more than 365 days from the “From Date.”
- Modifiers – If applicable, up to four modifiers can be entered.
- Enter the number of units for the service being requested.
- Tooth Number – drop-down list to select the tooth number of the service being requested.
- Tooth Surface – drop-down list to select the tooth surface of the service being requested.
- Oral Cavity Area – drop-down list to select the oral cavity area of the service being requested.
- Requested Dollars – If applicable, enter a requested dollar amount.
- The Medical Justification field allows up to 6000 characters. Acceptable characters include [a-z], [A-Z], [0-9], spaces and characters '.?!,( )-+;\_%\=&#\*\$^@.
- Click “Add Service” button to add the service line to the PA
- Use the Copy link to copy the service line information to the next line.
- Use the Remove link to remove any service lines added in error.

Service Details								
Line #	From Date	To Date	Code	Modifiers	Tooth Number	Units	Action	
1	06/01/2017	06/01/2017	D1110-Dental prophylaxis adult		08-Central incisor	1	<a href="#">Copy</a>   <a href="#">Remove</a>	

Click to collapse.

\*From Date  To Date  \*Code Type  \*Code

Modifiers

\*Units

Tooth Number  Tooth Surface

Oral Cavity Area

Requested Dollars

\*Medical Justification

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

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

## Attachments

Attachments are required for all prior authorization requests. Requests are not considered submitted unless there is an attachment. If an attachment is added at a later time, the request will be considered submitted at the time the attachment is added.

To include attachments electronically with a prior authorization request:

- Transmission Method – Electronic Only is selected by default
- Upload File – click "Browse" button and locate file to be attached and click to attach
- Attachment type – select from the drop-down box the type of attachment being sent
- Select the "ADD" button to attach your file
- Repeat for additional attachments if needed (Note: the combined size of all attachments cannot exceed 4 MB)
- To remove any attachments that were attached incorrectly, use the Remove link

Note: Attachment section is required to be completed and at least one attachment is required.

**Attachments**

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

[Prior Authorization Forms](#)

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

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

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

Click to collapse.

\*Transmission Method

\*Upload File

\*Attachment Type

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

To submit dental prior authorization x-rays or molds that do not allow for electronic submission by mail:

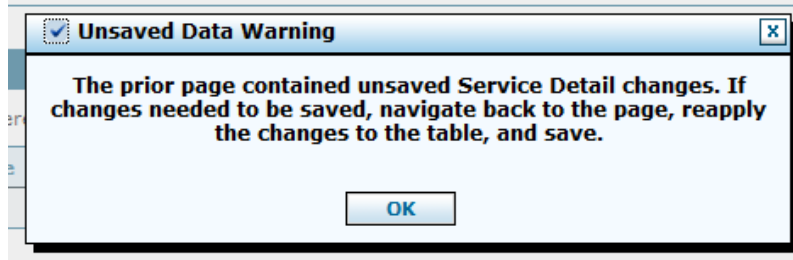
### Mail attachments to:

Nevada Medicaid  
Attention: "Dental PA"  
PO BOX 30042  
Reno, NV 89520-3042

### Unsaved Data Warning

For a new or resubmitted prior authorization request, when at least one service line has been entered and there is another service line added but not saved by clicking the "Add Service" button before clicking the "Submit" button, then the following error message will be displayed:





### Finalizing a Prior Authorization

Once all of the required information, service details lines, and attachment information has been added, click the “Submit” button to go to the Confirm Authorization page. This page contains all of the authorization details. Review the information for accuracy. Use the “Back” button to return to the Create Authorization page if errors are present. After all of the information has been reviewed, select the “Confirm” button to send your authorization for processing.

Confirm Authorization						
<a href="#">Expand All</a>   <a href="#">Collapse All</a>						
Requesting Provider Information						
Recipient Information and Process Type						
Referring Provider Information						
Service Provider Information						
<a href="#">Expand All</a>   <a href="#">Collapse All</a>						
Diagnosis Information						
Please note that the 1st diagnosis entered is considered to be the principal (primary) Diagnosis Code.						
Diagnosis Type		Diagnosis Code				
ICD-10-CM		116-TUBERCULOUS PNEUMONIA (ANY FORM)				
Service Details						
Line #	From Date	To Date	Code	Modifiers	Units	
1	04/19/2017	04/28/2017	Revenue 0121-Room & Board - Semi-Private 2 beds - Med/Surg/OB		10	
Attachments						
Transmission Method	File	Attachment Type				
EL-Electronic Only	Medical Records.pdf (1018K)	M1-Medical Record Attachment				
<a href="#">Back</a>			<a href="#">Confirm</a> <a href="#">Cancel</a>			

### Authorization Receipt Page

The Authorization Receipt page will display the Authorization Tracking number; this number is used to track your authorization in the portal.

Authorization Receipt	
Your Authorization Tracking Number 200002 was successfully submitted.	
Click <b>Print Preview</b> to view authorization details and receipt. Click <b>Copy</b> to copy member data or authorization data. Click <b>New</b> to create a new authorization for a different member. General Authorization Receipt Instructions	
<a href="#">Print Preview</a>	<a href="#">Copy</a> <a href="#">New</a>

### Print Preview

- Opens new window with all of the authorization information viewable
- Printable page with date and time stamp

### Copy

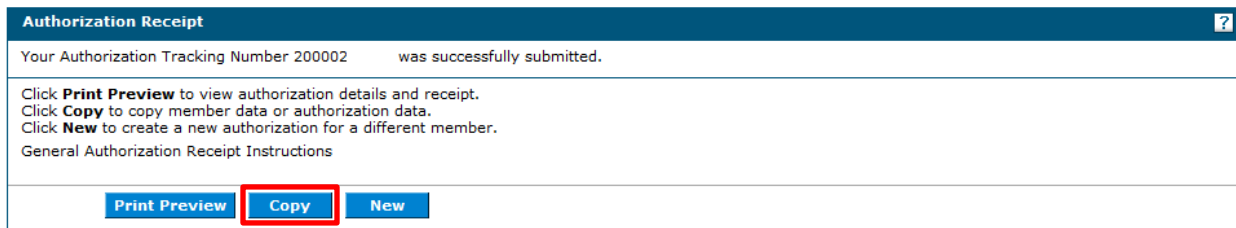
- Copy recipient data or authorization data to a new authorization

### New

- Create a new authorization for a different recipient

### Copying an Authorization

The ability to copy an authorization, by recipient or service, is available on the authorization receipt page, after successfully submitting an authorization.



