Registered Dietitian

Provider Type 15 Training

Nevada Medicaid Provider Training

2018

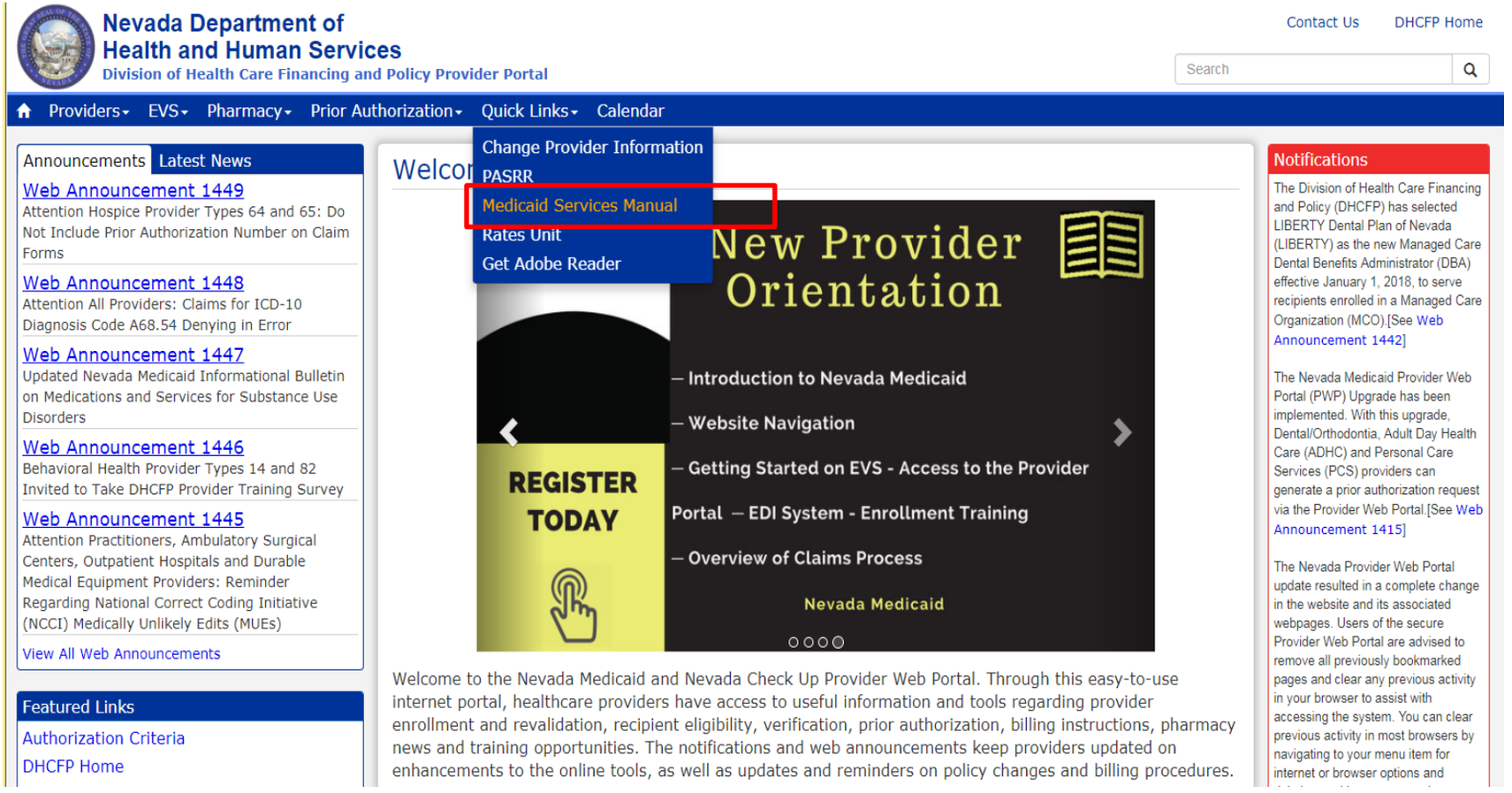
Objectives

Objectives

- Locate the Medicaid Services Manual
- Understand Qualifications to Become a Nevada Medicaid Provider
- Learn about Covered and Non-Covered Services
- Review the Provider Enrollment page
- Complete Online Provider Enrollment
- Navigate through the Provider Web Portal (www.medicaid.nv.gov)
  - Locate Billing Guidelines and Manuals
  - Authorization Criteria
  - Search Fee Schedule
- Navigate the Electronic Verification System (EVS) Web Portal
- Understand Benefits of Electronic Data Interchange (EDI) claims submission
- Contact Nevada Medicaid

Medicaid Services Manual (MSM)

Locating the Medicaid Services Manual (MSM)



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

Locating the Medicaid Services Manual, continued

- Medicaid Services Manual - Complete
- 100 Medicaid Program
- 200 Hospital Services
- 300 Radiology Services
- 400 Mental Health and Alcohol and Substance Abuse Services
- 500 Nursing Facilities
- 600 Physician Services
- and Payment
- 800 Laboratory Services
- 900 Private Duty Nursing
- 1000 Dental
- 1100 Ocular Services
- 1200 Prescribed Drugs
- 1300 DME Disposable Supplies and Supplements
- 1400 Home Health Agency
- 1500 Healthy Kids Program
- 1600 Intermediate Care for Individuals with Intellectual Disabilities
- 1700 Therapy
- 1800 Adult Day Health Care
- 1900 Transportation Services
- 2000 Audiology Services
- 2100 Home and Community Based Waiver for Individuals with Intellectual Disabilities
- 2200 Home and Community Based Waiver for the Frail Elderly
- 2300 Waiver for Persons with Physical Disabilities
- 2400 Home Based Habilitation Services
- 2500 Case Management
- 2600 Intermediary Service Organization
- 2700 Certified Community Behavioral Health Clinic
- 2800 School Based Child Health Services
- 3000 Indian Health
- 3100 Hearings
- 3200 Hospice
- 3300 Program Integrity
- 3400 Telehealth Services
- 3500 Personal Care Services Program
- 3600 Managed Care Organization

– Select Chapter 600 Physician Services

– From the next page, always make sure that you select the “Current” policy.

Qualifications to Become a Nevada Medicaid Provider

Qualifications to Become a Nevada Medicaid Provider

In order to be recognized as a Registered Dietitian and be reimbursed for Medical Nutrition Therapy (MNT) services, a provider must meet the following criteria:

- Licensed and Registered Dietitian under the qualifications of NRS 640E.150
- An individual
- Bachelor's Degree or higher from an Accredited University in Human Nutrition, Nutrition Education or equivalent
- Completed all necessary/required training
- Licensed by the Nevada State Board of Health

Covered and Non-Covered Services

Covered and Non-Covered Services

COVERED SERVICES

- Recipients with:
  - Diabetes
  - Obesity
  - Heart Disease
  - Hypertension
- Services rendered according to the written order from a Physician or a Physician's Assistant (PA) or an Advanced Practice Registered Nurse (APRN)
- Individualized Treatment Plan

NON-COVERED SERVICES

- Medical Nutrition Therapy (MNT) and Diabetes Self Management Training (DSMT) that occurred on the same dates of service

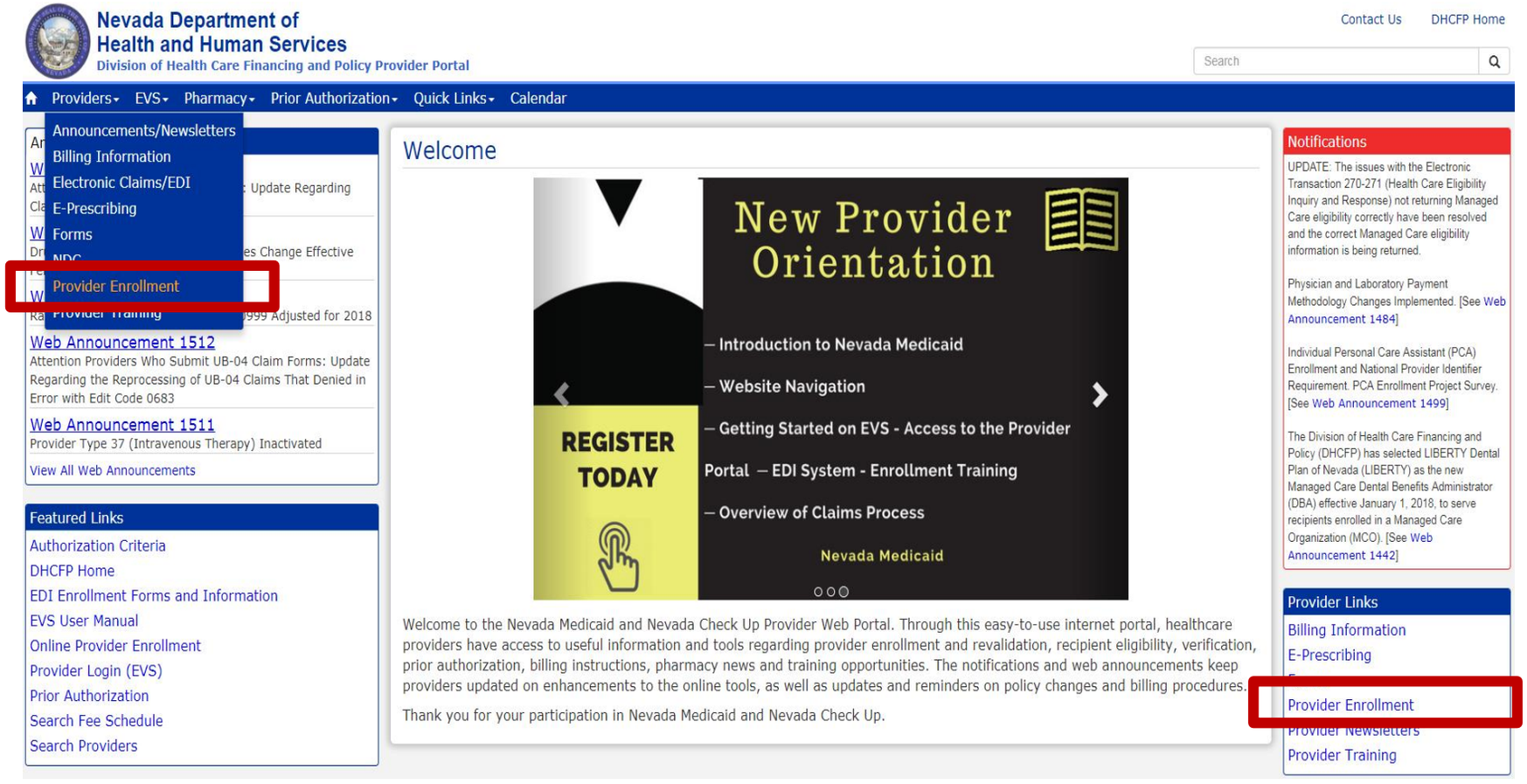
Covered and Non-Covered Services

Valid Current Procedural Terminology (CPT) codes being used by Registered Dietitians:

- **97802:** Medical nutrition therapy, assessment and intervention; individual face to face with the patient; each 15 minutes.
- **97803:** Medical nutrition therapy, re-assessment and intervention; individual face to face with the patient; each 15 minutes.
- **98804:** Medical nutrition therapy, group, 2 or more, each 30 minutes.
- **G0270:** Medical nutrition therapy, re-assessment and subsequent intervention(s); MNT subsequent treatment for change in diagnosis, each 15 minutes.
- **G0271:** Medical nutrition therapy, re-assessment and subsequent interventions; group MNT 2 or more, each 30 minutes.
- **Q3014:** Telehealth Services.

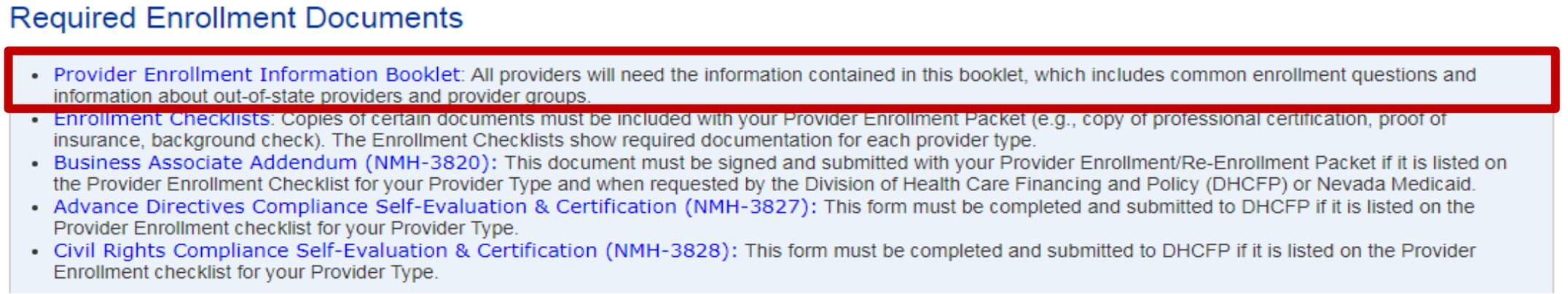
Provider Enrollment Page

Navigate to the Provider Enrollment Page



- Navigate to www.medicaid.nv.gov
- Highlight “Providers” from top blue tool bar and select “Provider Enrollment” from drop-down menu or select “Provider Enrollment” from the “Provider Links” located on the right hand side of any page

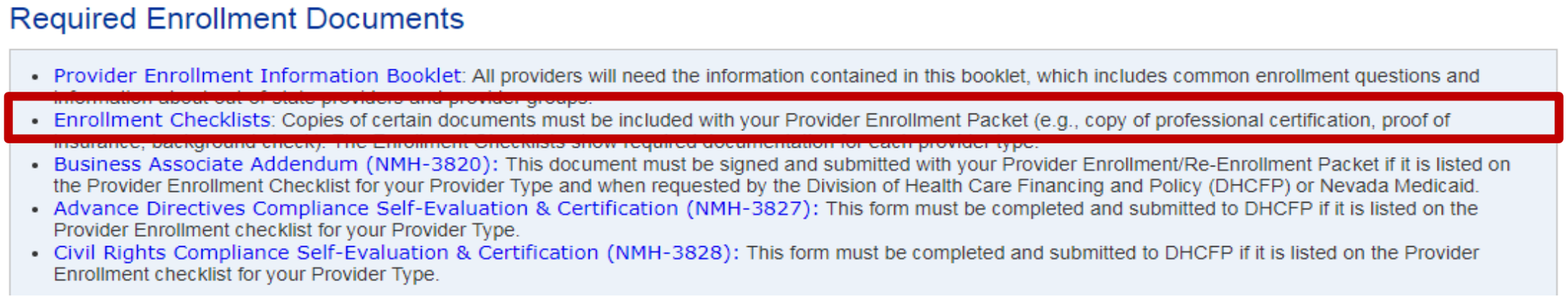
Provider Enrollment Page – Provider Enrollment Information Booklet



All Providers must read the Provider Enrollment Information Booklet, which contains the following information:

- Required Documentation – explains each FA-31 Form and its purpose
- Recommended Documents – Electronic Data Interchange (EDI) Enrollment Forms
- Out of State Provider (Emergency and Non-Emergency Services)
- Out of State in Catchment Areas
- Policy Location Information
- Provider Group Information
- Provider Types and Specialty Codes

Provider Enrollment Page – Enrollment Checklists



- All providers must review their Enrollment Checklist as this will provide information as to additional documentation that must be submitted with their Application and Contract.
- Checklists will open on new webpage.
- The Enrollment Checklist webpage will contain all provider types.
- While on the Enrollment Checklist webpage, select the “Provider Type 15 Registered Dietitian” checklist.

Provider Enrollment Page – Enrollment Checklist

Provider Enrollment Checklist for Provider Type 15

Registered Dietitian

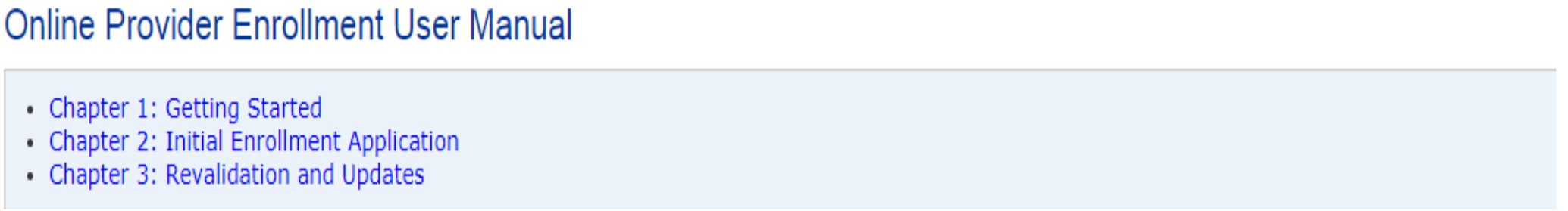
The following is a list of required enrollment documents for this provider type. A copy of each document listed below must be included with your Provider Enrollment or Revalidation Packet.

If you have any questions, please contact the Provider Enrollment Unit at (877) 638-3472 from 8:00 a.m. to 5:00 p.m. Monday through Friday.

- ☐ Documentation showing provider's Taxpayer Identification Number (SS-4, CP575, W-9 or Social Security Card)
- ☐ Nevada State Board of Registered Dietitians License
- ☐ National Provider Identifier (NPI) validation: Printed page from the National Plan and Provider Enumeration System (NPPES) NPI Registry displaying the provider's NPI or a printed copy of the email confirmation showing the provider's NPI

You do not need to submit this checklist with your enrollment or revalidation documents.

Provider Enrollment Page – Online Provider Enrollment User Manual



Online Provider Enrollment (OPE) User Manual chapters provide step-by-step instructions:

- Chapter 1: High-level overview of the OPE tool including navigating the site, quick review of application questions, how to contact Nevada Medicaid and Frequently Asked Questions (FAQs)
- Chapter 2: Provides detailed instructions on how to complete an initial application
- Chapter 3: Provides detailed instructions on how to complete a revalidation or an update via the Electronic Verification System (EVS)

Provider Enrollment Page – Enrollment and Revalidation Documents

Initial Enrollment Documents

- Provider Initial Enrollment Application Packet (Individuals) (FA-31C): Complete and submit the forms in this packet if you are enrolling as a Nevada Medicaid and Nevada Check Up individual provider. This packet contains instructions, application and contract.
- Provider Initial Enrollment Application Packet (Groups) (FA-31D): Complete and submit the forms in this packet if you are enrolling as a Nevada Medicaid and Nevada Check Up group/facility provider. This packet contains instructions, application and contract.