The screenshot shows a dark blue header with the text "Authorization Receipt" and a help icon. Below the header, a message states: "Your Authorization Tracking Number 200002 was successfully submitted." Underneath, there are instructions: "Click **Print Preview** to view authorization details and receipt. Click **Copy** to copy member data or authorization data. Click **New** to create a new authorization for a different member. General Authorization Receipt Instructions". At the bottom, there are three buttons: "Print Preview", "Copy" (highlighted with a red box), and "New".

### Copy authorizations by Member Data

- You can copy an authorization for an existing recipient when requesting a new service.
- Only the recipient data is copied for the copy request.



The screenshot shows a dialog box titled "Copy Data" with a help icon. The text inside reads: "Select the information you would like to have copied to the new authorization. Press **Copy** to initiate the new authorization request and continue entering authorization information." There are two radio button options: "Member Data" (selected and highlighted with a red box) with the subtext "Copy the member data to a new authorization request." and "Authorization Data" with the subtext "Copy authorization data to a different member." At the bottom, there are "Copy" and "Cancel" buttons.

### Create Authorization:

- Review pre-populated recipient data
- Select process type
- Enter provider information
- Enter all required data
- Add attachments
- Click Submit
- Review all information
- Select Confirm
- Authorization Receipt page

## Copy authorizations by Authorization Data

- You can copy an authorization by service, so a specialist can submit authorizations for similar services but for a different recipient.
- All of the authorization data is copied with the exception of the recipient data and the attachments section.

**Copy Data** ?

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

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

**Authorization Data**  
Copy authorization data to a different member.

**Copy** **Cancel**

### Create Authorization:

- Enter recipient data
- Review all pre-populated data
- Add attachments
- Select submit
- Review all information
- Select Confirm
- Authorization Receipt page

## 4.7. Submitting Additional Information

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

- Requests for additional services
- Attachments that were not submitted with original PA submission
- FA-29 Prior Authorization Data Correction Form
- FA-29A Request for Termination of Service

### Resubmission process:

1. Search for the PA using the View Authorization Search page
2. Click on the Authorization Tracking Number in the Search Results grid
3. Click on the “Edit” button on the View Authorization Response page.
4. The PA is re-opened, new diagnosis codes, service details, and/or attachment can be added.
  - Changes cannot be made to previously submitted information. If you need to update previously submitted information, attach the FA-29 Prior Authorization Data Correction Form to the PA that needs to be updated.

**View Authorization Response for Jane Doe Smith** [Back to View Authorization Status](#)

**Authorization Tracking #** 1000000121 **Process Type** Outpt M/S [Expand All](#) | [Collapse All](#)

**Requesting Provider Information** +

**Recipient Information** +

**Referring Provider Information** +

**Diagnosis Information** +

**Service Provider / Service Details Information** -

**Provider ID** 119 **ID Type** NPI **Name** Plano Independent Hospital

From Date	To Date	Units	Remaining Units	Amount	Code	Medical Citation	Decision / Date	Reason
04/01/2017	04/30/2017	3	-	-	CPT/HCPCS 77261-Therapeutic radiology treatment planning; simple	<a href="#">View</a>	Certified In Total 04/30/2017	-

Edit View Provider Request [Print Preview](#)

5. Once the new information has been added to the PA, click on the “Resubmit” button to review the PA information
6. Click the “Confirm” button to resubmit the PA.
7. The Authorization Tracking Number will remain the same.

## 4.8. Checking prior authorization status

Logged-in users are able to inquire on the status of any Prior Authorization (PA) request.

To check status of a PA:

1. After logging in, click the Care Management tab at the top of the 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!**

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

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

[Contact Us](#)

[Secure Correspondence](#)

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.

You will be directed to the Authorizations page.

2. Click View Status of Authorizations.

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

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

Care Management

**Authorizations**

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

You will be directed to the View Authorization Status page. Two tabs will be displayed.

- The Prospective Authorizations tab displays a list of authorizations with dates of service starting with the current date going forward, by either the requesting or servicing provider. If there are no authorizations to view, you will see the following page.

**View Authorization Status** ?

Prospective Authorizations Search Options

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

**There are no authorizations to show.**

If there are authorizations to view, they will be listed under Prospective Authorizations. You can click on the column heading to sort the view of the last 20 authorizations by Authorization Tracking Number, Service Date, Recipient Name, Recipient ID, Authorization Type, Requesting Provider, or Servicing Provider.

To view authorizations:

- Click the Authorization Tracking Number to get the PA for the member listed.

**View Authorization Status** ?

Prospective Authorizations Search Options

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

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

- Click "Expand All" or the "+" icons to view the full PA details.

**View Authorization Response for Jane Doe Smith** Back to View Authorization Status ?

Authorization Tracking # 1000000121 Process Type Outpt M/S 5 Expand All | Collapse All

Requesting Provider Information +

Recipient Information +

Referring Provider Information +

Diagnosis Information +

Service Provider / Service Details Information -

Provider ID 119 ID Type NPI Name Plano Independent Hospital

From Date	To Date	Units	Remaining Units	Amount	Code	Medical Citation	Decision / Date	Reason
04/01/2017	04/30/2017	3	-	-	CPT/HCPCS 77261-Therapeutic radiology treatment planning; simple	<a href="#">View</a>	Certified In Total 04/30/2017	-

Edit View Provider Request Print Preview

- Durable Medical Equipment (DME) and Dental providers may view the remaining units and/or dollar amount balance in the PA details.

[Print Preview](#)

**View Authorization Response for Jane Doe Smith** [Back to View Authorization Status](#) ?

**Authorization Tracking #** 32171930002 **Process Type** DME [Expand All](#) | [Collapse All](#)

**Requesting Provider Information** +

**Recipient Information** +

**Referring Provider Information** +

**Diagnosis Information** +

**Service Provider / Service Details Information** -

**Provider ID** 11241 **ID Type** NPI  
**Service Location** 28-DAHLS PHARMACY OF FALLON-1870 W WILLIAMS AVE, FALLON, Nevada, 89406-2648

From Date	To Date	Units	Remaining Units	Remaining Amount	Code	Medical Citation	Decision / Date	Reason
07/12/2017	10/12/2017	3	0	\$150.00	CPT/HCPCS E0601-Cont airway pressure device	<a href="#">View</a>	Pended 07/12/2017	Requested Information Not Received

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

By expanding the page, you can view:

1. Requesting Provider Information
2. Recipient Information
3. Diagnosis Information
4. Service Provider/Service Details Information
5. To view full page in printable format, click the “Print Preview” box that will appear at the bottom of the page.