Revalidation Documents

- Provider Revalidation Application Packet (Individuals) (FA-31A): The forms in this packet must be submitted by active individual providers who have received a revalidation letter. This packet contains instructions, application and contract.
- Provider Revalidation Application Packet (Groups/Facilities) (FA-31B): The forms in this packet must be submitted by active group/facility providers who have received a revalidation letter. This packet contains instructions, application and contract.
- Using the New Provider Re-Enrollment Applications: Training presentation.
- Provider Re-Enrollment Frequently Asked Questions (FAQs) (Updated July 5, 2012)

Ordering, Prescribing and Referring Provider Enrollment Documents

- Provider Enrollment Application for Ordering, Prescribing or Referring (OPR) Providers: Complete and submit this application if you are an individual wishing to enroll in Nevada Medicaid and Nevada Check Up as an Ordering, Prescribing or Referring provider
- Ordering, Prescribing and Referring Provider Enrollment Frequently Asked Questions (FAQs)

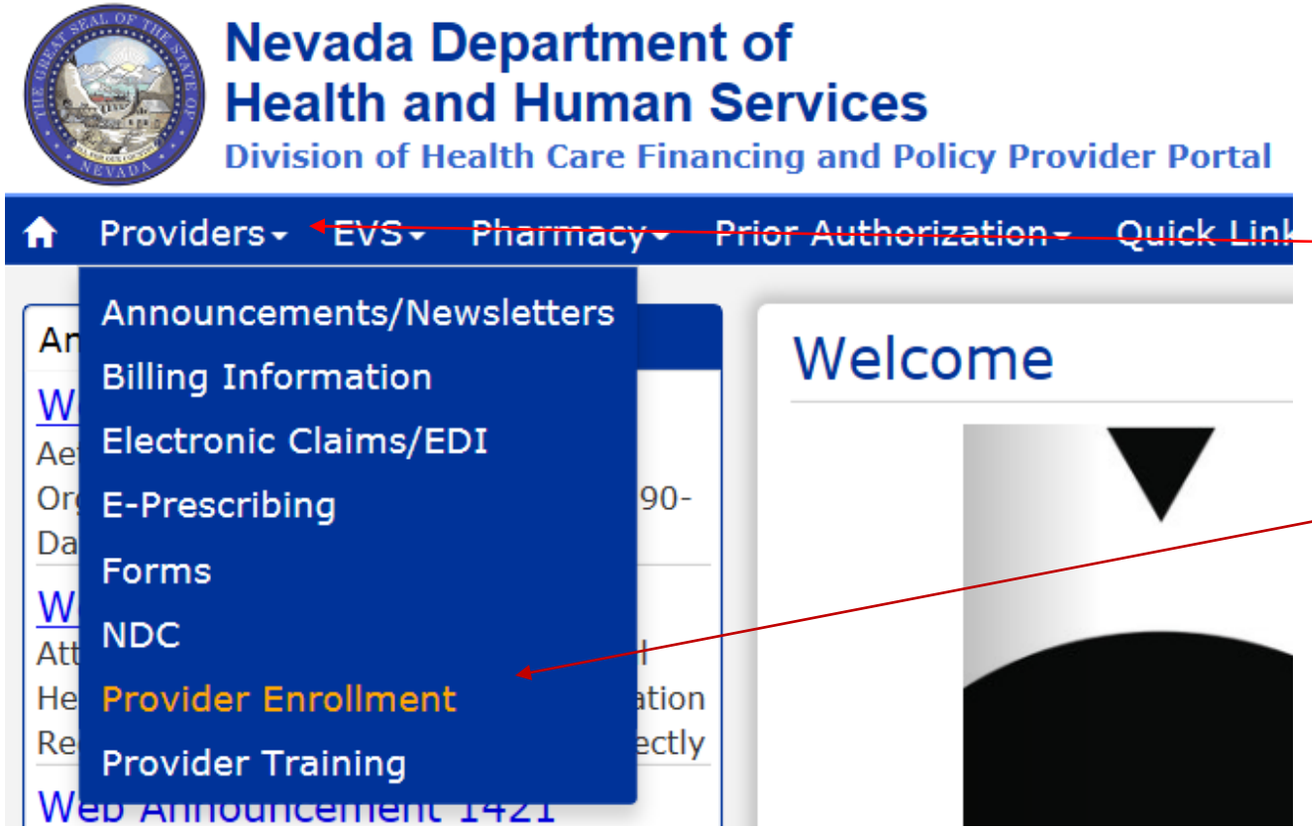
- Initial Enrollment Documents
  - FA-31C – Individual
  - FA-31D - Group
- Revalidation Documents
  - FA-31A – Individual
  - FA-31B – Group
- Ordering, Prescribing and Referring Provider Enrollment Documents
  - OPR Only

Online Provider Enrollment

Online Provider Enrollment

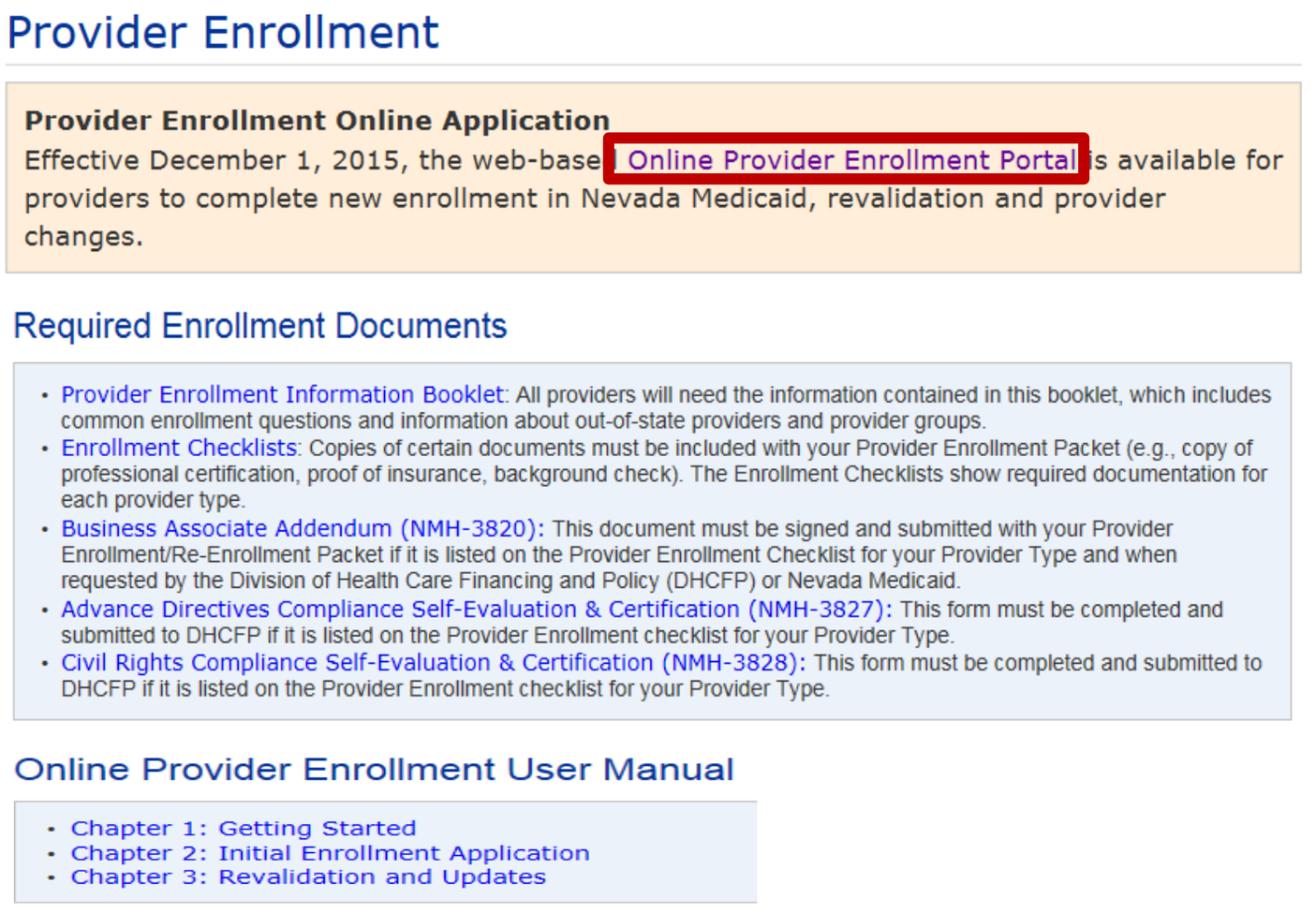
Enroll in Nevada Medicaid through the Provider Web Portal

www.medicaid.nv.gov



- Step 1: Highlight “Providers” from top blue tool bar
- Step 2: Select “Provider Enrollment” from drop-down menu

Online Provider Enrollment, continued



Provider Enrollment

Provider Enrollment Online Application

Effective December 1, 2015, the web-based Online Provider Enrollment Portal is available for providers to complete new enrollment in Nevada Medicaid, revalidation and provider changes.

Required Enrollment Documents

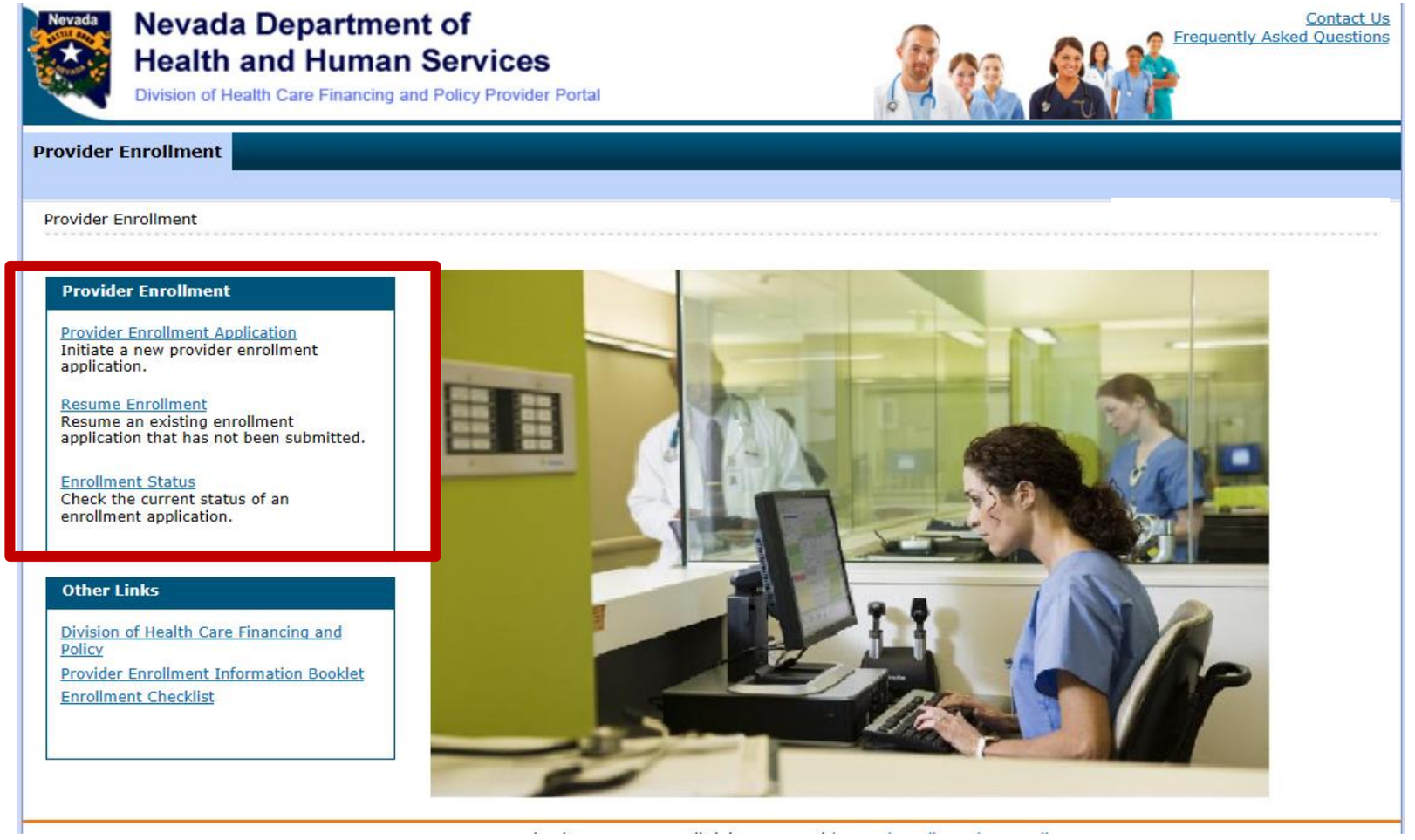
- Provider Enrollment Information Booklet: All providers will need the information contained in this booklet, which includes common enrollment questions and information about out-of-state providers and provider groups.
- Enrollment Checklists: Copies of certain documents must be included with your Provider Enrollment Packet (e.g., copy of professional certification, proof of insurance, background check). The Enrollment Checklists show required documentation for each provider type.
- Business Associate Addendum (NMH-3820): This document must be signed and submitted with your Provider Enrollment/Re-Enrollment Packet if it is listed on the Provider Enrollment Checklist for your Provider Type and when requested by the Division of Health Care Financing and Policy (DHCFP) or Nevada Medicaid.
- Advance Directives Compliance Self-Evaluation & Certification (NMH-3827): This form must be completed and submitted to DHCFP if it is listed on the Provider Enrollment checklist for your Provider Type.
- Civil Rights Compliance Self-Evaluation & Certification (NMH-3828): This form must be completed and submitted to DHCFP if it is listed on the Provider Enrollment checklist for your Provider Type.

Online Provider Enrollment User Manual

- Chapter 1: Getting Started
- Chapter 2: Initial Enrollment Application
- Chapter 3: Revalidation and Updates

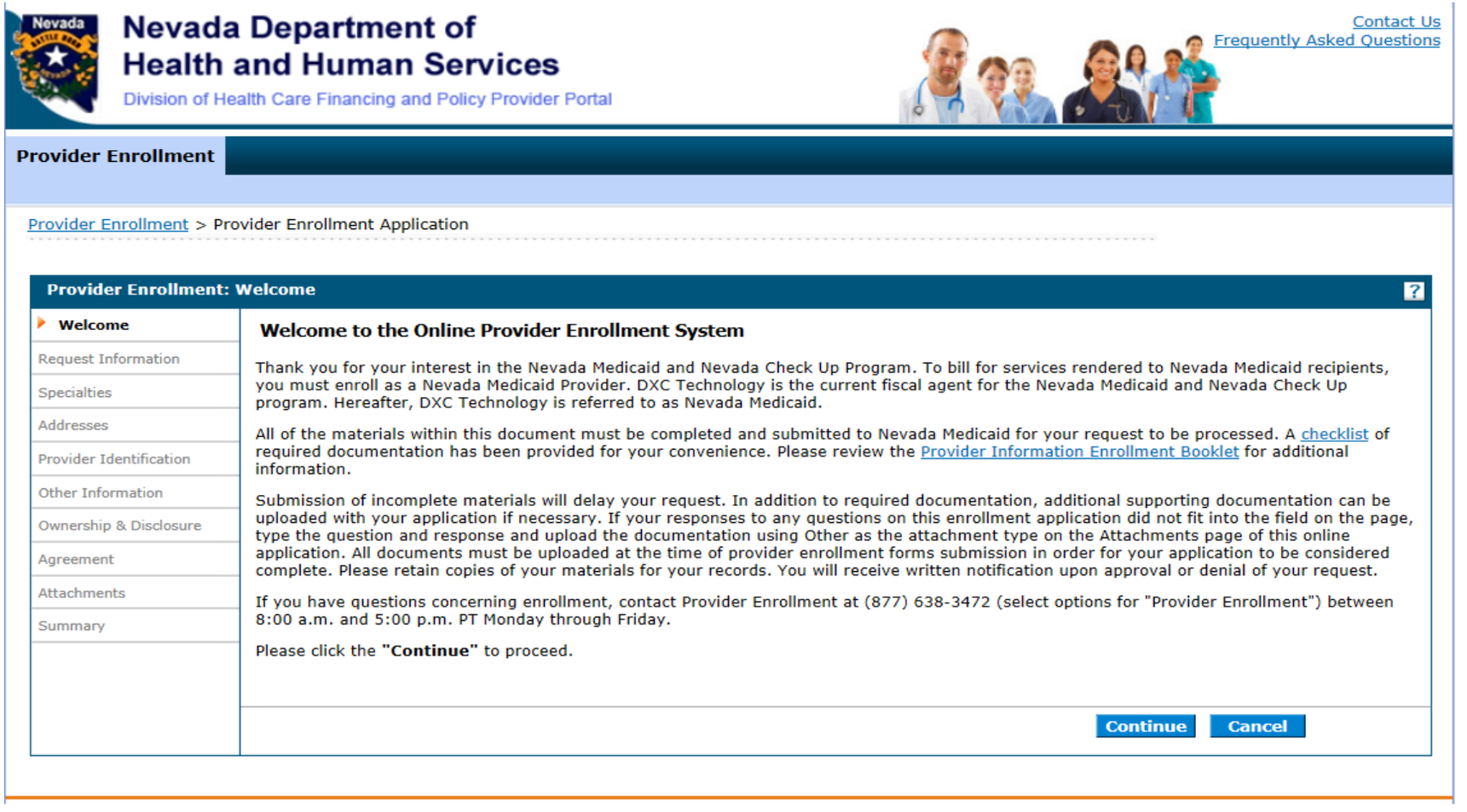
– Select “Online Provider Enrollment Portal” to begin Online Application

Online Provider Enrollment, continued



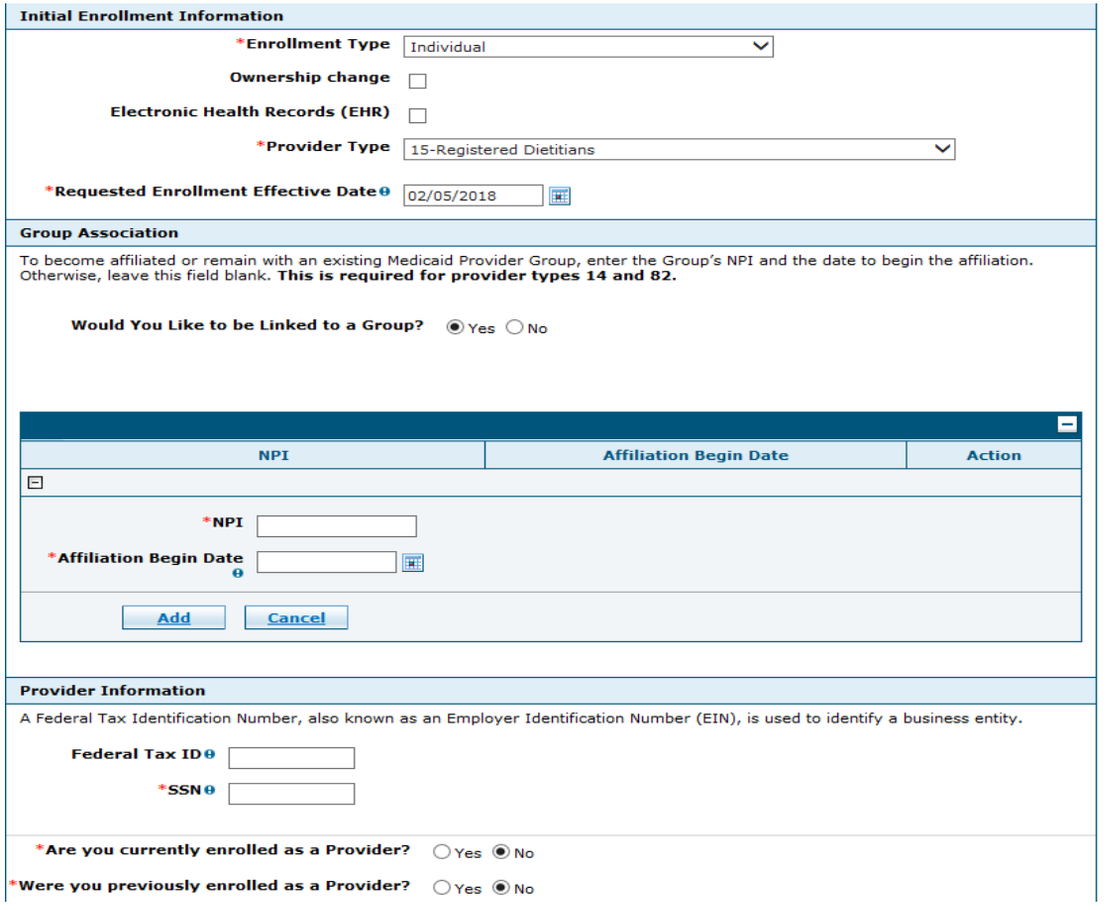
- Provider Enrollment Application – Begin new application
- Resume Enrollment – Continue with previously started enrollment application
- Enrollment Status – Check status of enrollment application

Online Provider Enrollment, continued



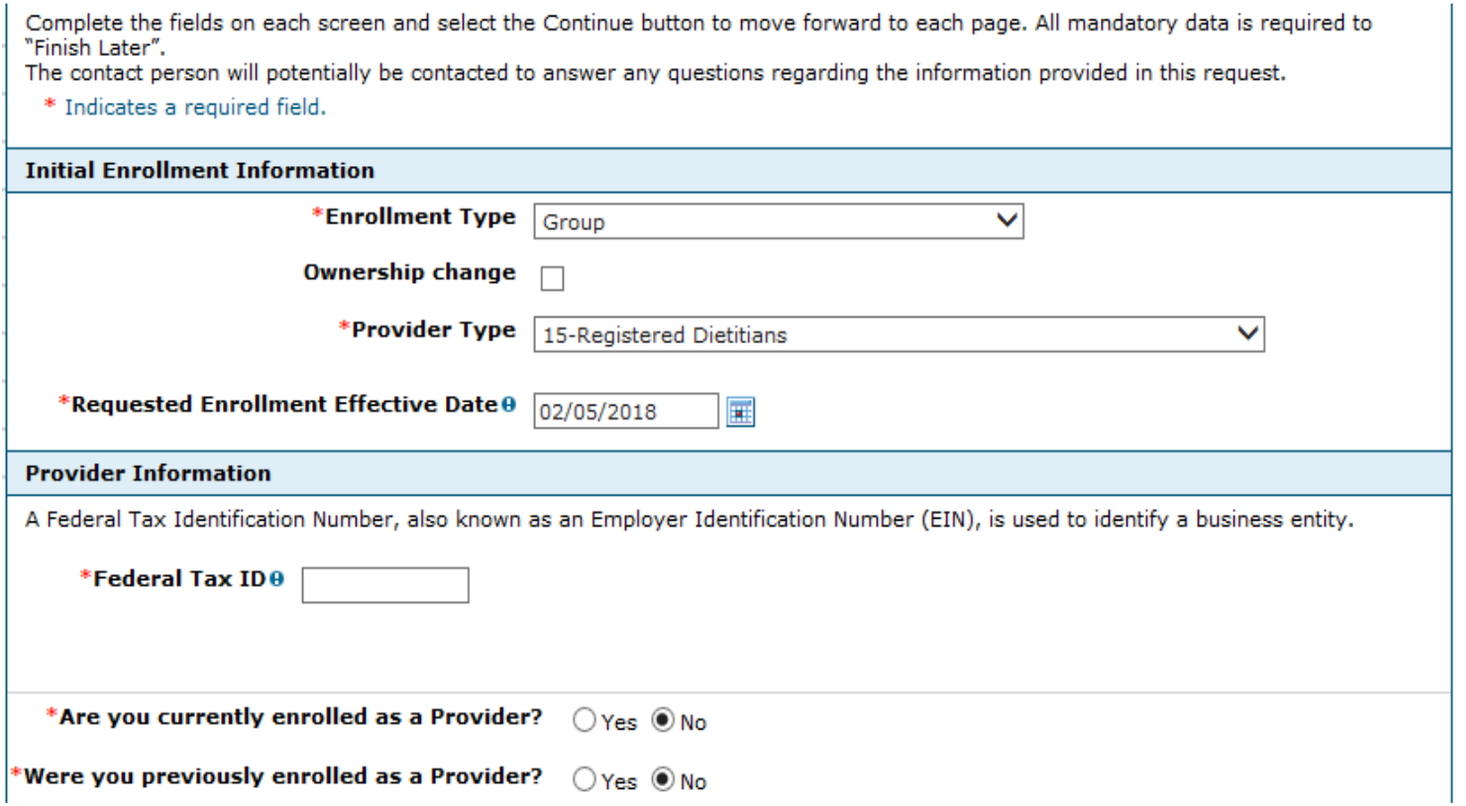
- Select “Continue” to begin enrollment application

Online Provider Enrollment – Individual Application (General Information)



- Any field marked with an asterisk is a required field.
- Select “Enrollment Type” (Individual) from the “Enrollment Type” drop-down menu.
- Select “15-Registered Dietitians” from the “Provider Type” drop-down menu.
- Indicate the Enrollment Effective Date. See the Provider Enrollment Information Booklet for date information.
- If linking to a Group, indicate Yes and fill in the appropriate information. If No, the user can move to the next field.

Online Provider Enrollment – Group Application (General Information)


Complete the fields on each screen and select the Continue button to move forward to each page. All mandatory data is required to "Finish Later".
The contact person will potentially be contacted to answer any questions regarding the information provided in this request.

* Indicates a required field.

Initial Enrollment Information

*Enrollment Type: Group

Ownership change

*Provider Type: 15-Registered Dietitians

*Requested Enrollment Effective Date: 02/05/2018

Provider Information

A Federal Tax Identification Number, also known as an Employer Identification Number (EIN), is used to identify a business entity.

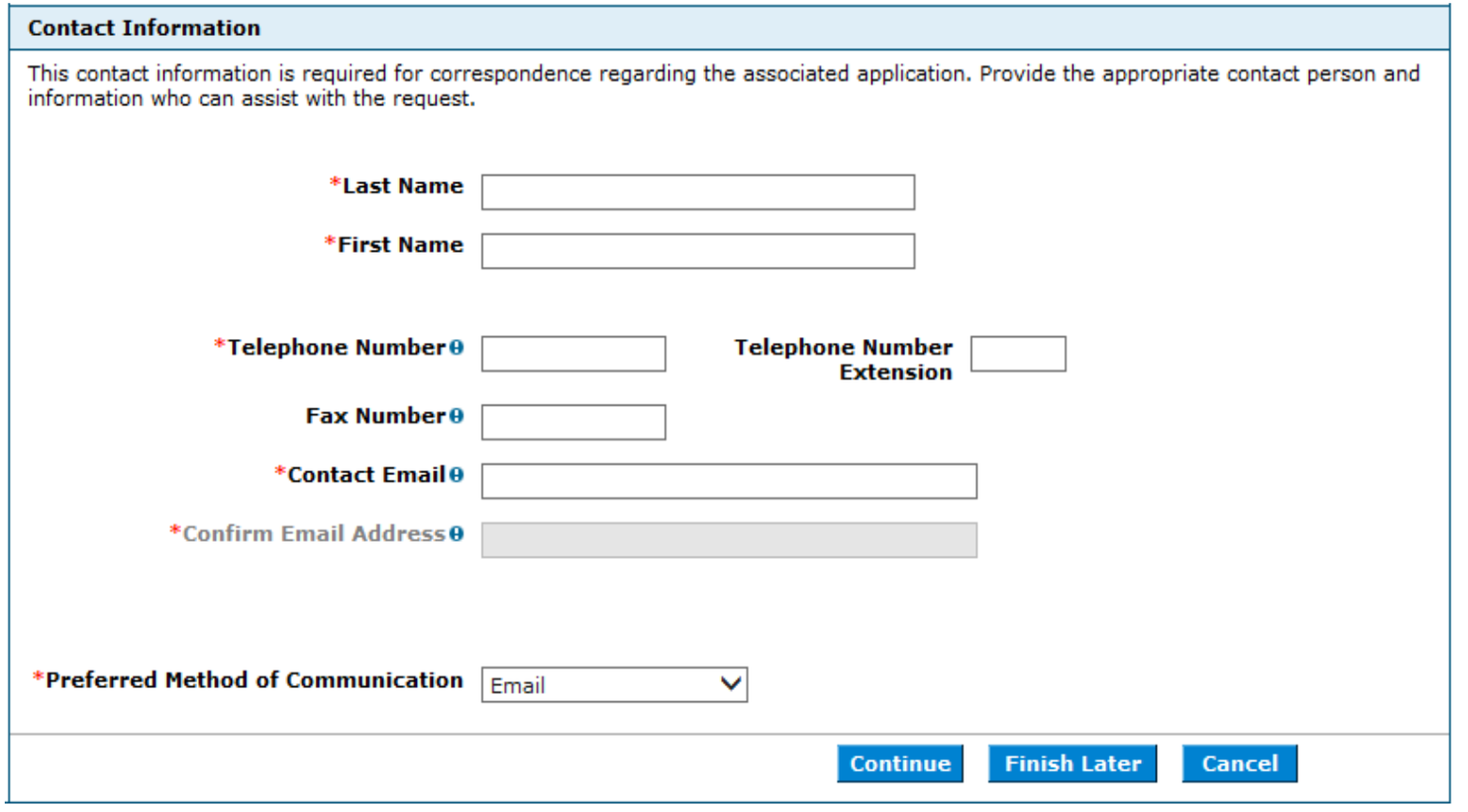
*Federal Tax ID

*Are you currently enrolled as a Provider? Yes No

*Were you previously enrolled as a Provider? Yes No

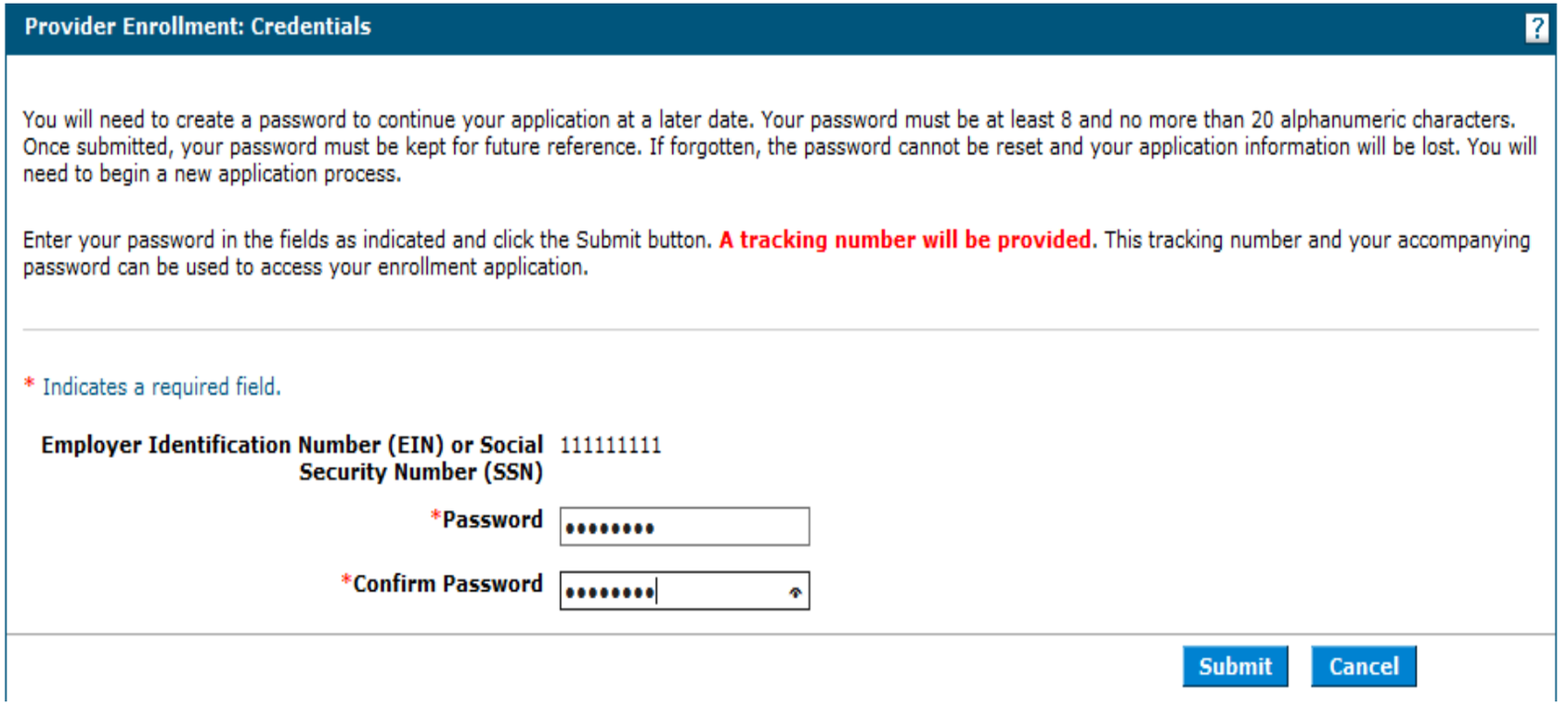
- Any field marked with an asterisk is a required field
- Select “Enrollment Type” (Group) from the “Enrollment Type” drop-down menu
- Select “15-Registered Dietitians” from the “Provider Type” drop-down menu

Online Provider Enrollment – All Applications (Contact Information)



– Whether the application is for a Group or an Individual, contact information must be filled out. This does not have to be the provider's information, but can be a point of contact should Nevada Medicaid need clarification on the application.

Online Provider Enrollment – All Applications (Credentials)

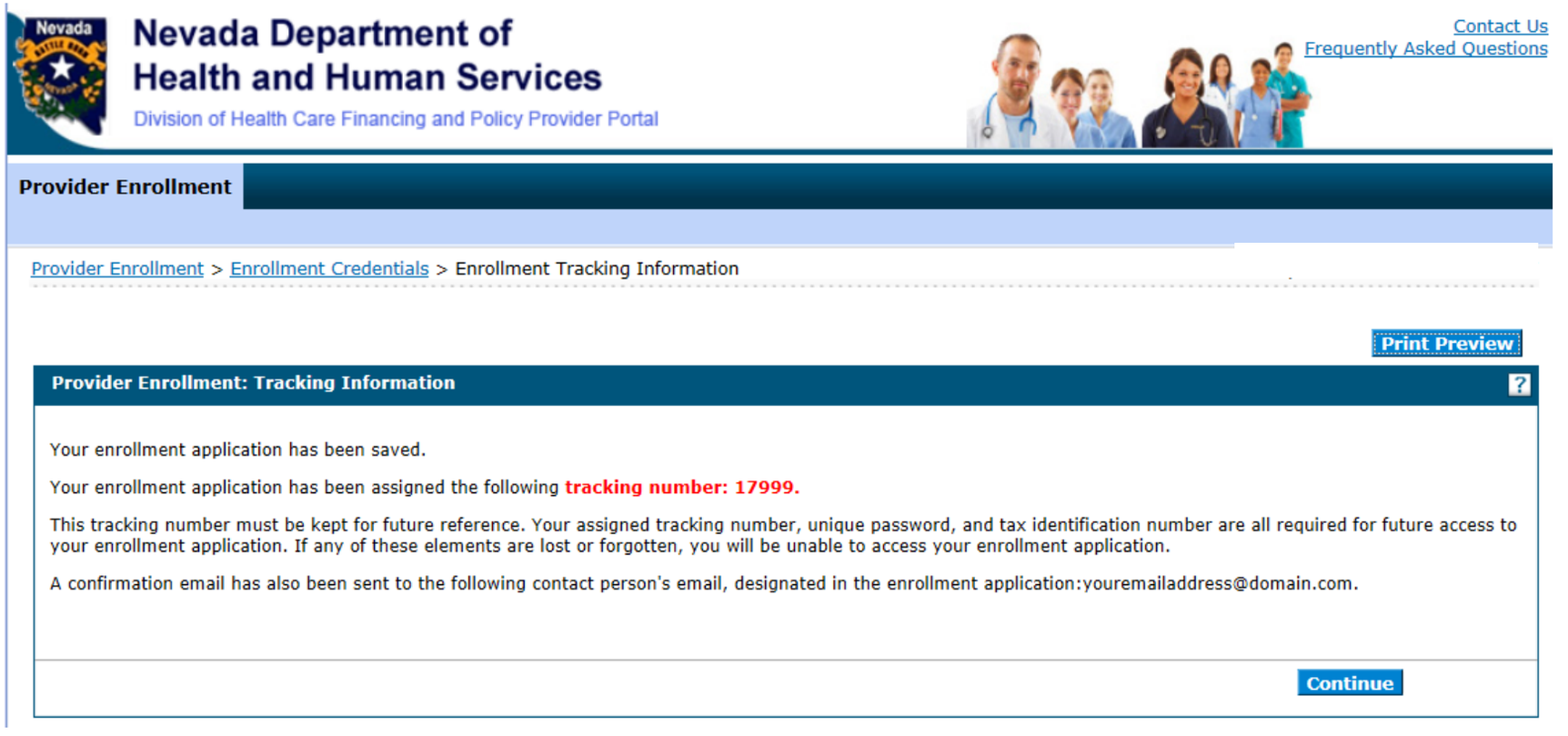


- Create a password

**Please note that Nevada Medicaid is unable to re-set a password for the Online Provider Enrollment tool

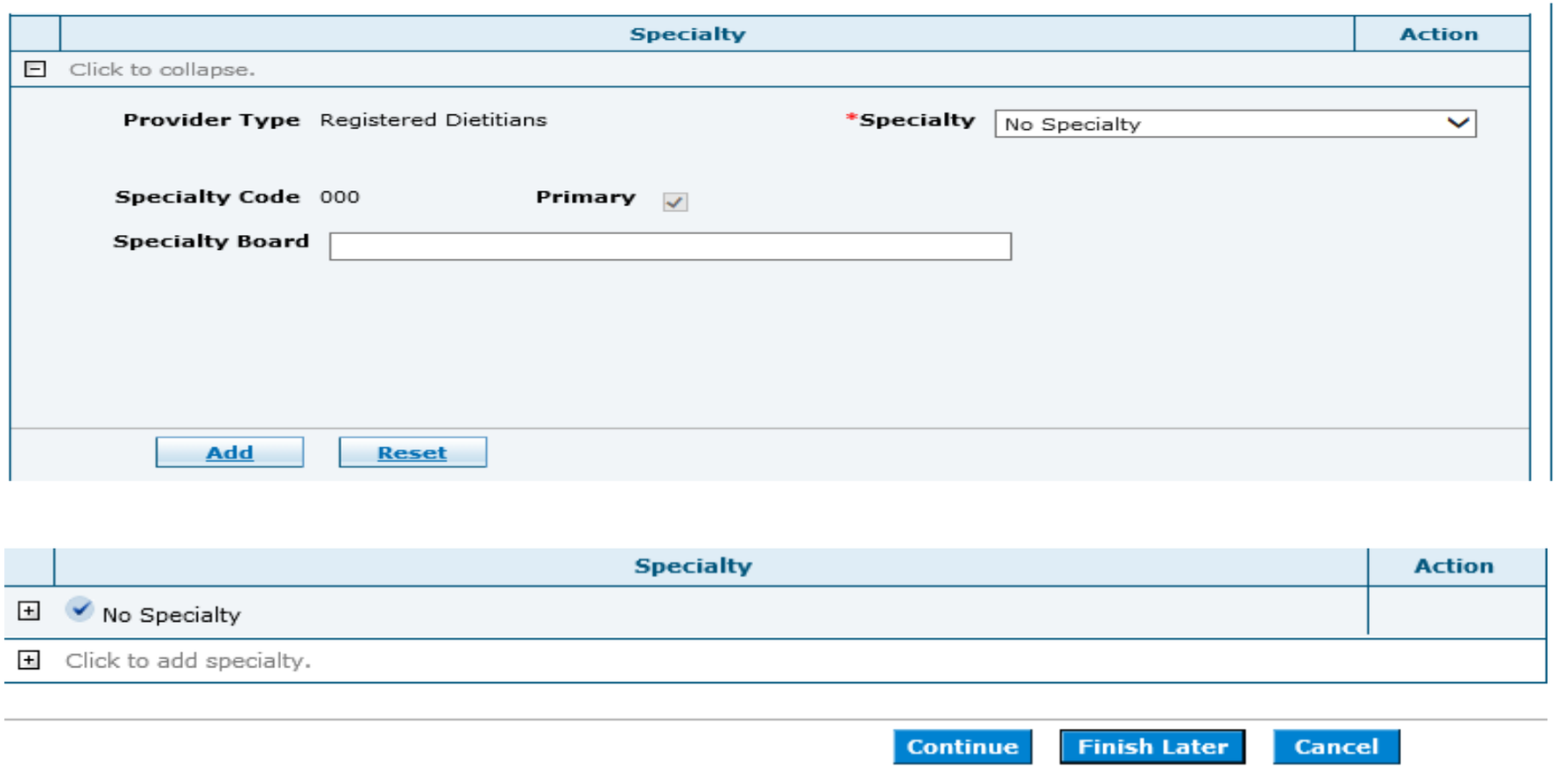
- Select “Submit” to continue and generate an Authorization Tracking Number (ATN)

Online Provider Enrollment – All Applications (Tracking Information)



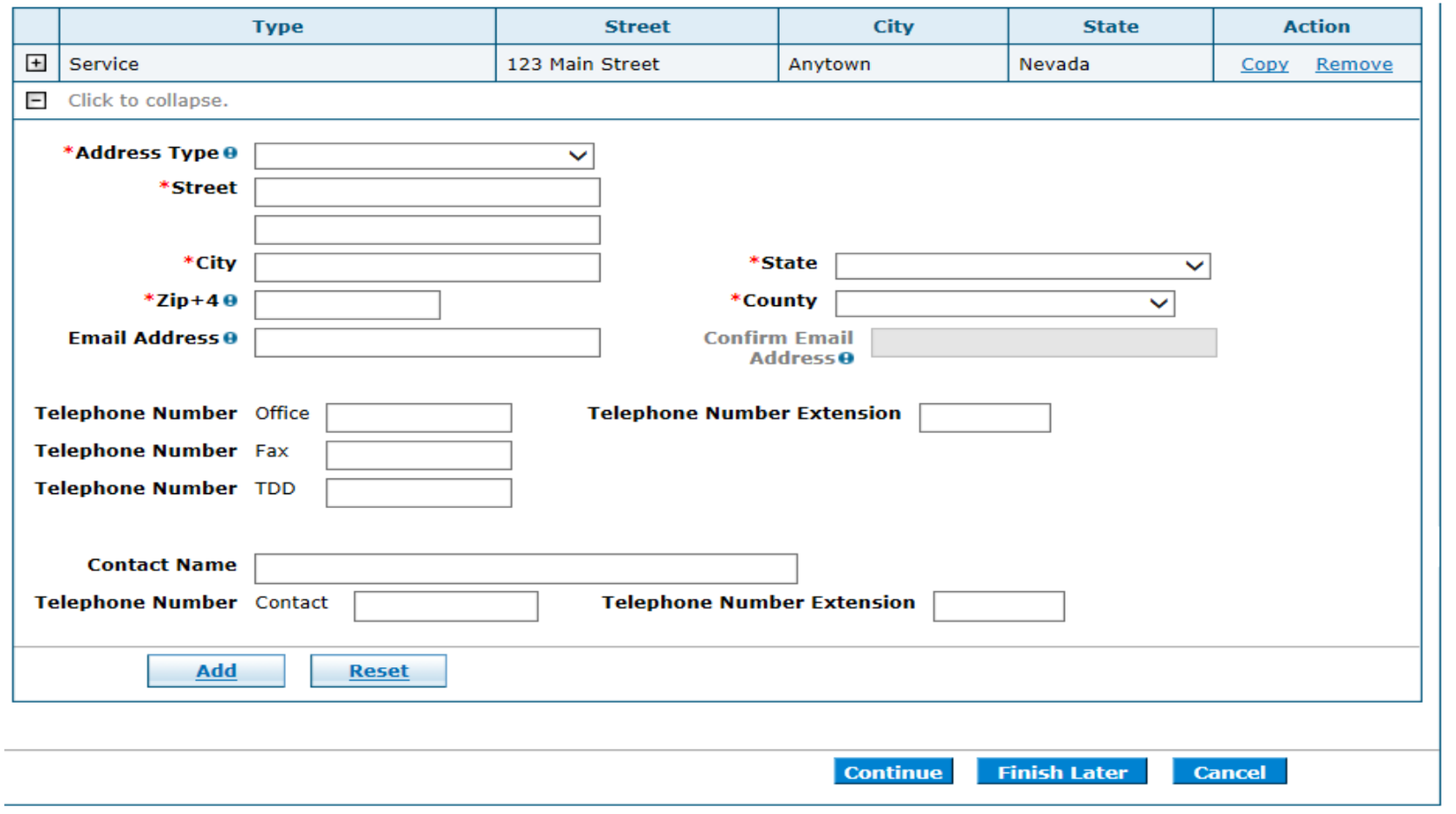
- An ATN will be generated and used to check status of an enrollment application

Online Provider Enrollment – All Applications (Specialty Information)



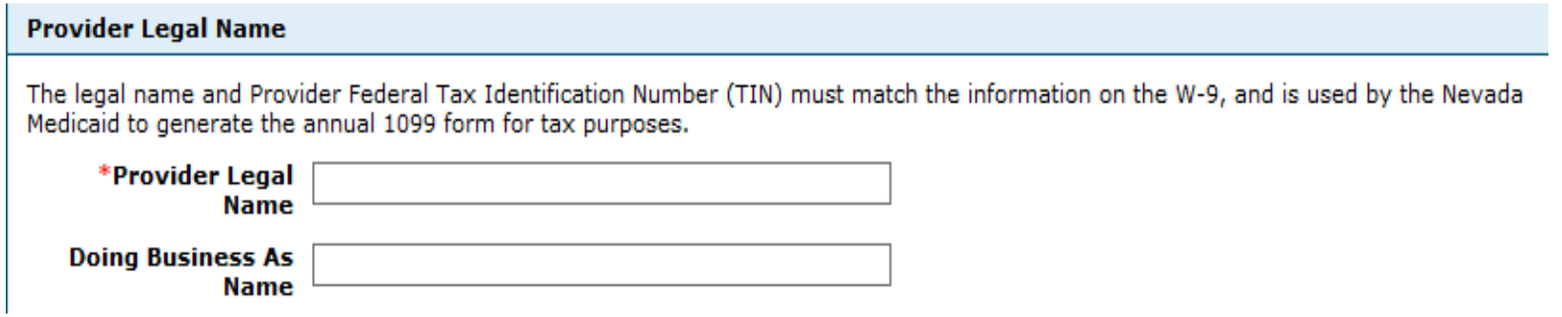
- Select “No Specialty” from the “Specialty” drop-down menu
- Select “Add”
- Results will then populate to the application
- Select “Continue”