**Authorization Tracking #** 45201880002 **Process Type** PCS SIGNIFICANT CHANGE [Expand All](#) | [Collapse All](#)

1

**Requesting Provider Information** -

**Provider ID** 1659 **ID Type** NPI  
**Service Location** 11-INPATIENT HOSPITAL-2170 SOUTH AVE, NULL, SOUTH LAKE TAHOE, CALIFORNIA, 96150-7026

2

**Recipient Information** -

**Recipient ID** 11111111111  
**Recipient** MARIA THOMAS  
**Birth Date** 01/01/1980

**Referring Provider Information** -

**Provider ID** 1659777 **ID Type** NPI **Name** INPATIENT HOSPITAL

3

**Diagnosis Information** -

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

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

4

**Service Provider / Service Details Information** -

**Provider ID** 1154492 **ID Type** NPI  
**Service Location** 30-HOME HEALTH CARE SPECIALISTS-STE A, 160 E HORIZON DR, HENDERSON, NEVADA, 89015-0000

From Date	To Date	Units	Remaining Units	Remaining Amount	Code	Medical Citation	Decision / Date	Reason
07/06/2020	12/31/2020	100	100	-	CPT/HCPCS 0001F-HEART FAILURE COMPOSITE	<a href="#">View</a>	Certified Partial 07/06/2020	Product/service/procedure delivery pattern (e.g., units, days, visits, weeks, hours, months)

5

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

[Print Preview](#)



6. An additional small page will display giving you a printable view. Click “Print” for printing option.

6
Print

**View Authorization Response for MARIA THOMAS**

<b>Authorization Tracking #</b> 45201880002	<b>Process Type</b> PCS SIGNIFICANT CHANGE
---	--

**Requesting Provider Information**

<b>Provider ID</b> 1659777	<b>ID Type</b> NPI	
<b>Service Location</b> 11-INPATIENT HOSPITAL-2170 SOUTH AVE, NULL, SOUTH LAKE TAHOE, CALIFORNIA, 96150-7026		

**Recipient Information**

<b>Recipient ID</b> 11111111111	<b>Recipient</b> MARIA THOMAS	<b>Birth Date</b> 01/01/1980
---------------------------------	-------------------------------	------------------------------

**Referring Provider Information**

<b>Provider ID</b> 1659777	<b>ID Type</b> NPI	<b>Name</b> INPATIENT HOSPITAL
----------------------------	--------------------	--------------------------------

**Diagnosis Information**

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

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

**Service Provider / Service Details Information**

<b>Provider ID</b> 11544923:	<b>ID Type</b> NPI	
<b>Service Location</b> 30-HOME HEALTH CARE SPECIALISTS-STE A, 160 E HORIZON DR, HENDERSON, NEVADA, 89015-0000		

From Date	To Date	Units	Remaining Units	Remaining Amount	Code	Decision / Date	Reason
07/06/2020	12/31/2020	100	100	-	CPT/HCPCS 0001F-HEART FAILURE COMPOSITE	Certified Partial 07/06/2020	Product/service/procedure delivery pattern (e.g., units, days, visits, weeks, hours, months)

**Medical Citation**  
7773 - Lack of documentation to support caregiver cannot perform bronchial drainage treatment.

**Notes To Provider**  
-

Print
Close

7. You can also print using View Provider Request displayed on the View Authorization Response page. The View Provider Request page will display all of the dates of service and units requested by the provider.
8. To check status of another PA, click on “Back to View Authorization Status.”

View Authorization Response for MARIA THOMAS
Back to View Authorization Status 8

**Authorization Tracking #** 45201880002      **Process Type** PCS SIGNIFICANT CHANGE

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

**Requesting Provider Information** +

**Recipient Information** +

**Referring Provider Information** +

**Diagnosis Information** +

**Service Provider / Service Details Information** -

**Provider ID** 11544      **ID Type** NPI

**Service Location** 30-HOME HEALTH CARE SPECIALISTS-STE A, 160 E HORIZON DR, HENDERSON, NEVADA, 89015-0000

From Date	To Date	Units	Remaining Units	Remaining Amount	Code	Medical Citation	Decision / Date	Reason
07/06/2020	12/31/2020	100	100	-	CPT/HCPCS 0001F-HEART FAILURE COMPOSITE	<a href="#">View</a>	Certified Partial 07/06/2020	Product/service/procedure delivery pattern (e.g., units, days, visits, weeks, hours, months)

Edit
**View Provider Request**
Print Preview

### Medical Citation

If there is medical citation or notes to the provider, a View link will be displayed in the Medical Citation Column.

View Authorization Response for MARIA THOMAS
Back to View Authorization Status 8

**Authorization Tracking #** 45201880002      **Process Type** PCS SIGNIFICANT CHANGE

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

**Requesting Provider Information** +

**Recipient Information** +

**Referring Provider Information** +

**Diagnosis Information** +

**Service Provider / Service Details Information** -

**Provider ID** 115449      **ID Type** NPI

**Service Location** 30-HOME HEALTH CARE SPECIALISTS-STE A, 160 E HORIZON DR, HENDERSON, NEVADA, 89015-0000

From Date	To Date	Units	Remaining Units	Remaining Amount	Code	Medical Citation	Decision / Date	Reason
07/06/2020	12/31/2020	100	100	-	CPT/HCPCS 0001F-HEART FAILURE COMPOSITE	<a href="#">View</a>	Certified Partial 07/06/2020	Product/service/procedure delivery pattern (e.g., units, days, visits, weeks, hours, months)

Edit
**View Provider Request**
Print Preview

To view the medical citation and notes to provider, click on the the View link.