Online Provider Enrollment – All Applications (Address Information)

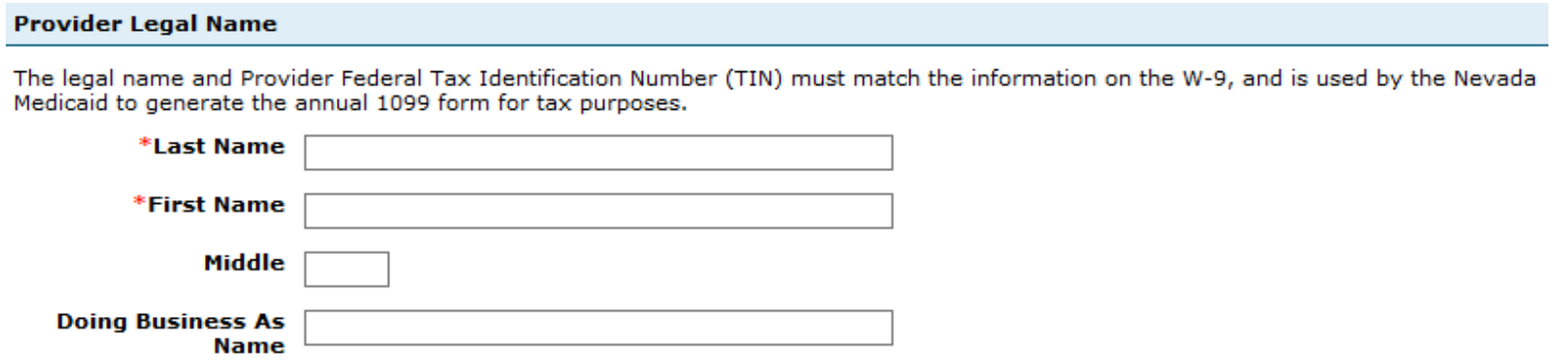


- Indicate Service, Pay-To, Mail-To or Remittance Advice from the “Address Type” drop-down menu
- Service Address cannot be a P.O. Box
- Select “Add” to populate results to the application

Online Provider Enrollment – Both Applications (Legal Name)

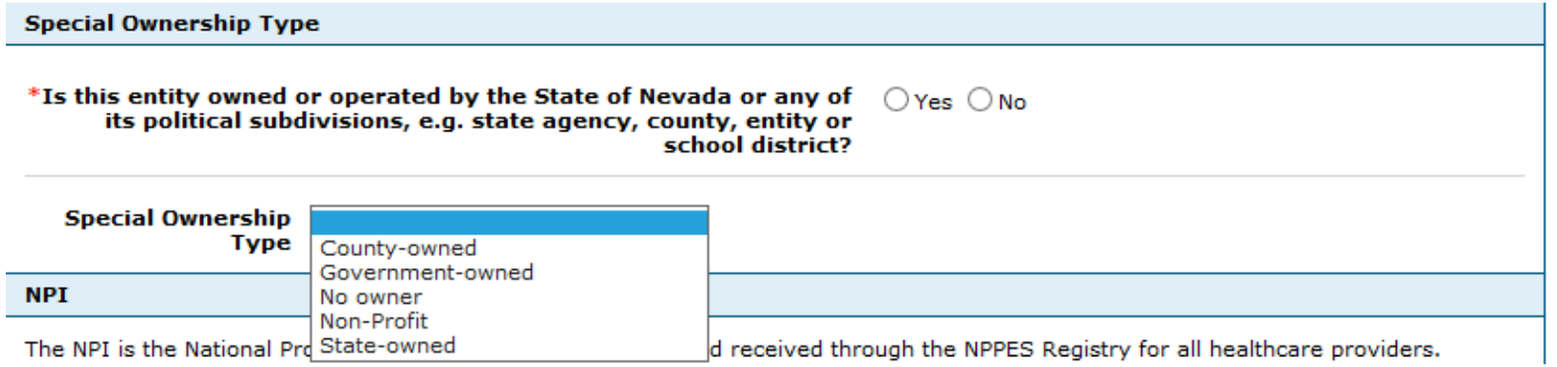


- The Group will need to provide the Group's Legal name. This information should come from the IRS.

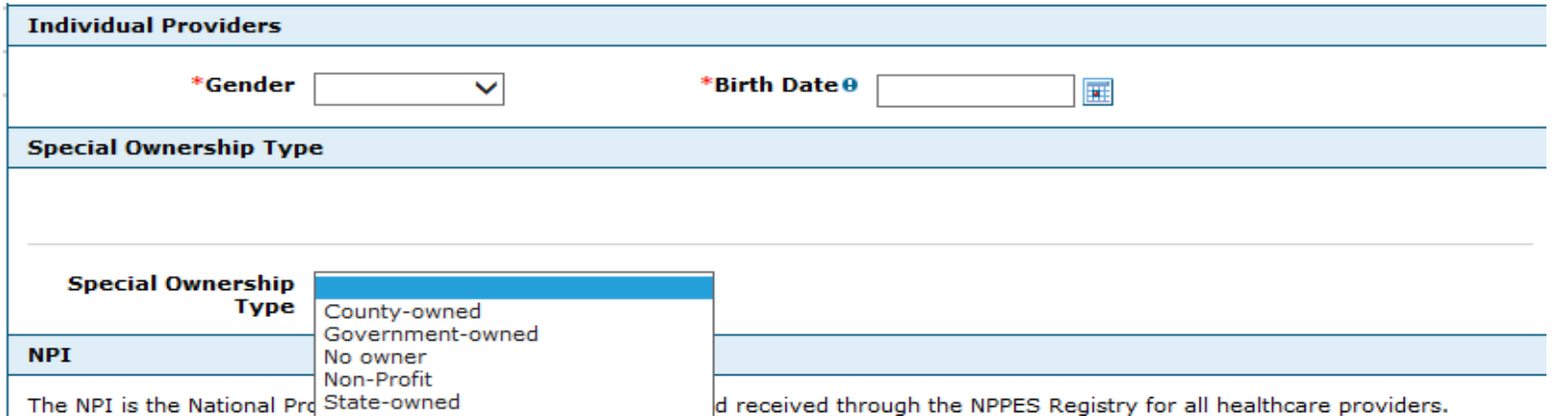


- Individual providers will need to indicate their name, not a business name.

Online Provider Enrollment – Both Applications (Ownership Information)

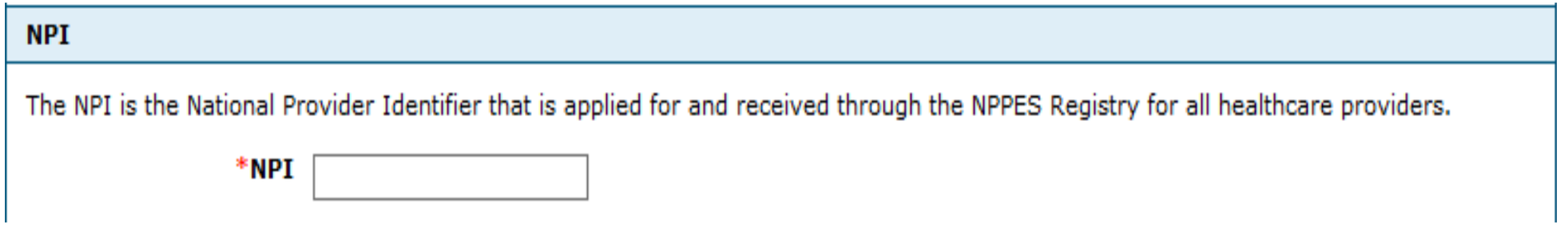


- Groups will indicate if there is a Special Ownership Type



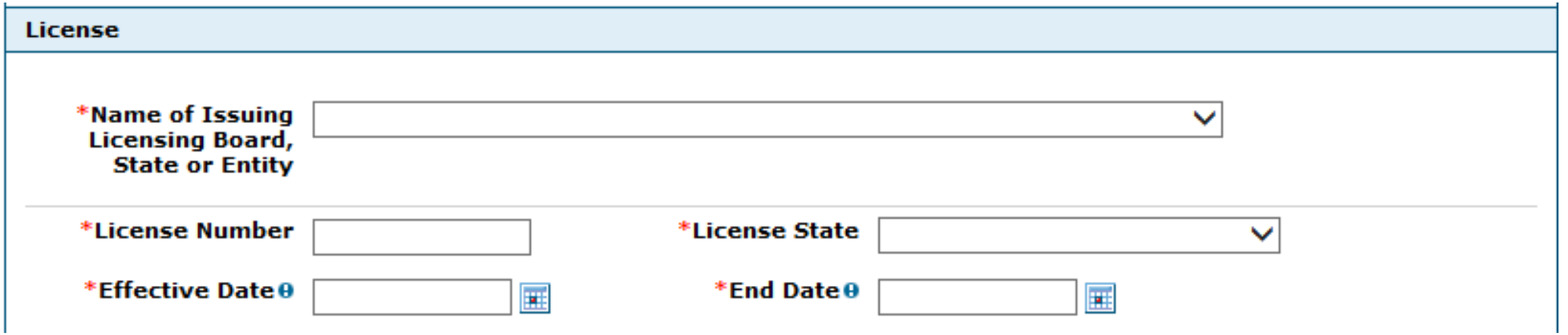
- Individuals will indicate their gender and birth date

Online Provider Enrollment – All Applications (National Provider Identifier (NPI) Information)



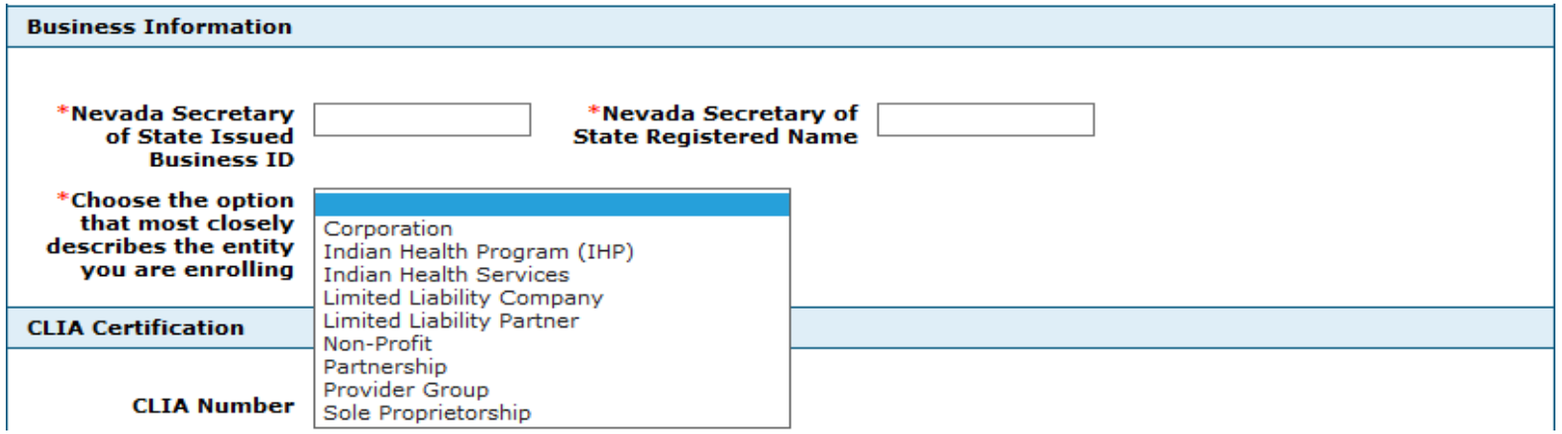
- All providers must indicate a valid NPI, which is generated when a provider has registered with the National Plan and Provider Enumeration System (NPPES) NPI Registry

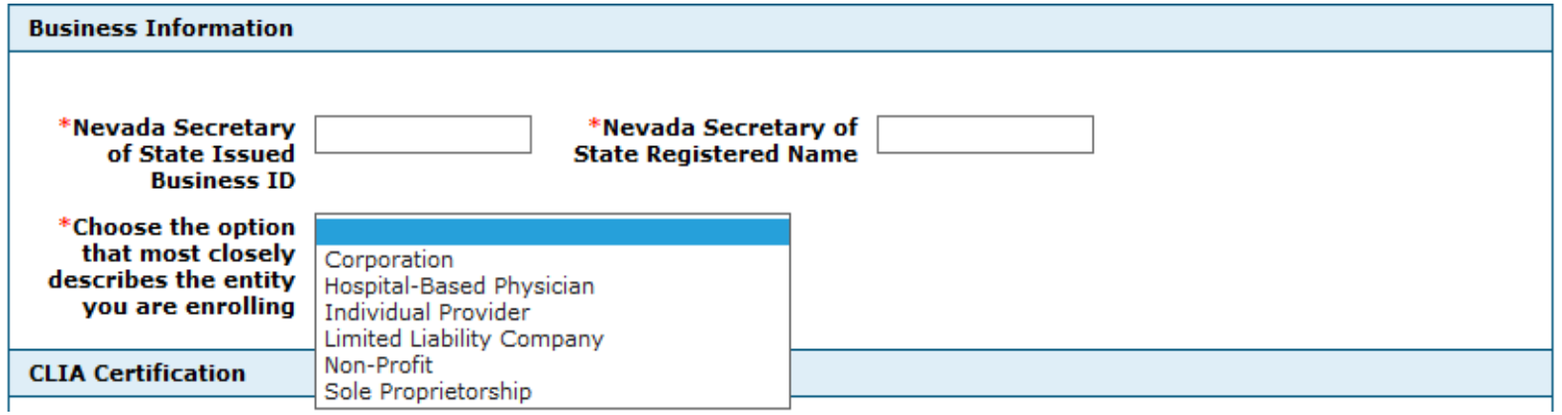
Online Provider Enrollment – All Applications (License Information)



- All providers must indicate the above information

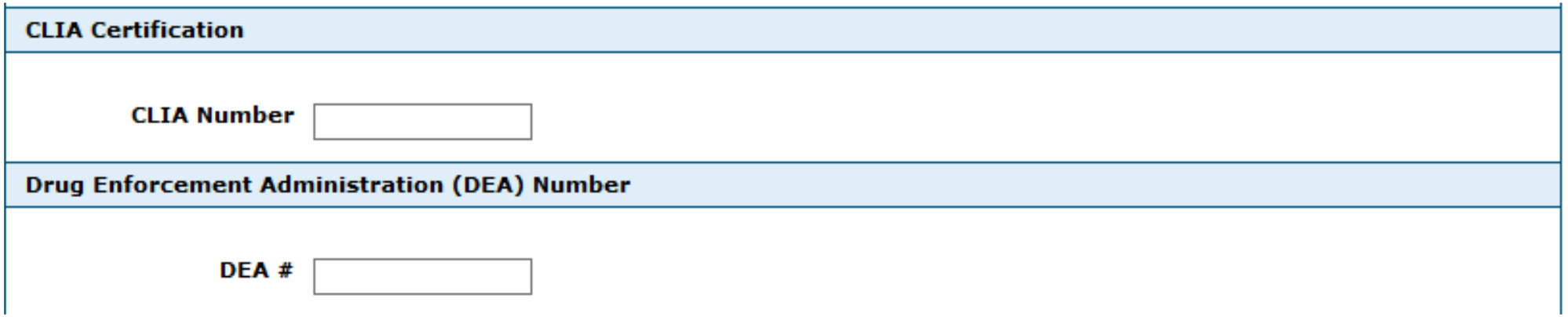
Online Provider Enrollment – Both Applications (Business Information)





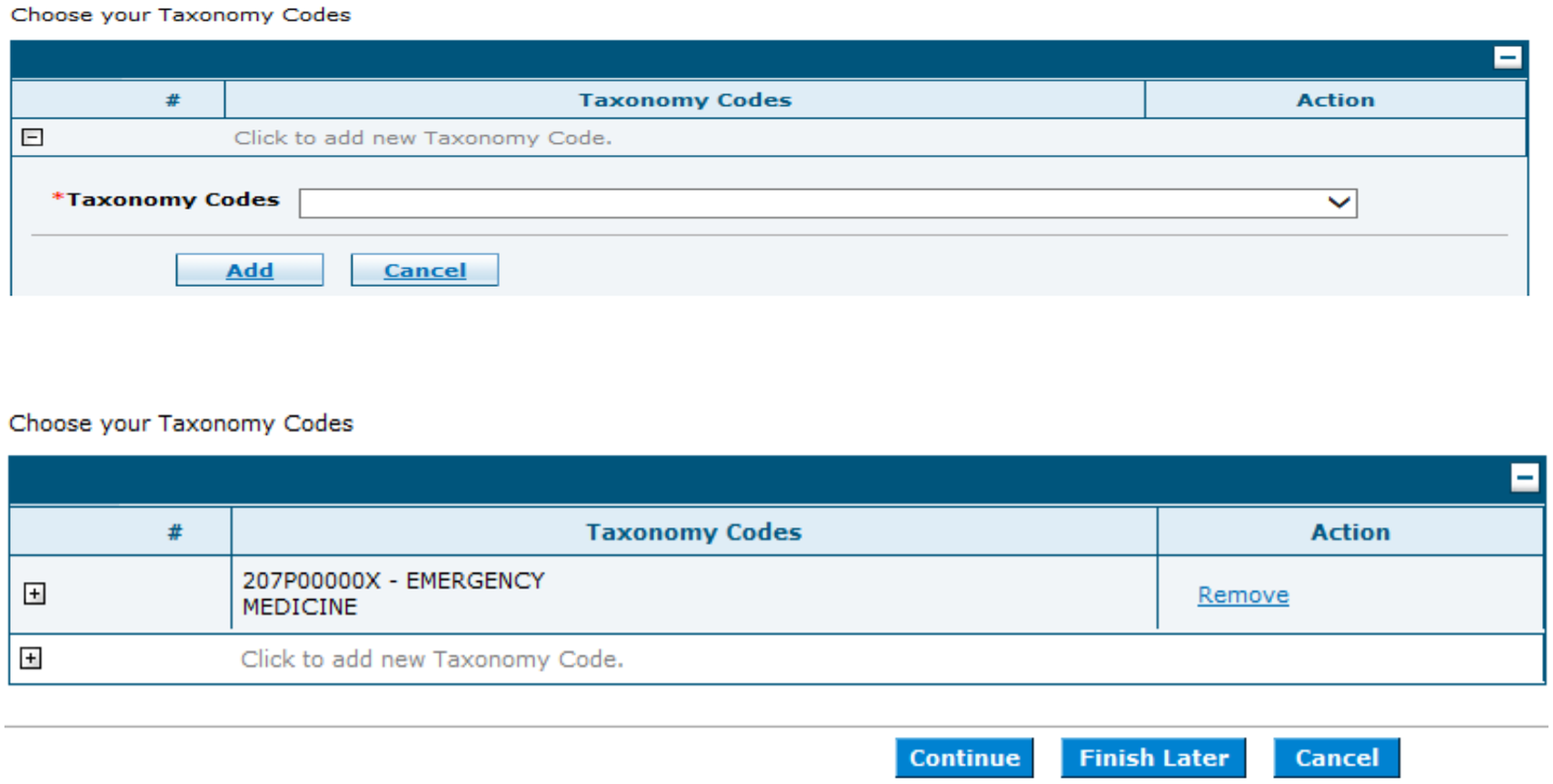
- All providers must input Business Information
- Options available from the entity drop-down menu will vary depending on whether this is a Group application or an Individual application

Online Provider Enrollment – All Applications (CLIA and DEA Information)