View Authorization Response for MARIA THOMAS					Back to View Authorization Status				
Authorization Tracking # 45201880002			Process Type PCS SIGNIFICANT CHANGE						<a href="#">Expand All</a>   <a href="#">Collapse All</a>
Requesting Provider Information									
Recipient Information									
Referring Provider Information									
Diagnosis Information									
Service Provider / Service Details Information									
Provider ID 115449			ID Type NPI						
Service Location 30-HOME HEALTH CARE SPECIALISTS-STE A, 160 E HORIZON DR, HENDERSON, NEVADA, 89015-0000									
From Date	To Date	Units	Remaining Units	Remaining Amount	Code	Medical Citation	Decision / Date	Reason	
07/06/2020	12/31/2020	100	100	-	CPT/HCPCS 0001F-HEART FAILURE COMPOSITE	<a href="#">Hide</a>	Certified Partial 07/06/2020	Product/service/procedure delivery pattern (e.g., units, days, visits, weeks, hours, months)	
<b>Medical Citation</b> 7773 - Lack of documentation to support caregiver cannot perform bronchial drainage treatment. <b>Notes To Provider</b> -									
<a href="#">Edit</a>			<a href="#">View Provider Request</a>			<a href="#">Print Preview</a>			

### Search Options Tab:

You also have the ability to search for specific authorizations by clicking on the Search Options tab instead of the Prospective Authorizations tab.

To search for authorizations under the View Authorization Status, enter at least one of the following:

#### 1. Authorization Information

- Authorization Tracking Number
- Day Range or Service Date

-OR-

#### 2. Status Information

- Select a status from the Status drop-down list
- When searching using status you will have to also enter at least one of the following:
  - Authorization Tracking Number
  - Day Range or Service Date
  - Recipient Information
  - Provider Information
- Please allow up to one hour after the time of your PA submission before trying to search using "Status Information."

-OR-


#### 3. Enter at least one of the following: Recipient Information

- Recipient ID
- Birth Date
- Last Name
- First Name
- If birth date or first name is entered, then member ID and/or last name must also be entered.

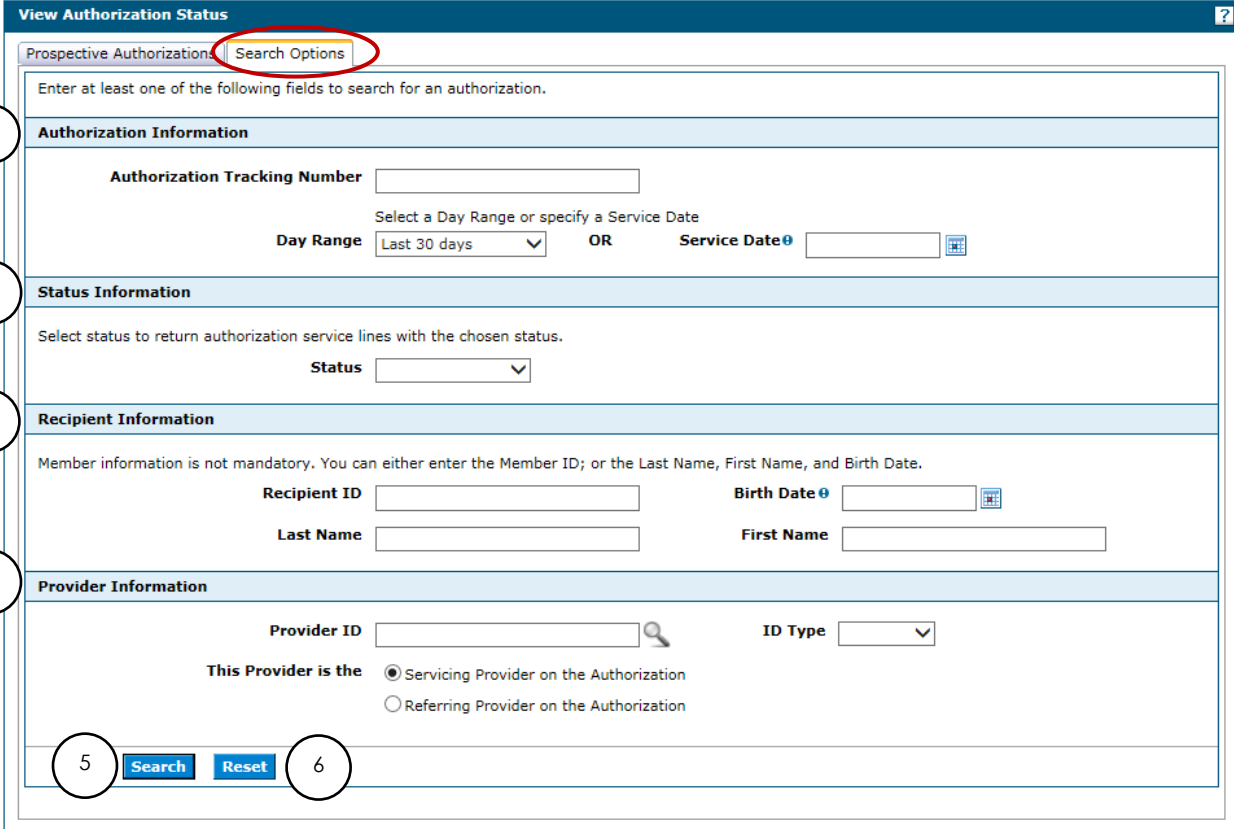
-OR-

4. Enter the following: **Provider Information**

- Provider ID
- ID Type
- Servicing/Referring Provider selection

To search by Provider Information, you can search for servicing/rendering provider by clicking on the magnifying glass icon “”. Clicking on the magnifying glass will take you to the Provider Search page.

5. After the search criteria has been entered, click the “Search” button.



The screenshot shows the 'View Authorization Status' search interface. At the top, there are tabs for 'Prospective Authorization' and 'Search Options', with 'Search Options' circled in red. Below the tabs, a text prompt says 'Enter at least one of the following fields to search for an authorization.' The form is divided into several sections, each with a numbered callout:

- 1 Authorization Information:** Includes a text field for 'Authorization Tracking Number', a 'Day Range' dropdown menu (set to 'Last 30 days'), and a 'Service Date' field with a calendar icon.
- 2 Status Information:** Includes a 'Status' dropdown menu.
- 3 Recipient Information:** Includes fields for 'Recipient ID', 'Last Name', 'First Name', and 'Birth Date' with a calendar icon.
- 4 Provider Information:** Includes a 'Provider ID' field with a magnifying glass icon, an 'ID Type' dropdown menu, and radio buttons for 'Servicing Provider on the Authorization' (selected) and 'Referring Provider on the Authorization'.
- 5 Search:** A blue 'Search' button.
- 6 Reset:** A blue 'Reset' button.