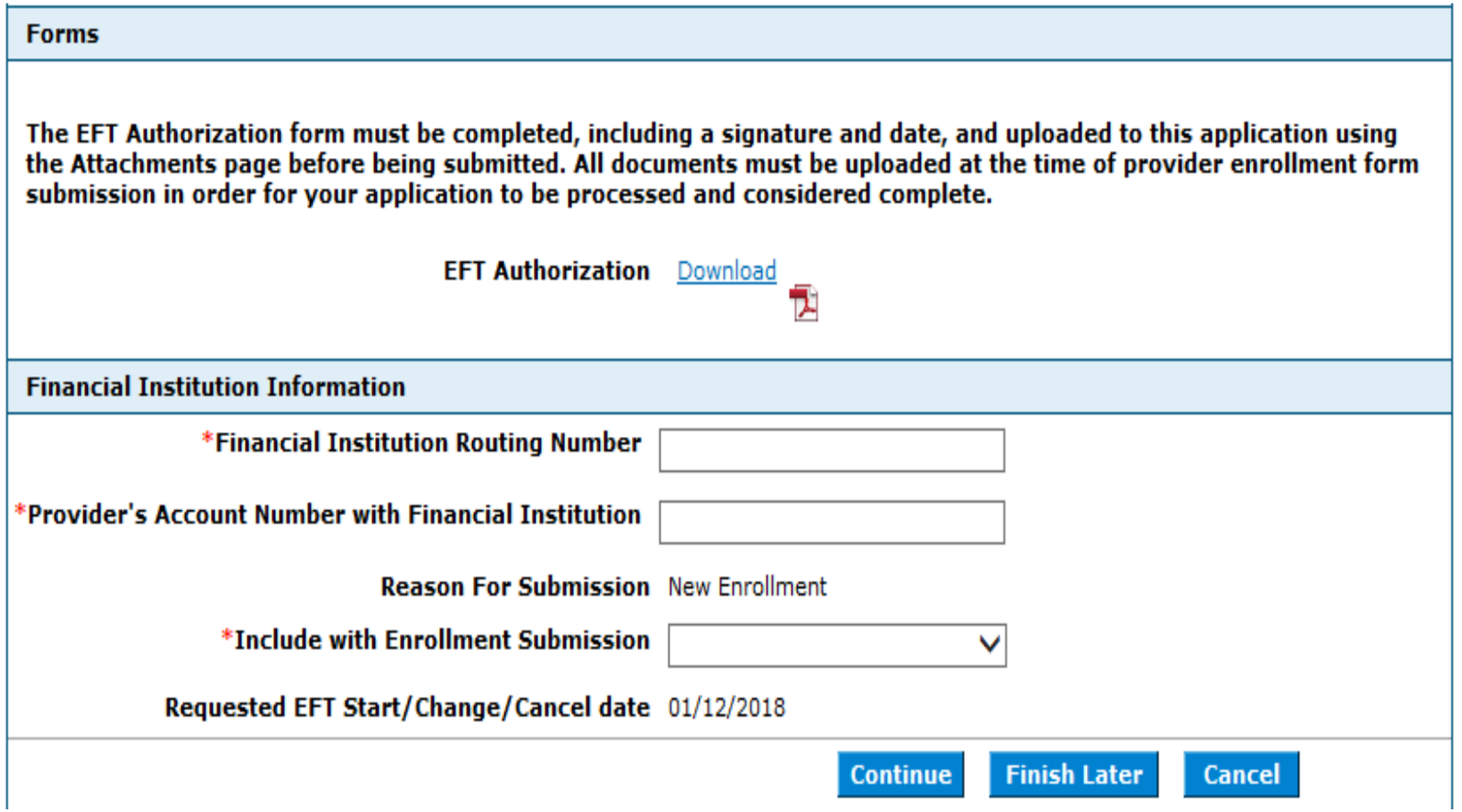
- All providers must indicate the above information, if applicable
- CLIA Certification – Clinical Laboratory Improvement Amendments are required for any provider performing lab tests
- DEA # - Drug Enforcement Administration Number is required for any Provider writing prescriptions for controlled substances

Online Provider Enrollment – All Applications (Taxonomy Codes)



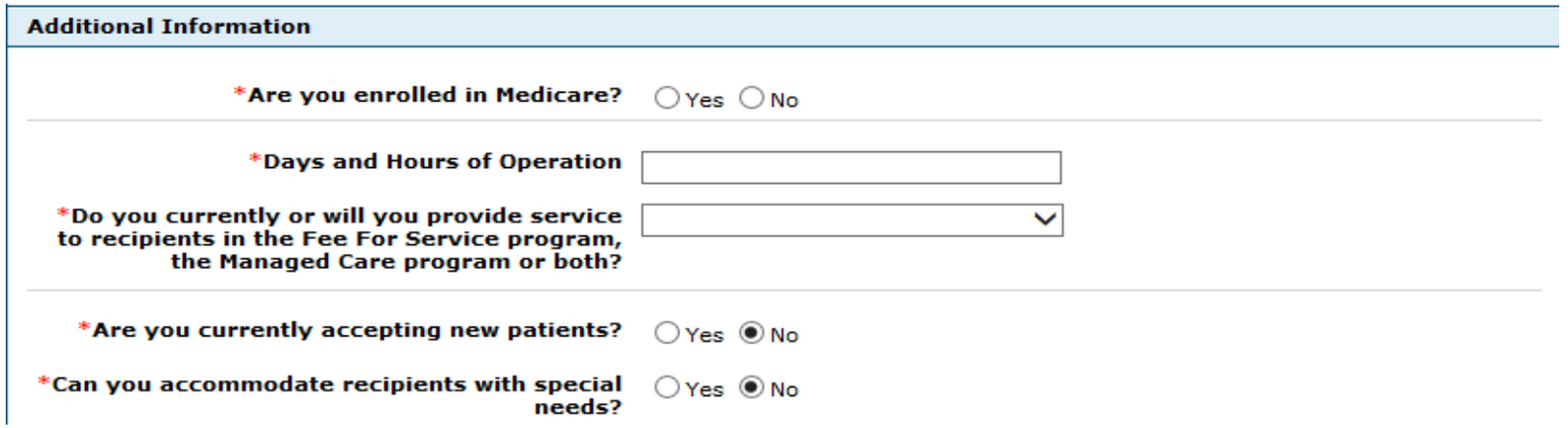
- All providers must indicate a Taxonomy Code by selecting the “+” symbol, select code from drop-down menu and select Add to populate the results
- Click “Continue”

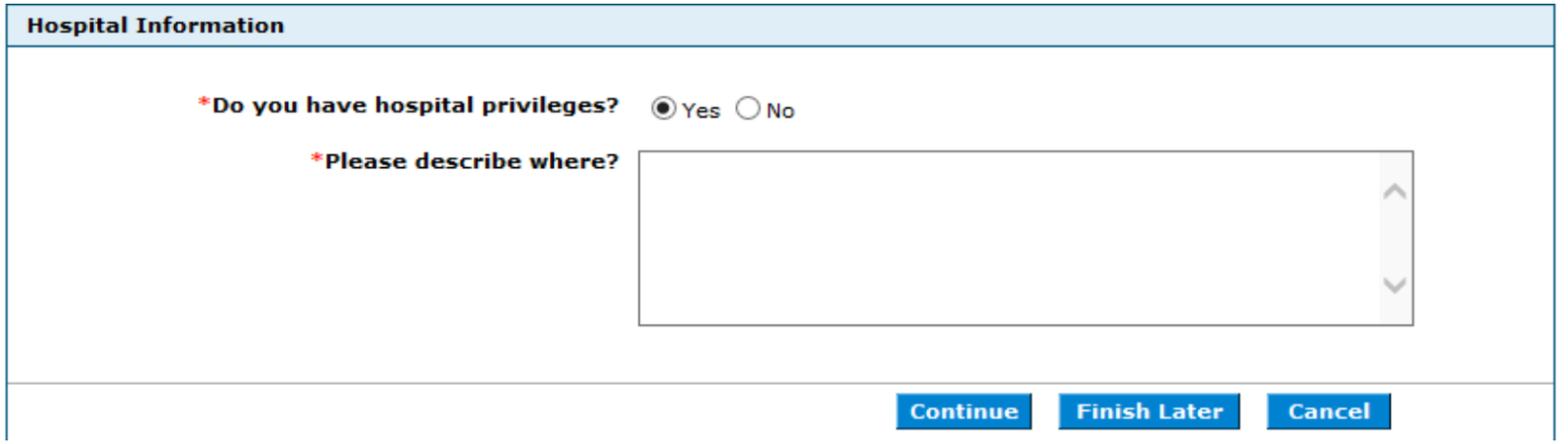
Online Provider Enrollment – All Applications (Electronic Funds Transfer (EFT) Information)



- All providers must provide EFT information by completing the EFT Authorization Form and filling out the required information
- An Individual provider can indicate that if they are linking to a Group, that the Group will be receiving payments

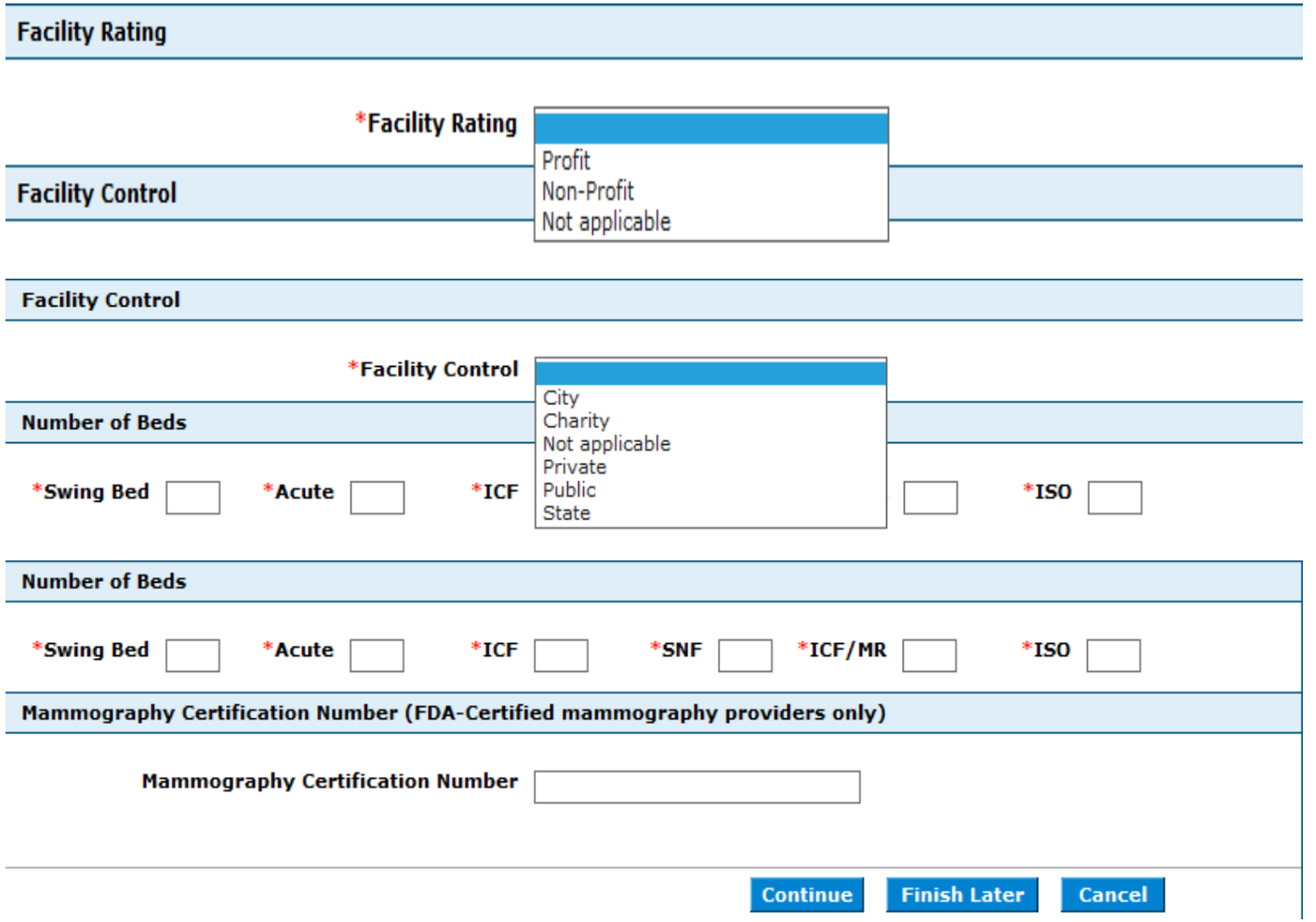
Online Provider Enrollment – Both Applications (Additional Information)





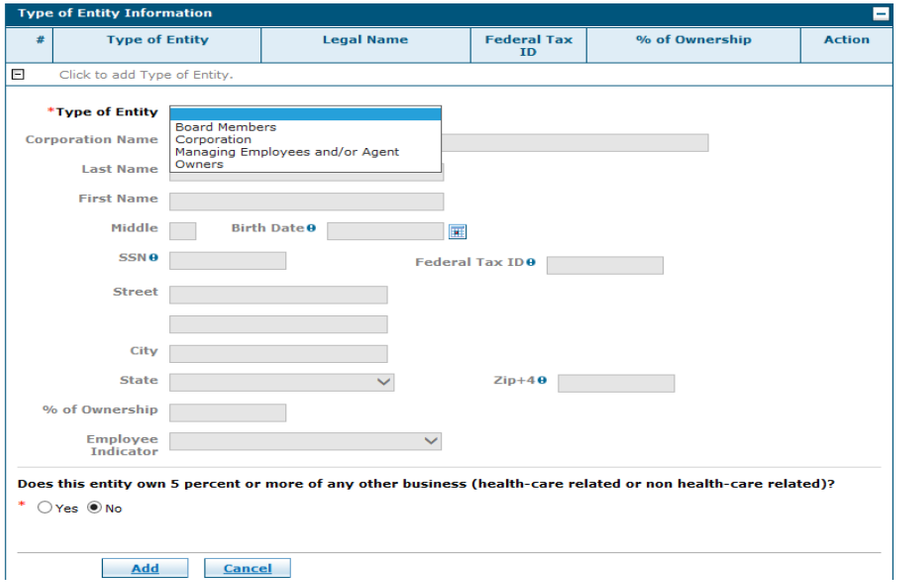
- All providers must fill out the Additional Information portion of the application
- **Question regarding Medicare must be answered the same as it is answered in the upcoming section of the application**
- Only individual providers will complete the Hospital Information portion
- Click “Continue”

Online Provider Enrollment – Group Application (Facility Information)



- The Facility Rating, Facility Control, Number of Beds and Mammogram Certification Number are only for Group Applications
- Click “Continue,” “Finish Later” or “Cancel”

Online Provider Enrollment – All Applications (Ownership Information)

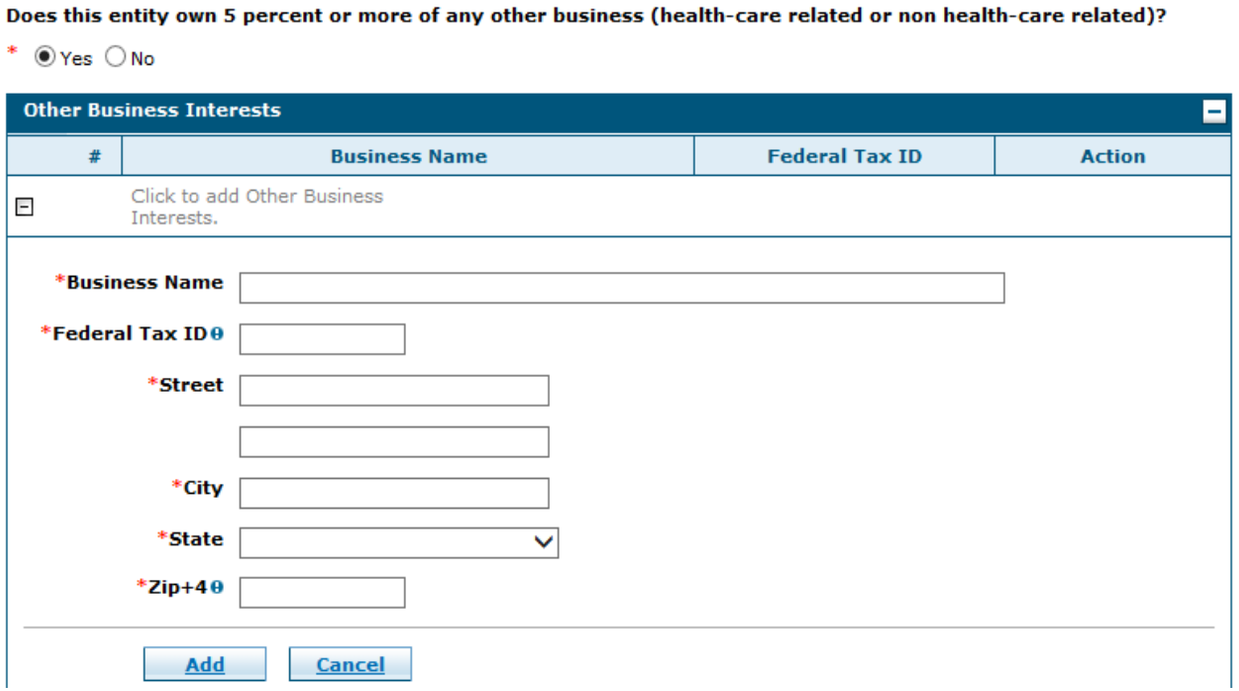


- All providers must indicate ownership information as well as a Managing Employee and/or Agent. If the Managing Employee and/or Agent is not listed, there will be a validation error letting the provider know that there must be a Managing Employee and/or Agent.
- Note that a Managing Employee/Agent can be the same as the owner, for an individual application only.
- Provider must select “Add” after each entity is entered to populate to the application.

Type of Entity Information

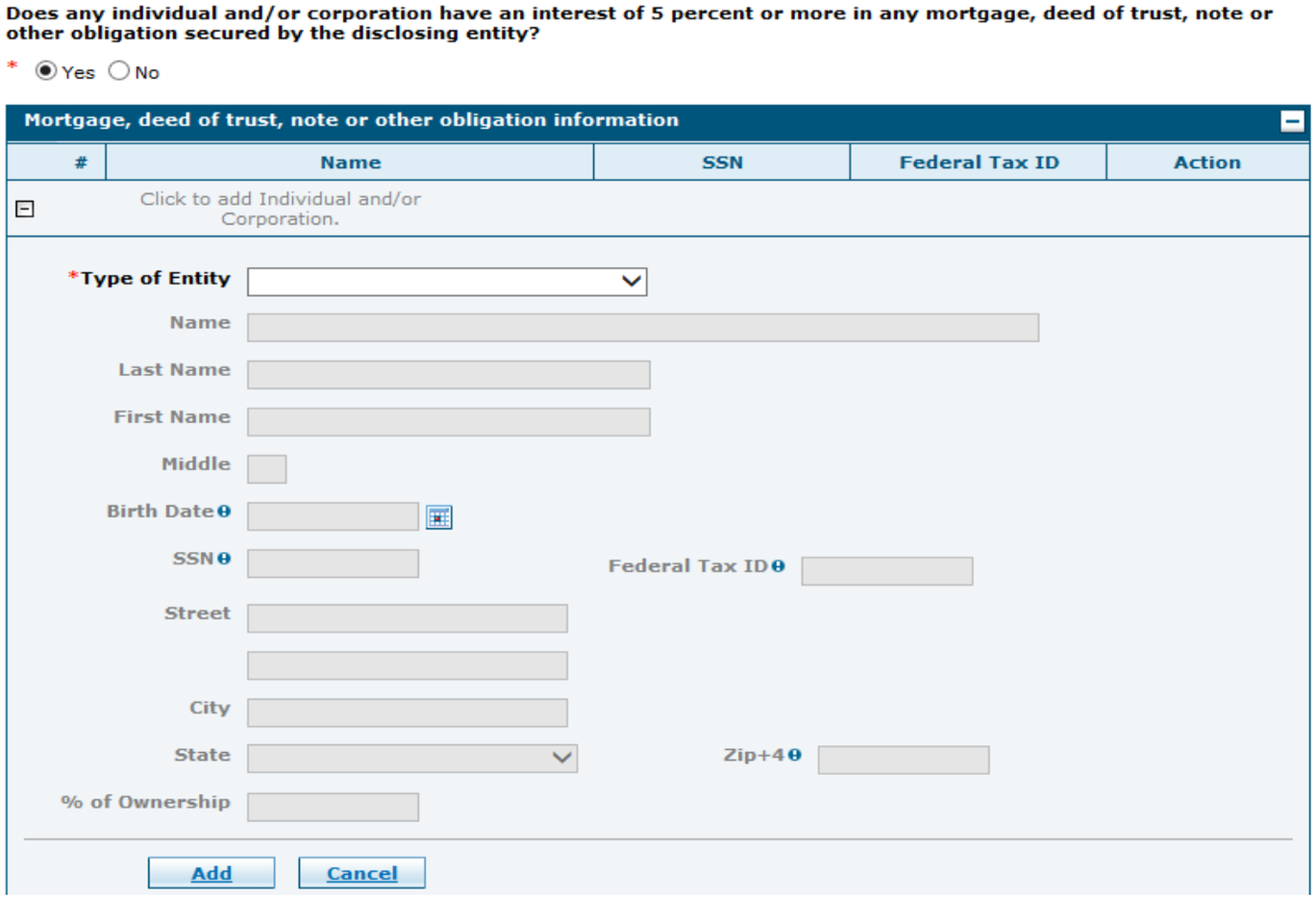
#	Type of Entity	Legal Name	Federal Tax ID	% of Ownership	Action
1	Owner	First Last	123456789	100	Remove
2	Managing Employee	First Last	123456789	N/A	Remove
	Click to add Type of Entity.				