### Search Results

The Search Results grid will display the PAs that match the search criteria or display a message that there are no results. Click on the “Authorization Tracking Number” to view the statuses of the individual detail lines.

Prior authorization searches done without selecting a status will not display status information in the search results. The service dates displayed in the search results are the overall service dates of the PA.

Search Results						
Authorization Tracking Number	Service Date ▼	Recipient Name	Recipient ID	Process Type	Requesting Provider	Servicing Provider
1000000121	04/01/2017 - 04/30/2017	Smith, Jane Doe	1	Outpt M/S	Plano Independent Hospital	Plano Independent Hospital

Prior Authorization searches done using status will display service lines of all PAs with the specified status. The service dates displayed in the Search Results grid are the service dates on the service line and not the overall service dates of the PA. The results will also display the service line details including the Procedure or Revenue Code.

Search Results								
Authorization Tracking Number ▼	Service Date	Decision	Procedure/Revenue Code	Recipient Name	Recipient ID	Process Type	Requesting Provider	Servicing Provider
35171220004	05/02/2017	Certified In Total	CPT/HCPCS K0002-Stnd hemi (low seat) whlchr	LIBBY R	000000	DME	PHARMACY	PHARMACY
35171220004	05/03/2017	Certified In Total	CPT/HCPCS K0008-Cstm manual wheelchair/base	LIBBY R	000000	DME	PHARMACY	PHARMACY

- For additional searches, click the “Reset” button on the View Authorization Status page and enter in required information. Click “Search” button again.

## 4.9. Checking PA status through member focused viewing

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

To check on PA status:

1. 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

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

2. Click the name that is listed on the Member Focus Search page.

-OR-

- Click the Search tab and enter in required information.

Member Focus Search

Last Members Viewed Search

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

Recipient ID	Recipient	Gender	Birth Date	City	ZIP Code
XXXXXXXXXX	<a href="#">JOHN SMITH</a>	Male		LAS VEGAS	89120-0000
XXXXXXXXXX	<a href="#">JANE DOE</a>	Female		LAS VEGAS	89106-0000
XXXXXXXXXX	<a href="#">SUSAN JONES</a>	Female		LAS VEGAS	89121-0000
XXXXXXXXXX	<a href="#">SALLY SMITH</a>	Female		LAS VEGAS	89110

The Search tab allows you to search for recipients and select a recipient to view. When searching for recipients, you must enter complete information. Partial information will not generate a search.

*To avoid generating a large number of search results, you should enter as much information as possible to limit your searches.*

- After search criteria has been entered, click the “Search” button.

Member Focus Search

Last Members Viewed Search

\* Indicates a required field.  
Enter the Recipient ID or Last Name, First Name and Birth Date.

Recipient ID

Last Name  First Name  Birth Date

City  ZIP Code

Search Reset

Search results display on the Search Results page.

- Click recipient’s name in the search results for Member in Focus details.

Member Focus Search

Last Members Viewed Search

\* Indicates a required field.  
Enter the Recipient ID or Last Name, First Name and Birth Date.

Recipient ID

Last Name  First Name  Birth Date

City  ZIP Code

Search Reset

Search Results

Click on the member name below to access the Member Focus View.

Recipient ID	Recipient	Gender	Birth Date	City	ZIP Code
	<a href="#">Jane Doe</a>	Female	02/23/1954	LAS VEGAS	89121-0000

The recipient details show the recipient’s demographics, benefit plans (if applicable), pending claims, authorizations, or no results. At the top of the page, the recipient will remain in focus even if the user checks details on another recipient.

- Click the authorization listed under the Your Member Authorizations heading. You will be directed to the View Authorization Response page.



**Member Details**

Recipient ID  
 Name  
 Birth Date  
 City  
 State  
 Gender  
 Primary Language

**Coverage Details**

Coverage	Effective Date	End Date
MEDICAID FFS	08/22/2016	08/31/2016

[View eligibility verification information](#)

**Other Details**

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

**Your Member Claims**

Medical/Dental

There are no claims for this member.

**Your Member Authorizations**

[Submit an Authorization](#)

Authorization #	Servicing Provider Name
<a href="#">20000</a>	MEDICAL CENTER
<a href="#">20000</a>	MEDICAL CENTER
<a href="#">20000</a>	MEDICAL CENTER

6

7. Click **Expand All** or the “+” icons to view the PA details.

Member in Focus: MIIQV H JJXA [Change](#) ID: [Return to Member Focus](#) [Close Member Focus](#)

[Print Preview](#)

**View Authorization Response for MIIQV JJXA** [Back to View Authorization Status](#)

Authorization Tracking # 45201870001 Process Type OUTPT M/S

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

**Requesting Provider Information** +

**Recipient Information** +

**Referring Provider Information** +

**Diagnosis Information** +

**Service Provider / Service Details Information** -

Provider ID 1780821405 ID Type NPI  
 Service Location 20-NEHA PATEL-6161 W CHARLESTON BLVD, LAS VEGAS, NEVADA, 89146-1126

From Date	To Date	Units	Remaining Units	Remaining Amount	Code	Medical Citation	Decision / Date	Reason
01/01/2020	12/31/2020	8	4	-	CPT/HCPCS L1904-AFO MOLDED ANKLE GAUNTLET	<a href="#">View</a>	Certified Partial 07/05/2020	Product/service/procedure delivery pattern (e.g., units, days, visits, weeks, hours, months)

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

7



By expanding the page, you can view:

- 8. Requesting Provider information
- 9. Recipient information
- 10. Diagnosis information
- 11. Service Provider/Service Details

**Note:** The recipient is still in focus at the top of the page.

Member in Focus MIQV H JXA [Change](#) ID:  
[Return to Member Focus](#) [Close Member Focus](#) X

[Print Preview](#)

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

**Authorization Tracking #** 45201870001 **Process Type** OUTPT M/S

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

**Requesting Provider Information** -

**Provider ID** 1780821405 **ID Type** NPI

**Service Location** 20-NEHA PATEL-6161 W CHARLESTON BLVD, LAS VEGAS, NEVADA, 89146-1126

**Recipient Information** -

**Recipient ID**

**Recipient** MIQV JXA

**Birth Date** 03/12/2014

**Referring Provider Information** -

**Provider ID** **ID Type** NPI **Name** NEHA PATEL

**Diagnosis Information** -

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

Diagnosis Type	Diagnosis Code
ICD-10-CM	E1010-Type 1 diabetes mellitus with ketoacidosis without coma

**Service Provider / Service Details Information** -

**Provider ID** 1780821405 **ID Type** NPI

**Service Location** 20-NEHA PATEL-6161 W CHARLESTON BLVD, LAS VEGAS, NEVADA, 89146-1126

From Date	To Date	Units	Remaining Units	Remaining Amount	Code	Medical Citation	Decision / Date	Reason
01/01/2020	12/31/2020	8	4	-	CPT/HCPCS L1904-AFO MOLDED ANKLE GAUNTLET	<a href="#" style="color: #0056b3;">View</a>	Certified Partial 07/05/2020	Product/service/procedure delivery pattern (e.g., units, days, visits, weeks, hours, months)

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

**To print the Authorization Request:**

1. To view full page in printable format, click Print Preview. An additional small page displays giving you a printable view.

Member in Focus: MIIQV H JJXA [Change](#) ID:   [Return to Member Focus](#) [Close Member Focus](#) [X](#)

[Print Preview](#)

---

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

**Authorization Tracking #** 45201870001 **Process Type** OUTPT M/S [Expand All](#) | [Collapse All](#)

**Requesting Provider Information** +

**Recipient Information** +

**Referring Provider Information** +

**Diagnosis Information** +

**Service Provider / Service Details Information** -

**Provider ID** 1780821405 **ID Type** NPI

**Service Location** 20-NEHA PATEL-6161 W CHARLESTON BLVD, LAS VEGAS, NEVADA, 89146-1126

From Date	To Date	Units	Remaining Units	Remaining Amount	Code	Medical Citation	Decision / Date	Reason
01/01/2020	12/31/2020	8	4	-	CPT/HCPCS L1904-AFO MOLDED ANKLE GAUNTLET	<a href="#">View</a>	Certified Partial 07/05/2020	Product/service/procedure delivery pattern (e.g., units, days, visits, weeks, hours, months)

1
[Print Preview](#)

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

- Click "Print" button for printing option.

Print

**View Authorization Response for MIIQV JJXA**

<b>Authorization Tracking #</b> 45201870001	<b>Process Type</b> OUTPT M/S
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---

**Requesting Provider Information**

<b>Provider ID</b> 1780821405	<b>ID Type</b> NPI
<b>Service Location</b> 20-NEHA PATEL-6161 W CHARLESTON BLVD, LAS VEGAS, NEVADA, 89146-1126	

---

**Recipient Information**

<b>Recipient ID</b> 91025
<b>Recipient</b> MIIQV JJXA
<b>Birth Date</b> 03/12/2014

---

**Referring Provider Information**

<b>Provider ID</b> 17808	<b>ID Type</b> NPI	<b>Name</b> NEHA PATEL
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**Diagnosis Information**

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

Diagnosis Type	Diagnosis Code
ICD-10-CM	E1010-Type 1 diabetes mellitus with ketoacidosis without coma

---

**Service Provider / Service Details Information**

<b>Provider ID</b> 17808	<b>ID Type</b> NPI
<b>Service Location</b> 20-NEHA PATEL-6161 W CHARLESTON BLVD, LAS VEGAS, NEVADA, 89146-1126	

From Date	To Date	Units	Remaining Units	Remaining Amount	Code	Decision / Date	Reason
01/01/2020	12/31/2020	8	4	-	CPT/HCPCS L1904-AFO MOLDED ANKLE GAUNTLET	Certified Partial 07/05/2020	Product/service/procedure delivery pattern (e.g., units, days, visits, weeks, hours, months)

**Medical Citation**  
7005 - Authorization requirements not met.

**Notes To Provider**  
-

2

Print
Close

- You can also print by clicking View Provider Request displayed on the View Authorization Response page. This will show the units and “From” and “To/Through” dates *requested* by the provider.

Member in Focus: MIIQV H JJXA [Change](#) ID:                      [Return to Member Focus](#) [Close Member Focus](#) X

[Print Preview](#)

---

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

Authorization Tracking # 45201870001 Process Type: OUTPT M/S

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

Requesting Provider Information +

Recipient Information +

Referring Provider Information +

Diagnosis Information +

Service Provider / Service Details Information -

Provider ID 17808 ID Type NPI

Service Location 20-NEHA PATEL-6161 W CHARLESTON BLVD, LAS VEGAS, NEVADA, 89146-1126

From Date	To Date	Units	Remaining Units	Remaining Amount	Code	Medical Citation	Decision / Date	Reason
01/01/2020	12/31/2020	8	4	-	CPT/HCPCS L1904-AFO MOLDED ANKLE GAUNTLET	<a href="#">View</a>	Certified Partial 07/05/2020	Product/service/procedure delivery pattern (e.g., units, days, visits, weeks, hours, months)

[Edit](#) [View Provider Request](#) 3 [Print Preview](#)

- To check the status of another PA or for another recipient, click Back to View Authorization Status.
- To view the original requested dates of service and units on the PA, click View Provider Request.
- To change the recipient in focus, click Change next to the name in the Member in Focus bar. This will take you back to the Member in Focus page. You can select from the other recipients on the list.
- To remove the member in focus while checking PA status on another recipient, click Close Member Focus or click on the “X” icon. The View Authorization Response page will then be in view and the user will no longer be in Member Focused Viewing.