Online Provider Enrollment – All Applications (Additional Ownership Information)



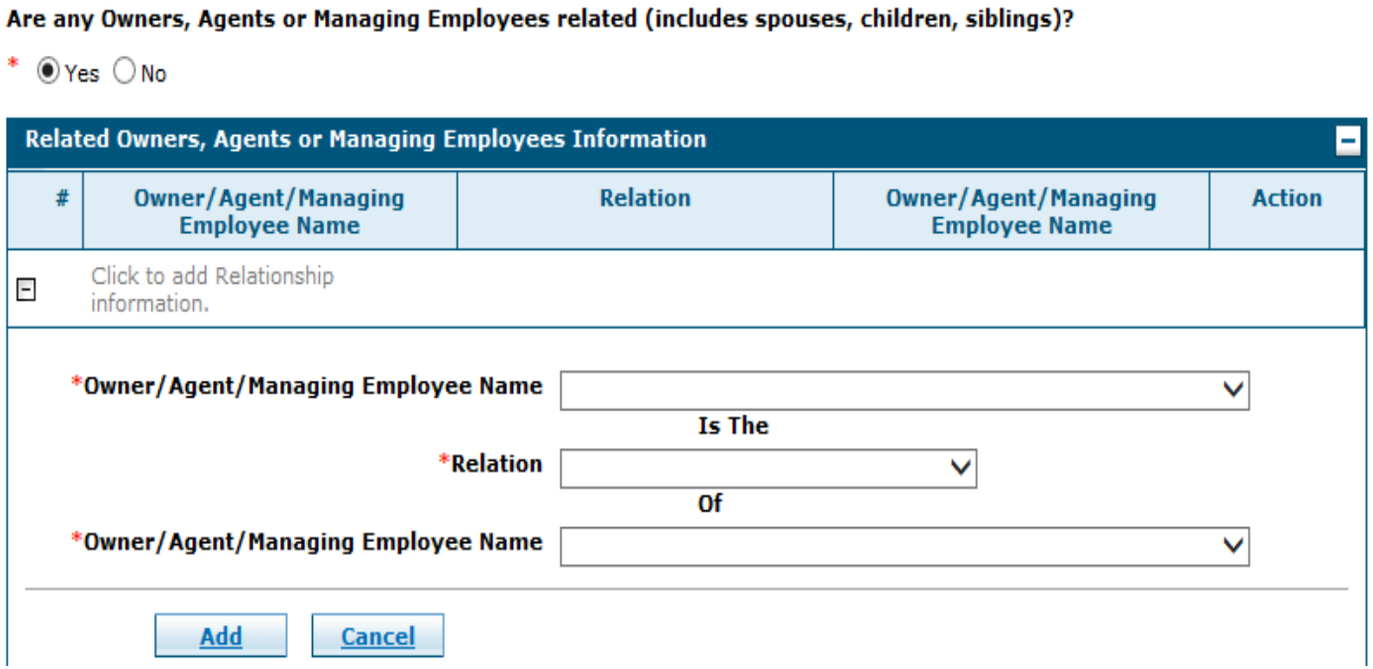
- For each owner or managing employee/agent, it must be indicated if they own more than 5% of any other business
- If the total does not add up to 100%, an explanation must be provided

Online Provider Enrollment – All Applications (Other Business Information)



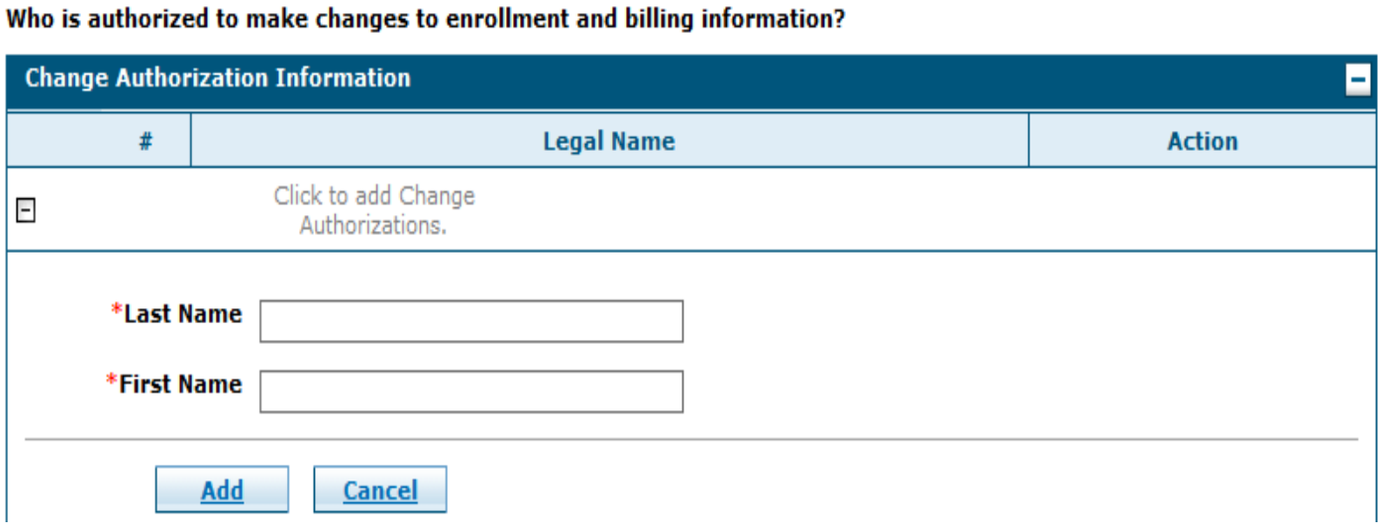
- This question pertains to all applications
- If Yes is selected, additional information will be required
- Select “Add” to populate results to the application
- If No is selected, the provider can move to the next question

Online Provider Enrollment – All Applications (Relationship Information)



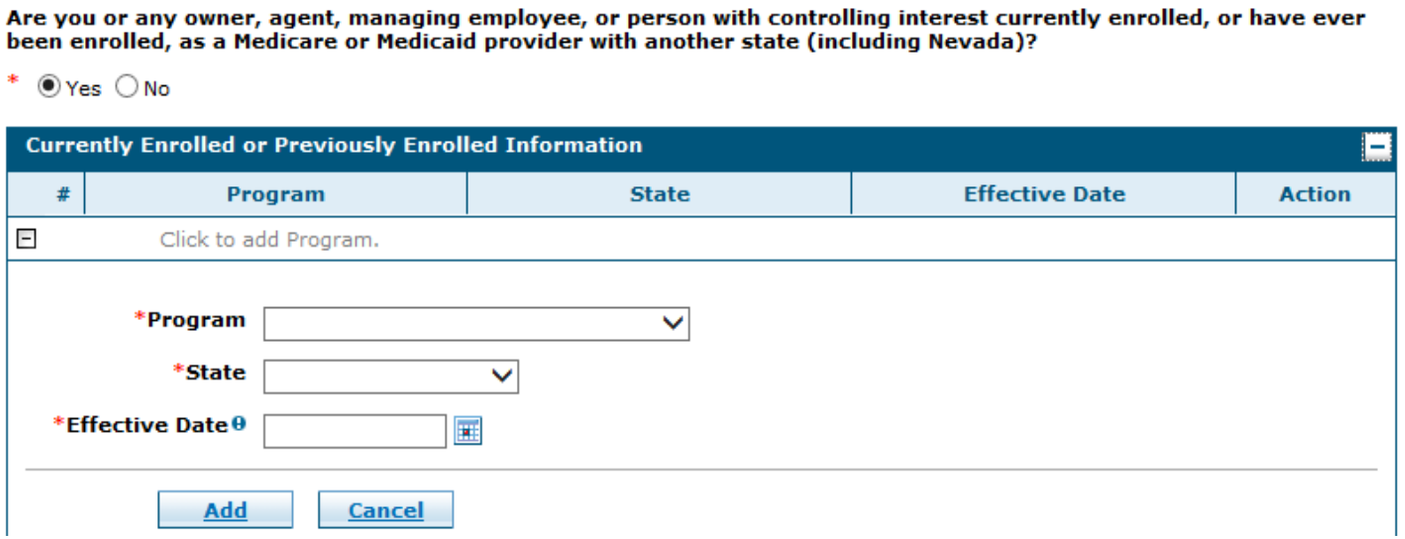
- This question pertains to all applications
- If Yes is selected, additional information will be required
- Select “Add” to populate results to the application
- If No is selected, the provider can move to the next question

Online Provider Enrollment – All Applications (Authorization to Make Changes in the Future)



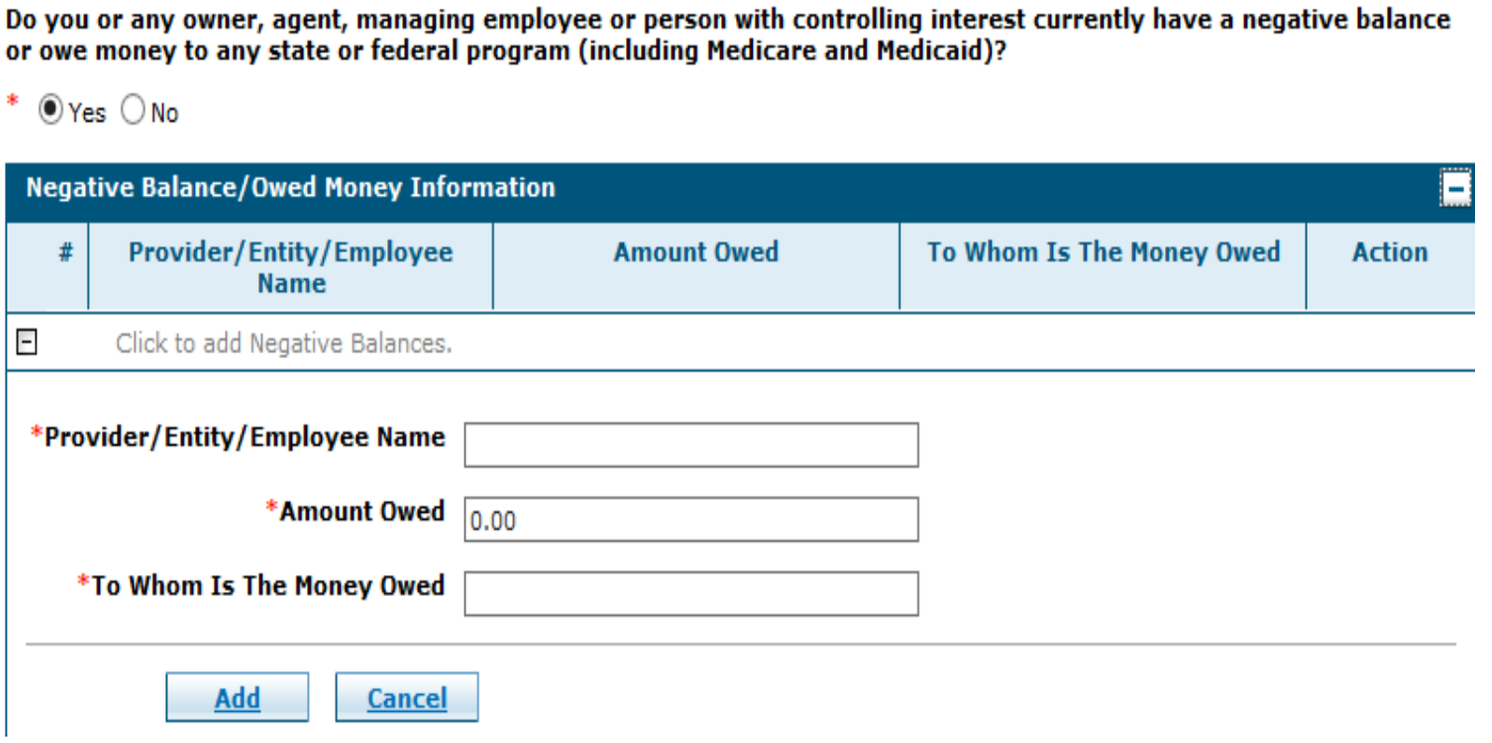
- This question pertains to all applications
- If Yes is selected, additional information will be required.
  - Example: If the FA-33 Change Form is sent to Nevada Medicaid and the person signing off on the FA-33 was not authorized to make changes, the change form will be returned to the Provider
- Select “Add” to populate results to the application
- If No is selected, the provider can move to the next question

Online Provider Enrollment – All Applications (Previous Enrollment Information)



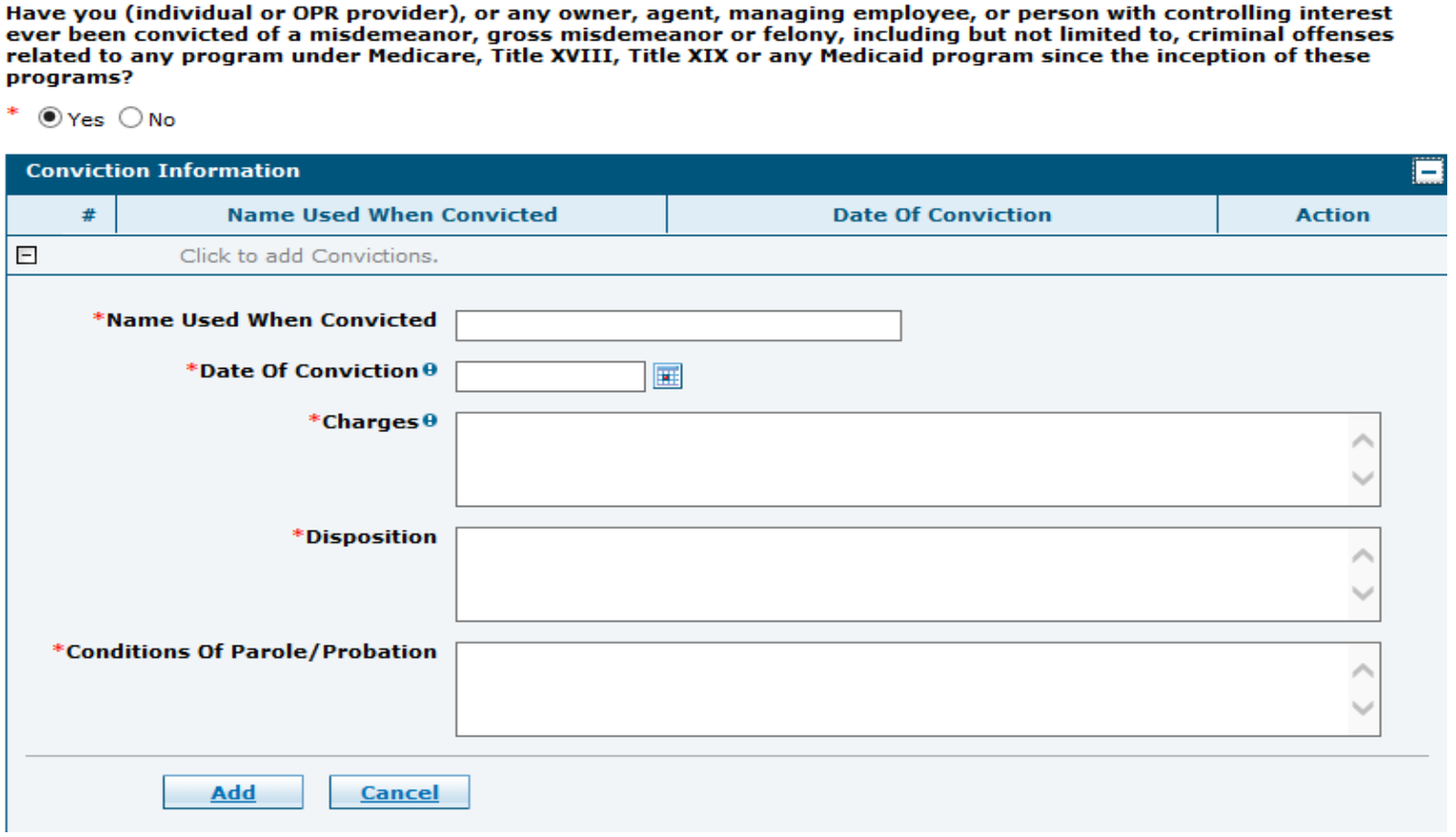
- This question pertains to all applications
- If Yes is selected, additional information will be required
- Select “Add” to populate results to the application
- If No is selected, the provider can move to the next question

Online Provider Enrollment – All Applications (Financial Information)



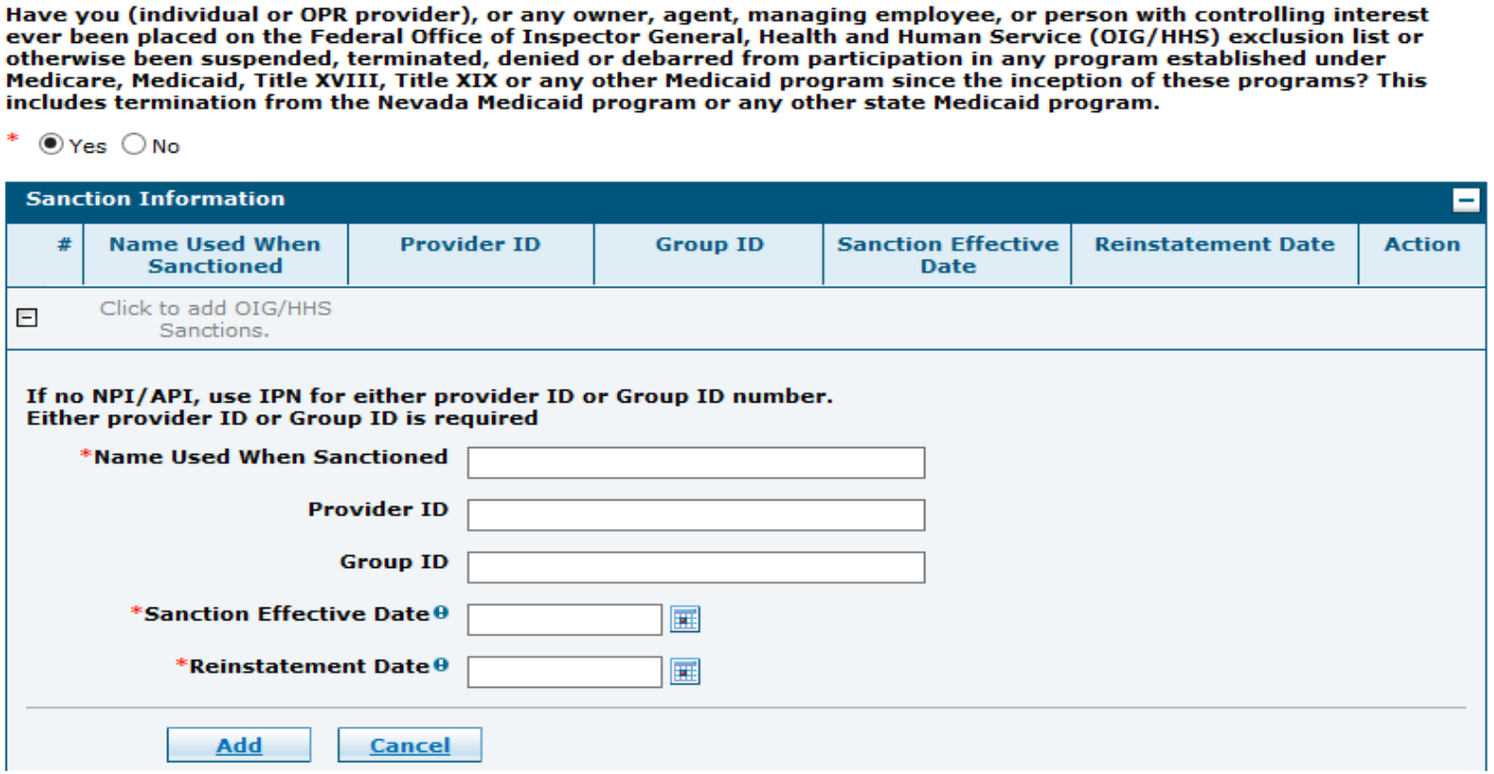
- This question pertains to all applications
- If Yes is selected, additional information will be required
- Select “Add” to populate results to the application
- If No is selected, the provider can move to the next question

Online Provider Enrollment – All Applications (Conviction Information)



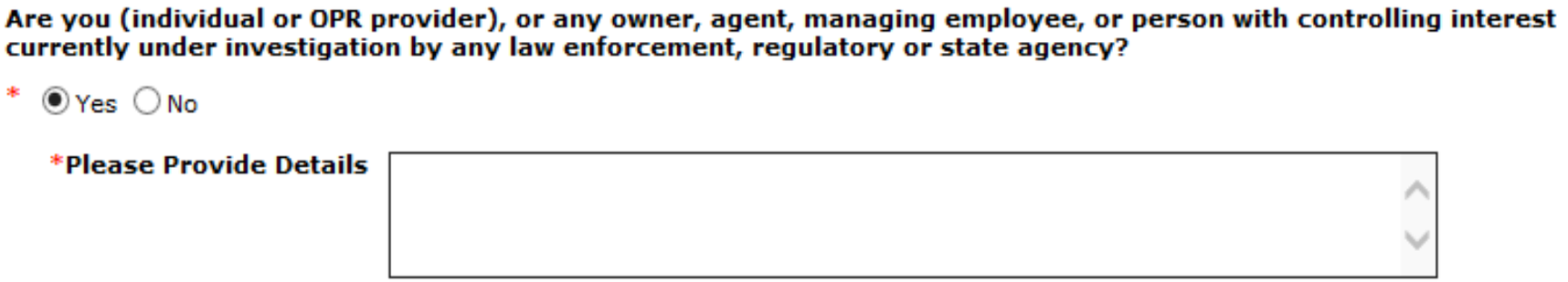
- This question pertains to all applications
- If Yes is selected, additional information will be required
- Select “Add” to populate results to the application
- If No is selected, the provider can move to the next question

Online Provider Enrollment – All Applications (Office of Inspector General (OIG) Sanction Information)



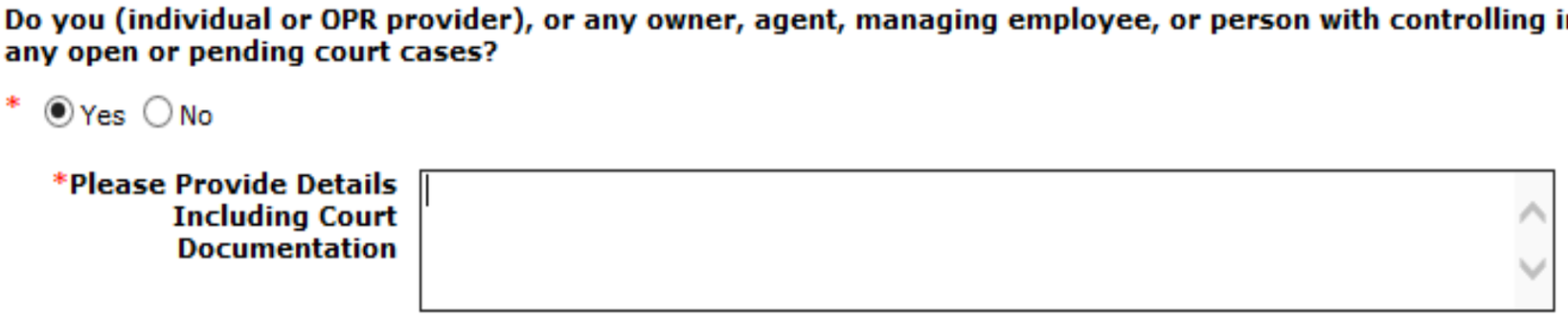
- This question pertains to all applications
- If Yes is selected, additional information will be required
- Select “Add” to populate results to the application
- If No is selected, the provider can move to the next question