Member in Focus: MIIQV H JJXA [Change](#) ID: 9102: **3** [Return to Member Focus](#) [Close Member Focus](#) [Print Preview](#)

**View Authorization Response for MIIQV JJXA** [Back to View Authorization Status](#) [Expand All](#) | [Collapse All](#)

**Authorization Tracking #** 45201870001 **Process Type** OUTPT M/S

**Requesting Provider Information**

**Provider ID** 178082 **ID Type** NPI  
**Service Location** 20-NEHA PATEL-6161 W CHARLESTON BLVD, LAS VEGAS, NEVADA, 89146-1126

**Recipient Information**

**Recipient ID**  
**Recipient** MIIQV JJXA  
**Birth Date** 03/12/2014

**Referring Provider Information**

**Provider ID** 17808 **ID Type** NPI **Name** NEHA PATEL

**Diagnosis Information**

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

Diagnosis Type	Diagnosis Code
ICD-10-CM	E1010-Type 1 diabetes mellitus with ketoacidosis without coma

**Service Provider / Service Details Information**

**Provider ID** 1780821405 **ID Type** NPI  
**Service Location** 20-NEHA PATEL-6161 W CHARLESTON BLVD, LAS VEGAS, NEVADA, 89146-1126

From Date	To Date	Units	Remaining Units	Remaining Amount	Code	Medical Citation	Decision / Date	Reason
01/01/2020	12/31/2020	8	4	-	CPT/HCPCS L1904-AFO MOLDED ANKLE GAUNTLET	<a href="#">View</a>	Certified Partial 07/05/2020	Product/service/procedure delivery pattern (e.g., units, days, visits, weeks, hours, months)

[Edit](#) [View Provider Request](#) **2** [Print Preview](#)

4

1

## 4.10. Maintain Favorite Providers

Providers and delegates can add and remove providers from their favorites list using the Maintain Favorite Providers page, located under the Care Management tab. The list of favorite providers will be available for selection as the servicing provider, referring provider and rendering provider when creating a prior authorization. Up to 20 providers can be added to the favorites list.

My Home **Eligibility** **Claims** **Care Management** **File Exchange** **Resources**  
[Create Authorization](#) | [View Authorization Status](#) | **[Maintain Favorite Providers](#)** | [Authorization Criteria](#)

### Add a Favorite Provider:


1. Enter the Facility or Provider ID and ID Type, then click Add.

**Favorite Providers for Authorizations**

The providers on the list below will be available for selection as the facility or servicing provider when you are creating an authorization. You may have up to 20 providers on your favorites list.

To add a new provider enter the Facility or Provider ID and ID Type, then click Add. If you do not know the ID and type, click the magnifying glass for a provider look up. To delete a provider, select the Remove link in the row.

\* Indicates a required field.

\*Facility or Provider ID   2 Type  Name

Seq	Provider Name ▲	Provider ID	Address	City	State	Zip Code	Action
1	NEVADA MED CTR INC	50			NV	89434-9641	<a href="#">Remove</a>
2	JONES	79			NV	89801-4054	<a href="#">Remove</a>

2. If you do not know the ID and type, click the magnifying glass for a provider look up.

The Provider Search page allows you to Search By ID or search by name when clicking on the Search By Name tab, and search by organization when clicking on the Search By Organization tab.

**Provider ID Search**

Search By ID | Search By Name | Search By Organization

\* Indicates a required field.

\*Provider ID  Provider ID Type

### Delete a Favorite Provider:


1. To delete a provider, select the Remove link on the right side of the row.

**Favorite Providers for Authorizations**

The providers on the list below will be available for selection as the facility or servicing provider when you are creating an authorization. You may have up to 20 providers on your favorites list.

To add a new provider enter the Facility or Provider ID and ID Type, then click Add. If you do not know the ID and type, click the magnifying glass for a provider look up. To delete a provider, select the Remove link in the row.

\* Indicates a required field.


\*Facility or Provider ID   \*ID Type  Name


Seq	Provider Name ▲	Provider ID	Address	City	State	Zip Code	Action
1	NEVADA MED CTR INC	50			NV	89434-9641	<a href="#">Remove</a>
2	JONES	79			NV	89801-4054	<a href="#">Remove</a>

## 4.11. Logging out of PA status

After verifying PA status, it is strongly recommended that you log off after each session. This will ensure PHI is secure and makes the login readily available for the next user.

1. To log out, click Logout located at the top right-hand corner of the page.

 This hyperlink is located in the same area on all pages within EVS.



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

1

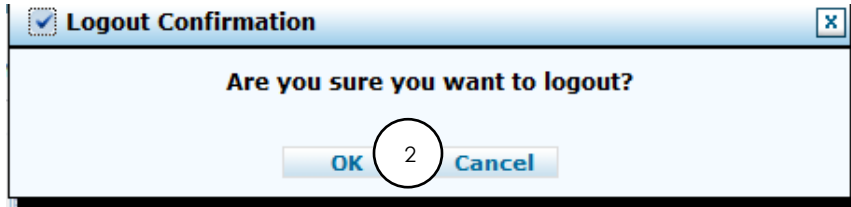
[Us](#) | [Logout](#)

My Home
Eligibility
Claims
Care Management
File Exchange
Resources

Create Authorization
View Authorization Status
Maintain Favorite Providers
Authorization Criteria

After clicking Logout, the Logout Confirmation page displays.

2. Click OK or click Cancel to go back to previous page.



After clicking OK, you will be taken back to the Provider Login Home page.

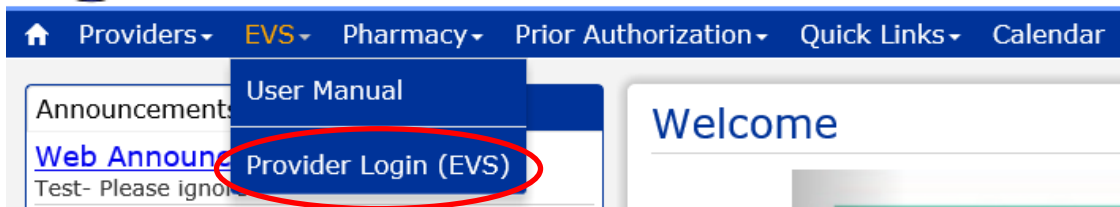
## 4.12. Authorization Criteria

The Authorization Criteria page allows providers and their delegates the ability to search criteria for PA requirements for a procedure or revenue code based on provider type and specialty using Provider Web Portal. The online authorization criteria search can be accessed through the unsecured and secured areas of the Provider Web Portal.

### Gaining access to Authorization Criteria

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

1. Open a web browser such as Internet Explorer or Firefox.
2. Enter [www.medicaid.nv.gov](http://www.medicaid.nv.gov) in the address bar.
3. The Provider Web Portal Home page opens as shown below. Then click EVS. The submenu displays User Manual or Provider Login (EVS).