Online Provider Enrollment – All Applications (Investigation Information)



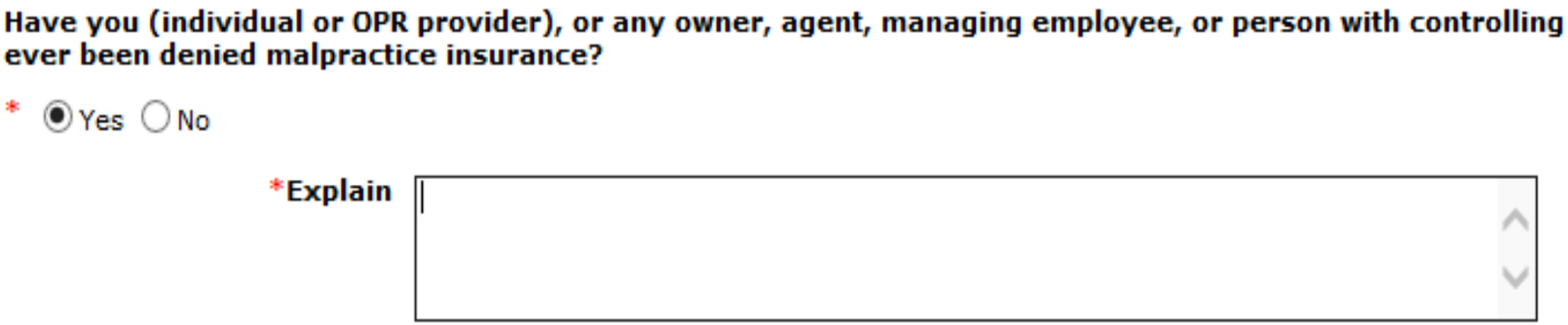
- This question pertains to all applications
- If Yes is selected, additional information will be required
- If No is selected, the provider can move to the next question

Online Provider Enrollment – All Applications (Court Case Information)



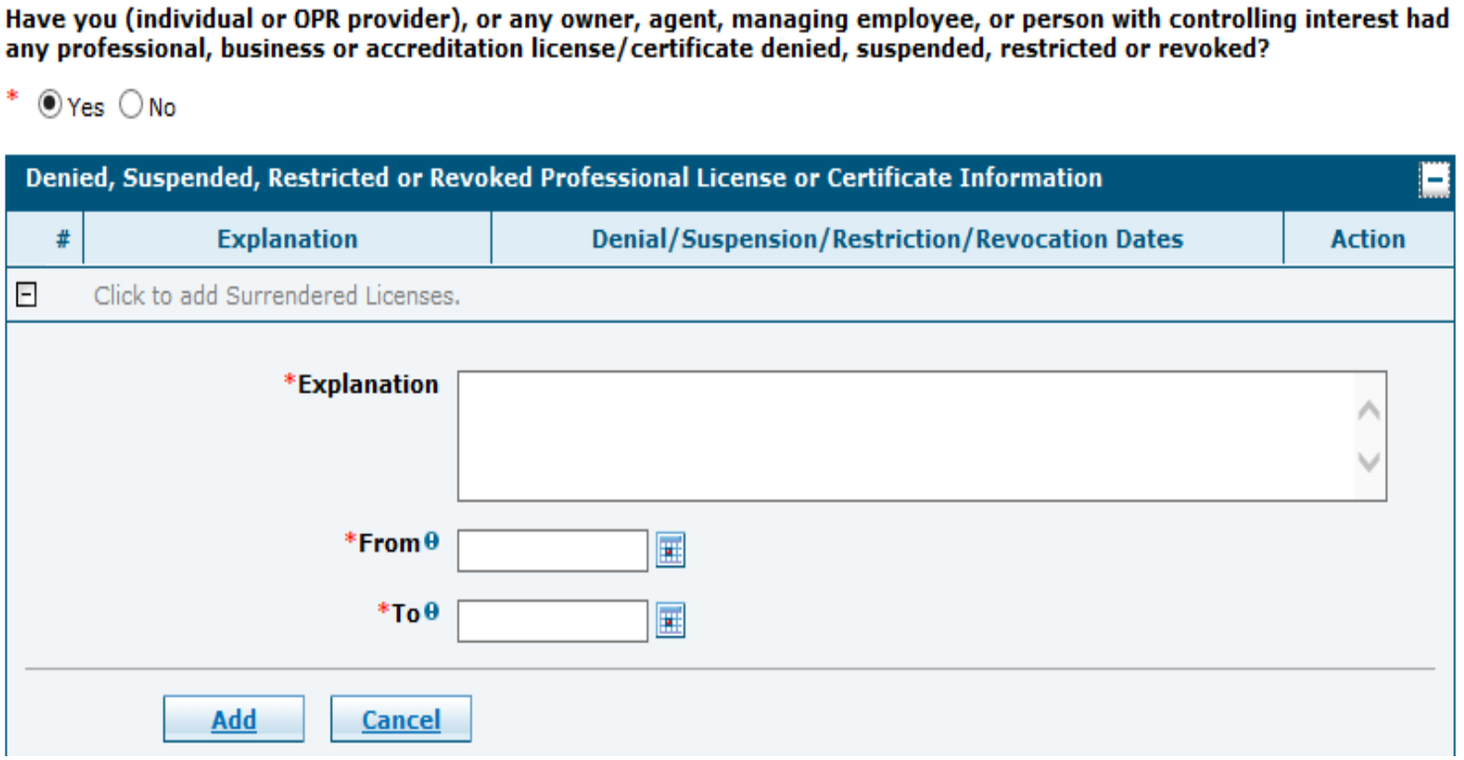
- This question pertains to all applications
- If Yes is selected, additional information will be required
- If No is selected, the provider can move to the next question

Online Provider Enrollment – All Applications (Malpractice Information)



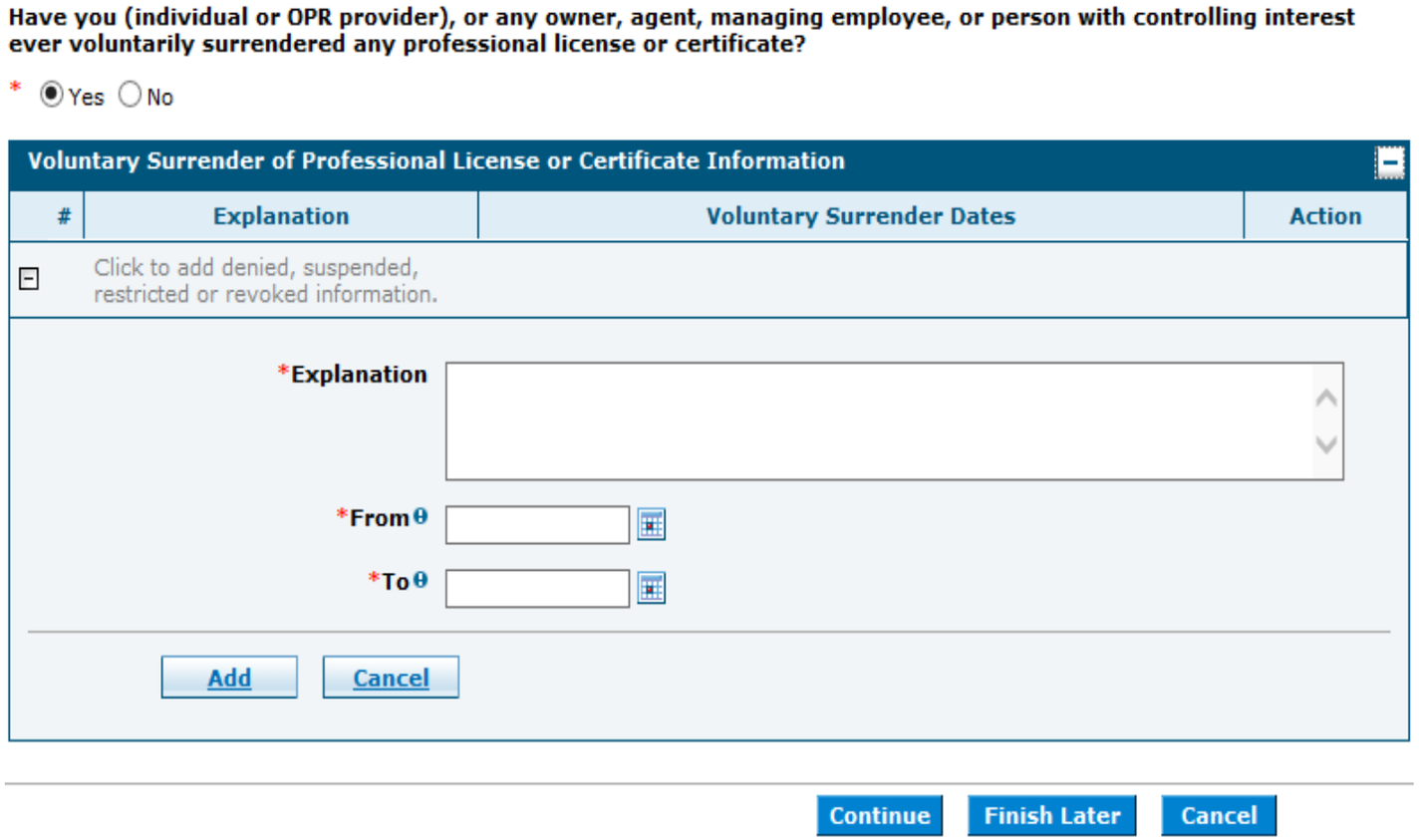
- This question pertains to all applications
- If Yes is selected, additional information will be required
- Select “Add” to populate results to the application
- If No is selected, the provider can move to the next question

Online Provider Enrollment – All Applications (License Information)



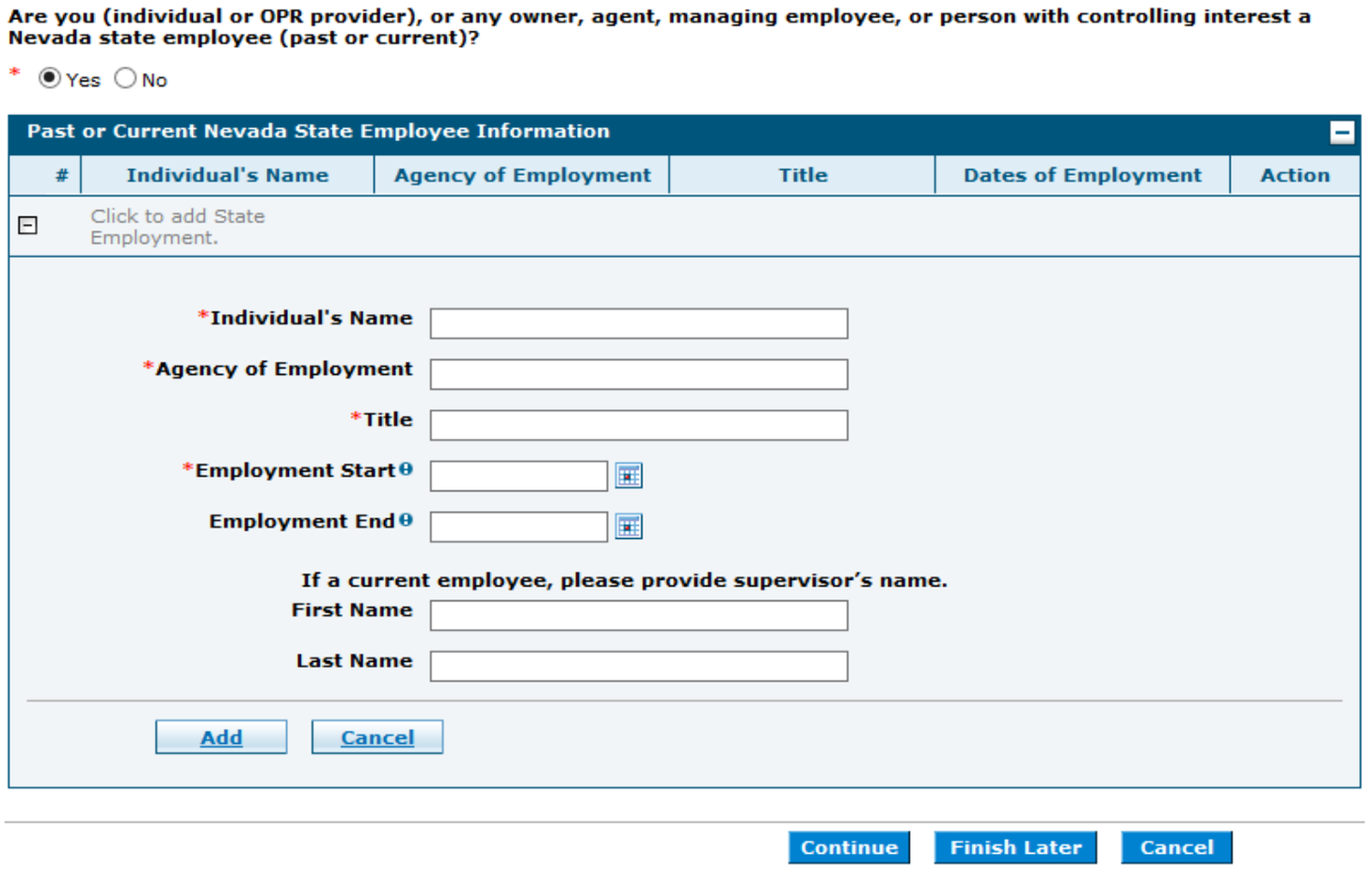
- This question pertains to all applications
- If Yes is selected, additional information will be required
- Select “Add” to populate results to the application
- If No is selected, the provider can move to the next question

Online Provider Enrollment – All Applications (Additional License Information)



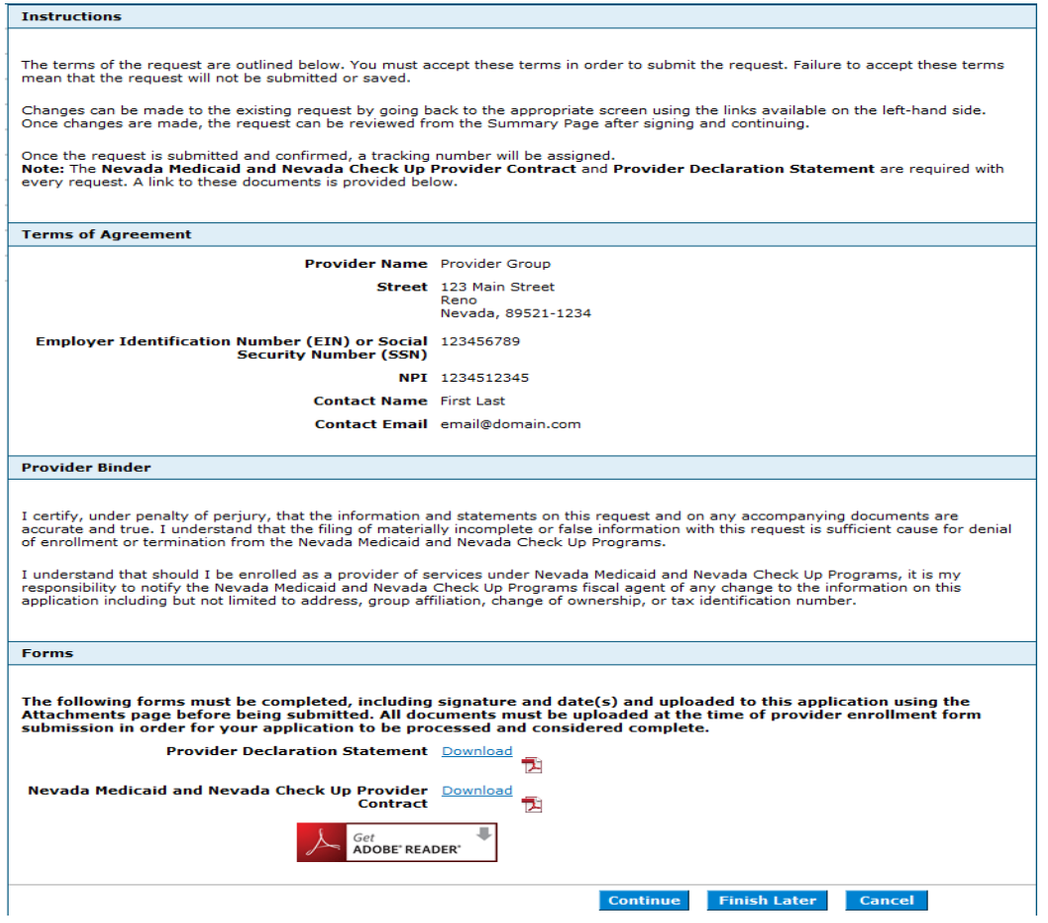
- This question pertains to all applications
- If Yes is selected, additional information will be required
- Select “Add” to populate results to the application
- If No is selected, the provider can move to the next question

Online Provider Enrollment – Individual Application (State Employee)



- This question pertains to individual applications only
- If Yes is selected, additional information will be required
- Select “Add” to populate results to the application
- If No is selected, the provider can move to the next question

Online Provider Enrollment – All Applications (Terms of Agreement and Forms)



Instructions

The terms of the request are outlined below. You must accept these terms in order to submit the request. Failure to accept these terms mean that the request will not be submitted or saved.

Changes can be made to the existing request by going back to the appropriate screen using the links available on the left-hand side. Once changes are made, the request can be reviewed from the Summary Page after signing and continuing.

Once the request is submitted and confirmed, a tracking number will be assigned.
Note: The **Nevada Medicaid and Nevada Check Up Provider Contract** and **Provider Declaration Statement** are required with every request. A link to these documents is provided below.

Terms of Agreement

Provider Name	Provider Group
Street	123 Main Street Reno Nevada, 89521-1234
Employer Identification Number (EIN) or Social Security Number (SSN)	123456789
NPI	1234512345
Contact Name	First Last
Contact Email	email@domain.com

Provider Binder

I certify, under penalty of perjury, that the information and statements on this request and on any accompanying documents are accurate and true. I understand that the filing of materially incomplete or false information with this request is sufficient cause for denial of enrollment or termination from the Nevada Medicaid and Nevada Check Up Programs.

I understand that should I be enrolled as a provider of services under Nevada Medicaid and Nevada Check Up Programs, it is my responsibility to notify the Nevada Medicaid and Nevada Check Up Programs fiscal agent of any change to the information on this application including but not limited to address, group affiliation, change of ownership, or tax identification number.

Forms

The following forms must be completed, including signature and date(s) and uploaded to this application using the Attachments page before being submitted. All documents must be uploaded at the time of provider enrollment form submission in order for your application to be processed and considered complete.