4. Click Provider Login (EVS). The EVS Home page opens.
5. Click Authorization Criteria.

**Login** ?

\*User ID

**Log In**

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

**Web Announcements**

[Web Announcement 1124](#)  
 Testing web announcements

[Web Announcement 1123](#)  
 Online Provider Enrollment Summary Page Updated - Testing

[Web Announcement 1122](#)  
 Providers Invited to Complete Health Information Exchange Small Business Impact Questionnaire by April 22, 2016-2017

[Web Announcement 1121](#)  
 Attention Provider Type 12: Claims for CPT Codes with Age Restrictions Will Be Enforced

[Web Announcement 1120](#)  
 Attention Provider Types 24 and 77: Radiology Codes Billable Effective January 1, 2016

[View More Web Announcements](#)

**Featured Links**

[Authorization Criteria](#)

[EVS Home](#)  
[EDI Information](#)  
[EVS User Manual](#)  
[Search Fee Schedule](#)  
[Search Providers](#)  
[Trading Partner Enrollment](#)

### What can you do in the Provider Portal

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



#### Website Requirements

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

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

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

4. Click Provider Login (EVS). The EVS Home page opens.



**Login** ?

**\*User ID**

**Log In**

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

**Web Announcements**

[Web Announcement 1124](#)  
Testing web announcements

[Web Announcement 1123](#)  
Online Provider Enrollment Summary Page Updated - Testing

[Web Announcement 1122](#)  
Providers Invited to Complete Health Information Exchange Small Business Impact Questionnaire by April 22, 2016-2017

[Web Announcement 1121](#)  
Attention Provider Type 12: Claims for CPT Codes with Age Restrictions Will Be Enforced

[Web Announcement 1120](#)  
Attention Provider Types 24 and 77: Radiology Codes Billable Effective January 1, 2016

[View More Web Announcements](#)

**Featured Links**

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

### What can you do in the Provider Portal

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



#### Website Requirements

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

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

**My Home** **Eligibility** **Claims** **Care Management** **Upload Files** **Resources**

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

My Home

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

The following fields are displayed on the Authorization Criteria page:

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

**Authorization Criteria** ?

\* Indicates a required field.  
 Select a Code Type from the drop-down list, then enter the Procedure Code or Description.

The information contained in the search results is made available to provide information and is not a guarantee by the State or the Department or its employees as to the present accuracy of the information contained herein. All attempts are made to provide the most current information. A prior authorization is not a guarantee of payment. Payment may be denied in accordance with Nevada Medicaid policies and procedures and applicable law.

As a Nevada Medicaid provider the responsibility to know appropriateness of services applicable to your provider type are yours. Additionally, providers are highly encouraged to visit [www.dhcfp.nv.gov](http://www.dhcfp.nv.gov) to view allowable services under their enrolled provider type to the respective Medicaid services manuals and for more direction on Medicaid requirements and limitations of services.

1 \*Code Type

2 \*Procedure Code or Description

3 \*Provider Type

4 Provider Specialty

The fields marked with a red \* are required fields.

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

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

\*Code Type

\*Procedure Code or Description

\*Provider Type

2. **Procedure Code or Description.**  
 Enter Procedure Code:

\*Code Type

\*Procedure Code or Description

\*Provider Type

Provider Specialty

- 33200-INSERTION OF HEART PACEMAKER
- 33201-INSERTION OF HEART PACEMAKER
- 33202-INSERT EPICARD ELTRD OPEN
- 33203-INSERT EPICARD ELTRD ENDO

**OR**

Enter Description of the code:

\*Code Type

\*Procedure Code or Description

\*Provider Type

33222-RELOCATION POCKET PACEMAKER

33223-RELOCATE POCKET FOR DEFIB

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

\*Code Type

\*Procedure Code or Description

\*Provider Type

Provider Specialty

OR

Enter Description:

\*Code Type

\*Procedure Code or Description

\*Provider Type

Provider Specialty

4. **Provider Specialty.**

Enter Specialty Code:

Provider Specialty

060-INTERNAL MEDICINE  
 061-NEUROLOGICAL SURGERY  
 062-OBSTETRICS AND GYNECOLOGY  
 063-OPHTHALMOLOGY

OR

Enter Description:

Provider Specialty

064-ORTHOPEDIC SURGERY  
 074-THORACIC SURGERY  
 079-ORTHODONTIST  
 080-ORAL SURGERY

**Please note:** In most instances the Provider Specialty is not necessary and may not be required. If you enter a specialty and the result you receive is “There are no records found based on the search criteria entered,” please re-check with the Provider Specialty field blank.

After all of the search criteria has been entered, click the “Search” button to display the search results:

**Authorization Criteria** ?

\* Indicates a required field.

Select a Code Type from the drop-down list, then enter the Procedure Code or Description.

The information contained in the search results is made available to provide information and is not a guarantee by the State or the Department or its employees as to the present accuracy of the information contained herein. All attempts are made to provide the most current information. A prior authorization is not a guarantee of payment. Payment may be denied in accordance with Nevada Medicaid policies and procedures and applicable law.

As a Nevada Medicaid provider the responsibility to know appropriateness of services applicable to your provider type are yours. Additionally, providers are highly encouraged to visit [www.dhcfp.nv.gov](http://www.dhcfp.nv.gov) to view allowable services under their enrolled provider type to the respective Medicaid services manuals and for more direction on Medicaid requirements and limitations of services.

\*Code Type

\*Procedure Code or Description

\*Provider Type

Provider Specialty

**Search Results**

To show/hide Service Limits click on Required if exceeding service limitations hyperlink. Total Records: 2

Procedure	Provider Type	Provider Specialty	Claim Type	PA Required	Age Restrictions	Effective Date
33222-RELOCATION POCKET PACEMAKER	20-Physician, M.D., Osteopath, D.O.	All Specialty	Professional Xover Claims	Always	000-999	01/01/1989 - 12/31/2299
33222-RELOCATION POCKET PACEMAKER	20-Physician, M.D., Osteopath, D.O.	All Specialty	Professional Claims	Always	000-999	01/01/1989 - 12/31/2299

If multiple rows are returned, the search results can be sorted by:

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

The example below is sorted by Provider Specialty:

\*Code Type

\*Procedure Code or Description

\*Provider Type

Provider Specialty

**Search Results**

To show/hide Service Limits click on Required if exceeding service limitations hyperlink. Total Records: 7

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