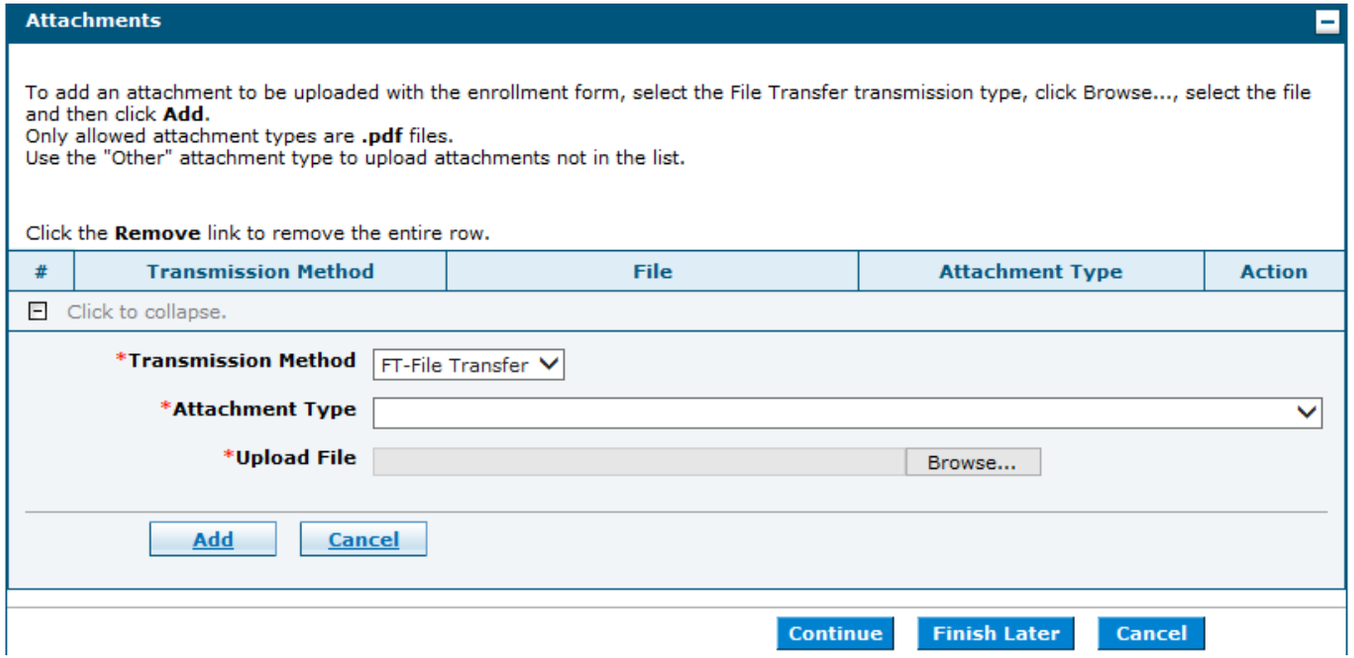
Provider Declaration Statement	Download
Nevada Medicaid and Nevada Check Up Provider Contract	Download

Get ADOBE READER

Continue | Finish Later | Cancel

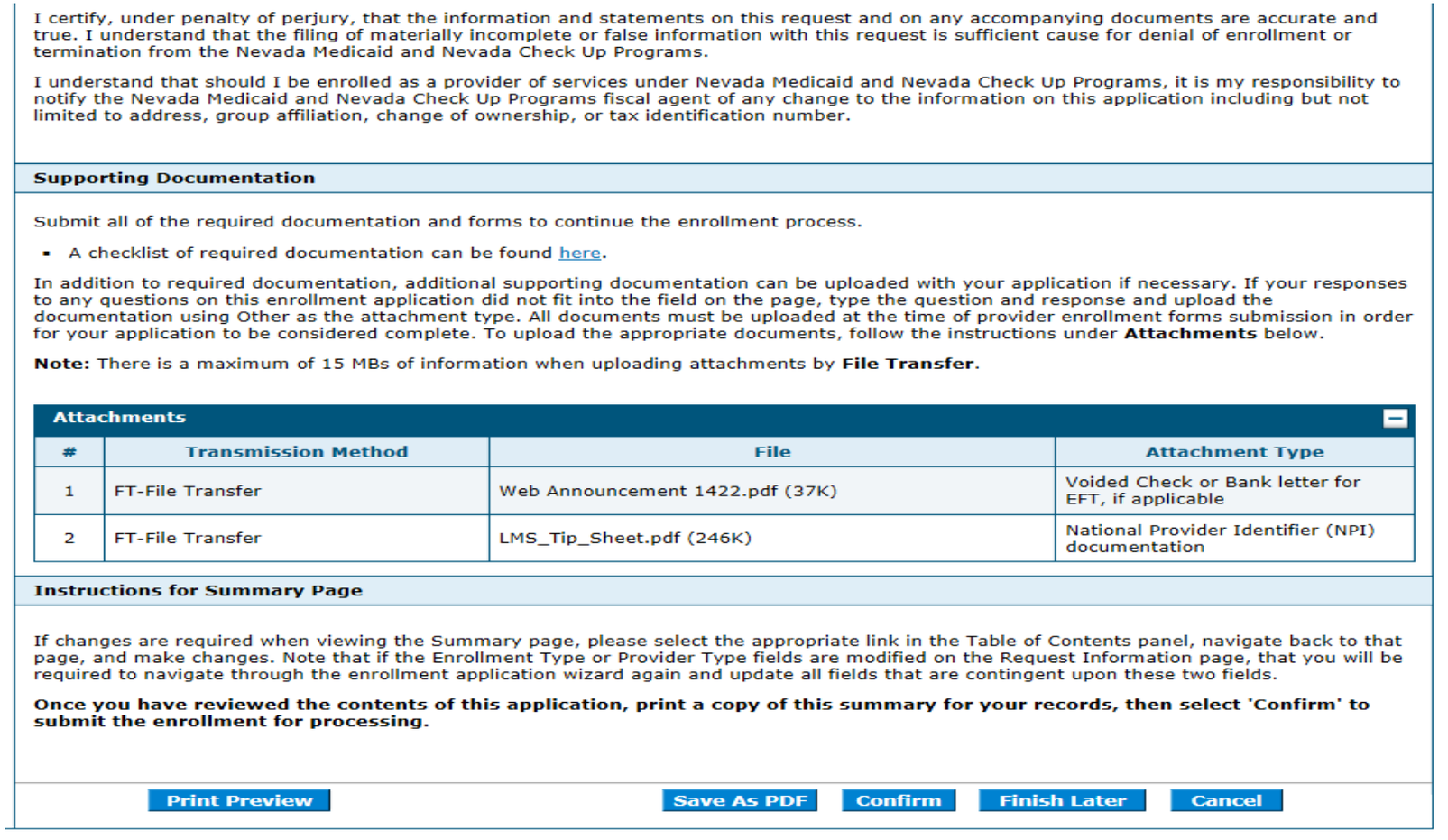
- This page pertains to all applications
- All providers are required to download, read and sign off on the Provider Declaration Statement and Nevada Medicaid and Nevada Check Up Provider Contract
- Documents will be uploaded later in the application
- Click “Continue”

Online Provider Enrollment – All Applications (Forms Uploading)



- This page pertains to all applications
- Transmission Method will always be FT-File Transfer
- Attachment Type is selected from a drop-down menu, which includes Declaration, Contract, Bank Information and information contained in the Provider Enrollment Checklists
- There may be additional documents that must be uploaded depending on provider type
- Click “Continue”

Online Provider Enrollment – All Applications (Forms Uploading)



I certify, under penalty of perjury, that the information and statements on this request and on any accompanying documents are accurate and true. I understand that the filing of materially incomplete or false information with this request is sufficient cause for denial of enrollment or termination from the Nevada Medicaid and Nevada Check Up Programs.

I understand that should I be enrolled as a provider of services under Nevada Medicaid and Nevada Check Up Programs, it is my responsibility to notify the Nevada Medicaid and Nevada Check Up Programs fiscal agent of any change to the information on this application including but not limited to address, group affiliation, change of ownership, or tax identification number.

Supporting Documentation

Submit all of the required documentation and forms to continue the enrollment process.

- A checklist of required documentation can be found here.

In addition to required documentation, additional supporting documentation can be uploaded with your application if necessary. If your responses to any questions on this enrollment application did not fit into the field on the page, type the question and response and upload the documentation using Other as the attachment type. All documents must be uploaded at the time of provider enrollment forms submission in order for your application to be considered complete. To upload the appropriate documents, follow the instructions under **Attachments** below.

Note: There is a maximum of 15 MBs of information when uploading attachments by **File Transfer**.

Attachments

#	Transmission Method	File	Attachment Type
1	FT-File Transfer	Web Announcement 1422.pdf (37K)	Voided Check or Bank letter for EFT, if applicable
2	FT-File Transfer	LMS_Tip_Sheet.pdf (246K)	National Provider Identifier (NPI) documentation

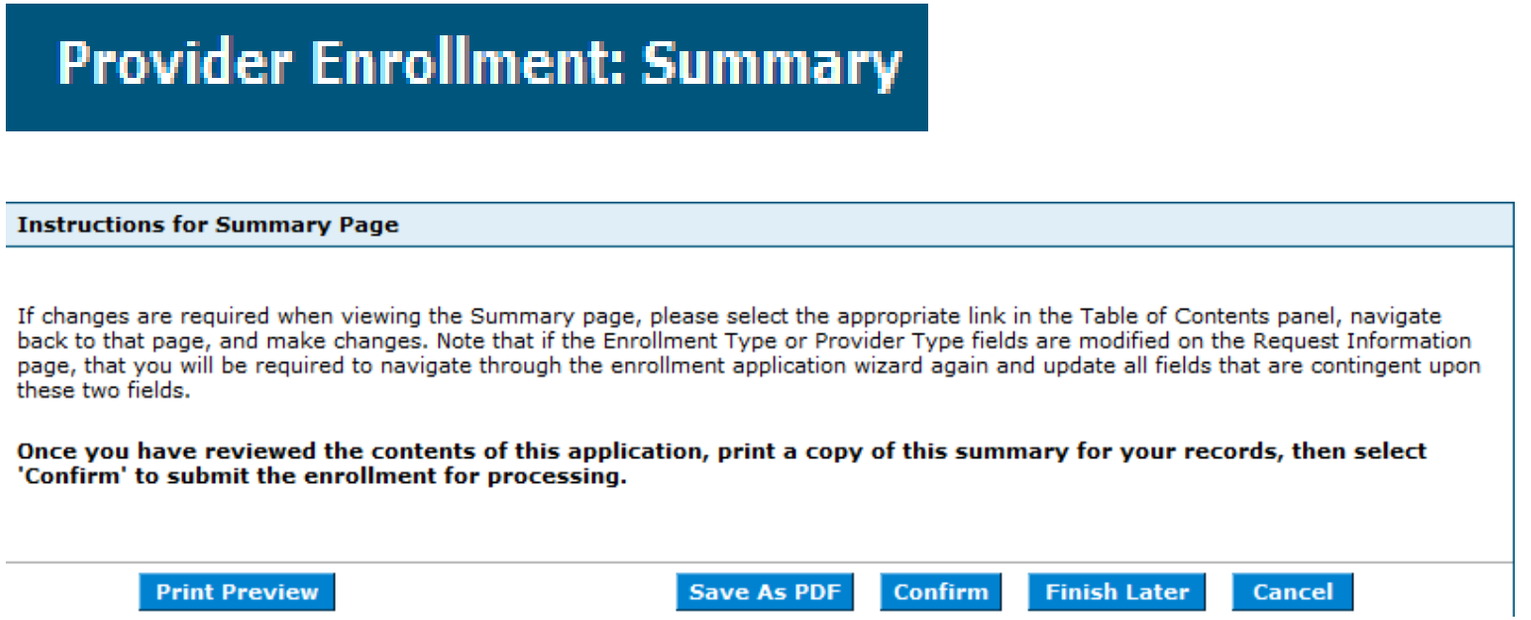
Instructions for Summary Page

If changes are required when viewing the Summary page, please select the appropriate link in the Table of Contents panel, navigate back to that page, and make changes. Note that if the Enrollment Type or Provider Type fields are modified on the Request Information page, that you will be required to navigate through the enrollment application wizard again and update all fields that are contingent upon these two fields.

Once you have reviewed the contents of this application, print a copy of this summary for your records, then select 'Confirm' to submit the enrollment for processing.

Print Preview | Save As PDF | Confirm | Finish Later | Cancel

Online Provider Enrollment – All Applications (Summary Information)



- All providers will land on a Summary Page to review all previously input information
- Select “Confirm” to submit application the to Nevada Medicaid

Online Provider Enrollment – All Applications (Receipt)

Provider Enrollment Summary

Reason for Submission: New Enrollment Request

Tracking #

Request Information

Requested Enrollment Effective Date	07/13/2017		
Enrollment Type			
Provider Type			
Ownership Change	No		
Federal Tax ID			
NPI			
Are you currently enrolled as a Provider?	No		
Were you previously enrolled as a Provider?	No		
Contact Name	June Test		
Telephone Number		Telephone Number Extension	
Fax Number			
Contact Email			
Preferred Method of Communication	Email		

Specialties

Primary	Specialty	Specialty Board
*	Day Treatment Model	
	No Specialty	

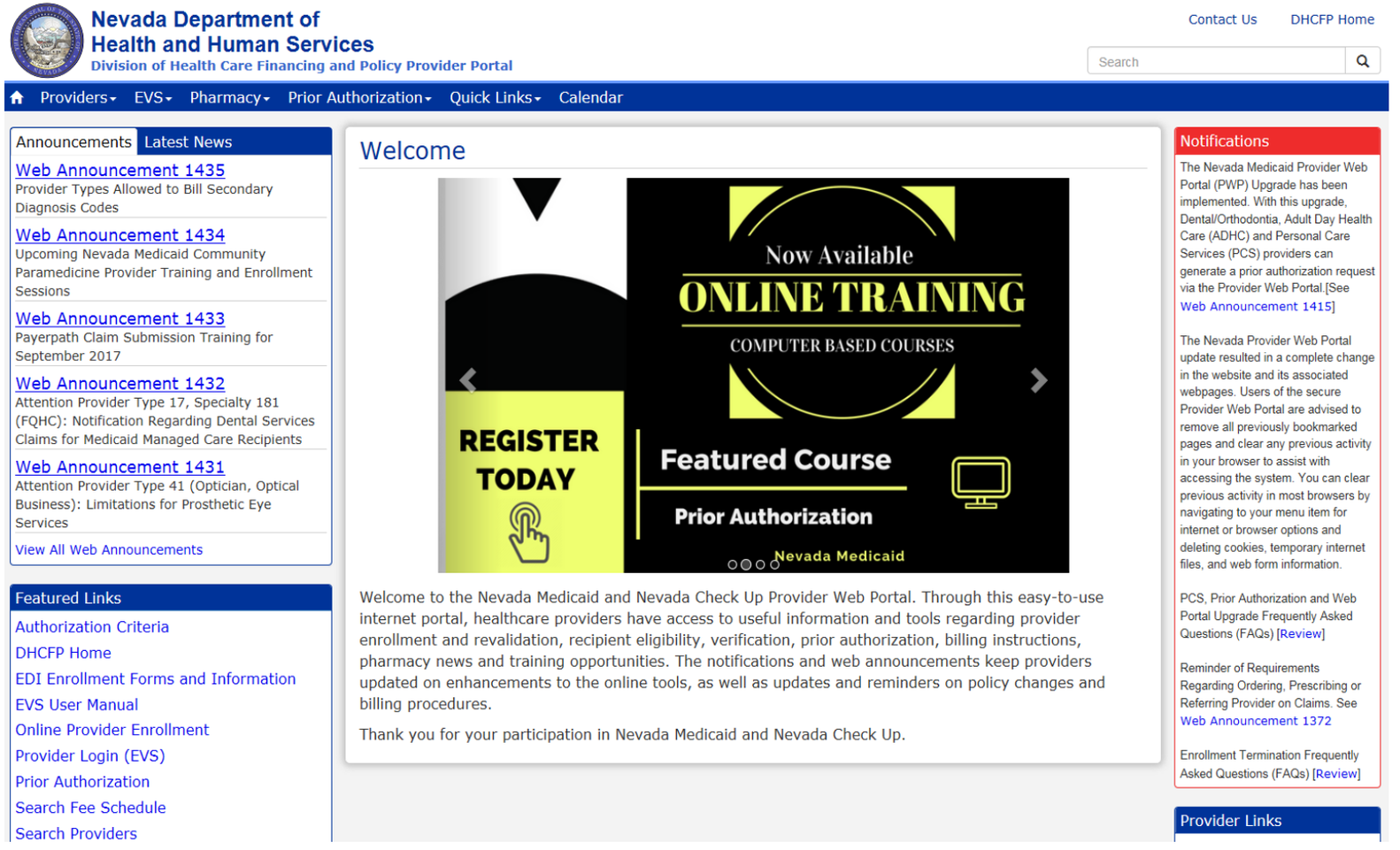
Addresses

Address Type	Service		
Street	test		
City	Reno	County	Washoe
State/Province	Nevada	Zip+4	895210000
Email Address			
Contact Name	June Test		
Telephone Number	Contact	Telephone Number Extension	

- All providers will receive a receipt with application information, including Tracking Number at the top, Enrollment Type, Provider Type, Federal Tax ID and National Provider Identifier (NPI)

Provider Web Portal – Billing Page

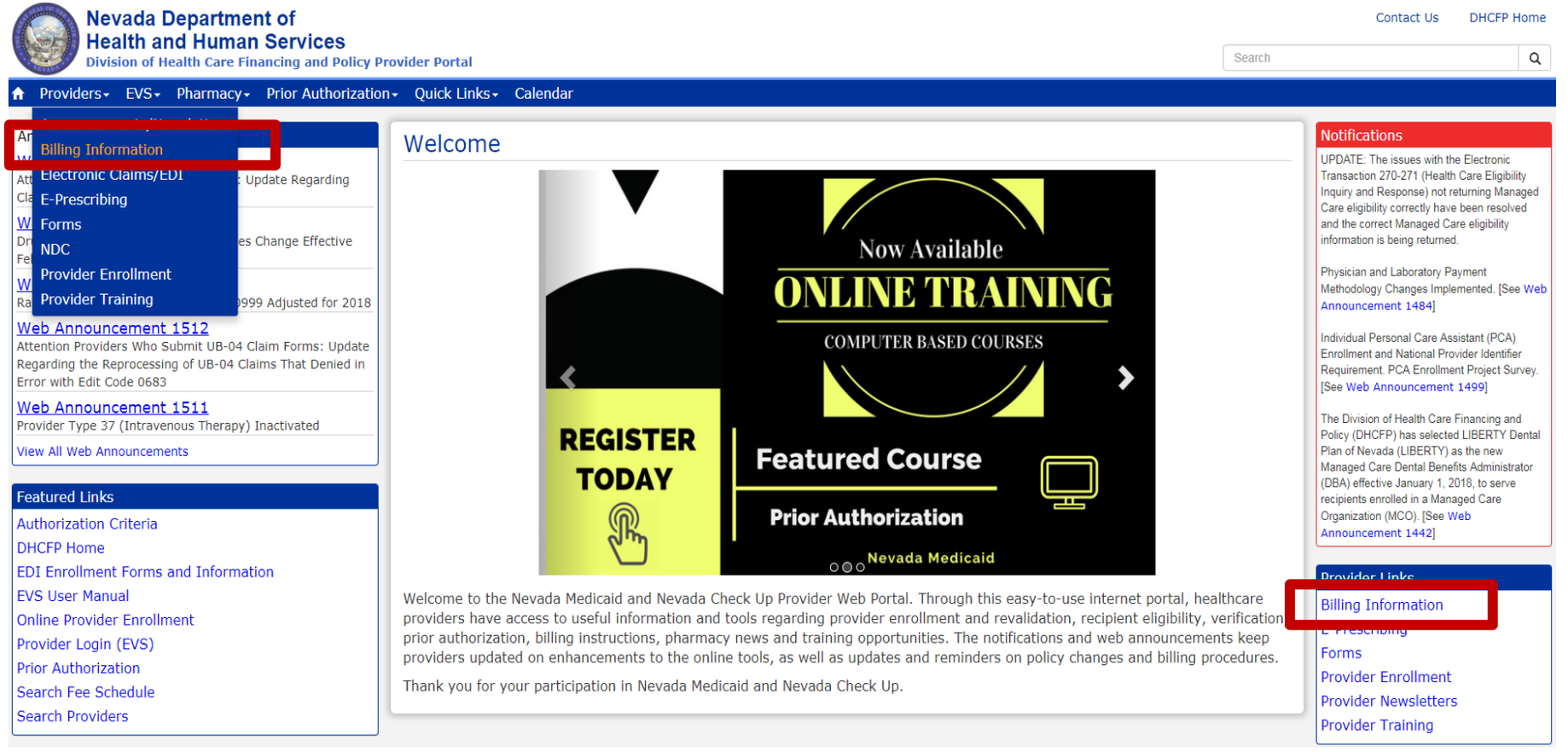
Provider Web Portal: www.medicaid.nv.gov



System Requirements

To access the Electronic Verification System (EVS), user must have internet access and a computer with a web browser (Microsoft Internet Explorer 9.0 or higher)

Billing Manual



- Step 1: Highlight “Providers” from top blue tool bar
- Step 2: Select “Billing Information” from drop-down menu

Billing Manual, continued

Paper Claim Form Instructions

The following instructions are for paper claims. For *electronic* claim requirements, technical professionals can refer to Companion Guides for transactions 837D, 837I and 837P.

For Archives Click here

Title	Last Update
ADA (Version 2012) Claim Form Instructions	01/28/16
CMS-1500 (02-12) Claim Form Instructions	07/27/17
UB Claim Form Instructions	05/30/17

Billing Manual

For Archives Click here

Title	File Size	Last Update
Billing Manual	2 MB	09/01/2017

Billing Guidelines (by Provider Type)

For Archives Click here

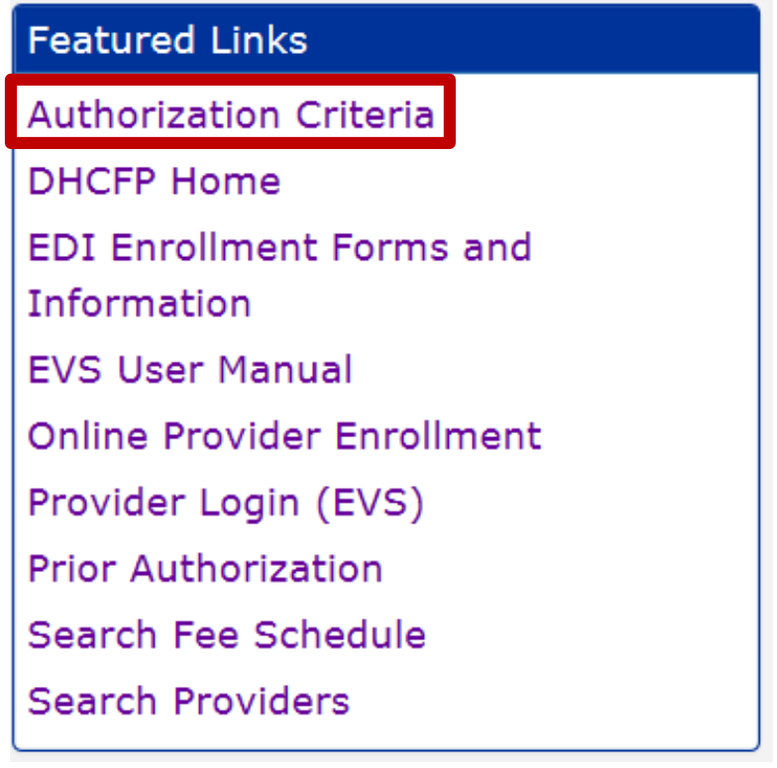
Provider Type	Title	Last Update
10	Outpatient Surgery, Hospital Based | Rates	07/24/17
11	Hospital, Inpatient	10/07/16
12	Hospital, Outpatient	10/01/15
13	Psychiatric Hospital, Inpatient	02/01/12
14	Behavioral Health Outpatient Treatment	03/28/17
15	Registered Dietitian	12/15/17

- Claim Form Instructions
- Billing Manual
- Provider Type 15 Billing Guide

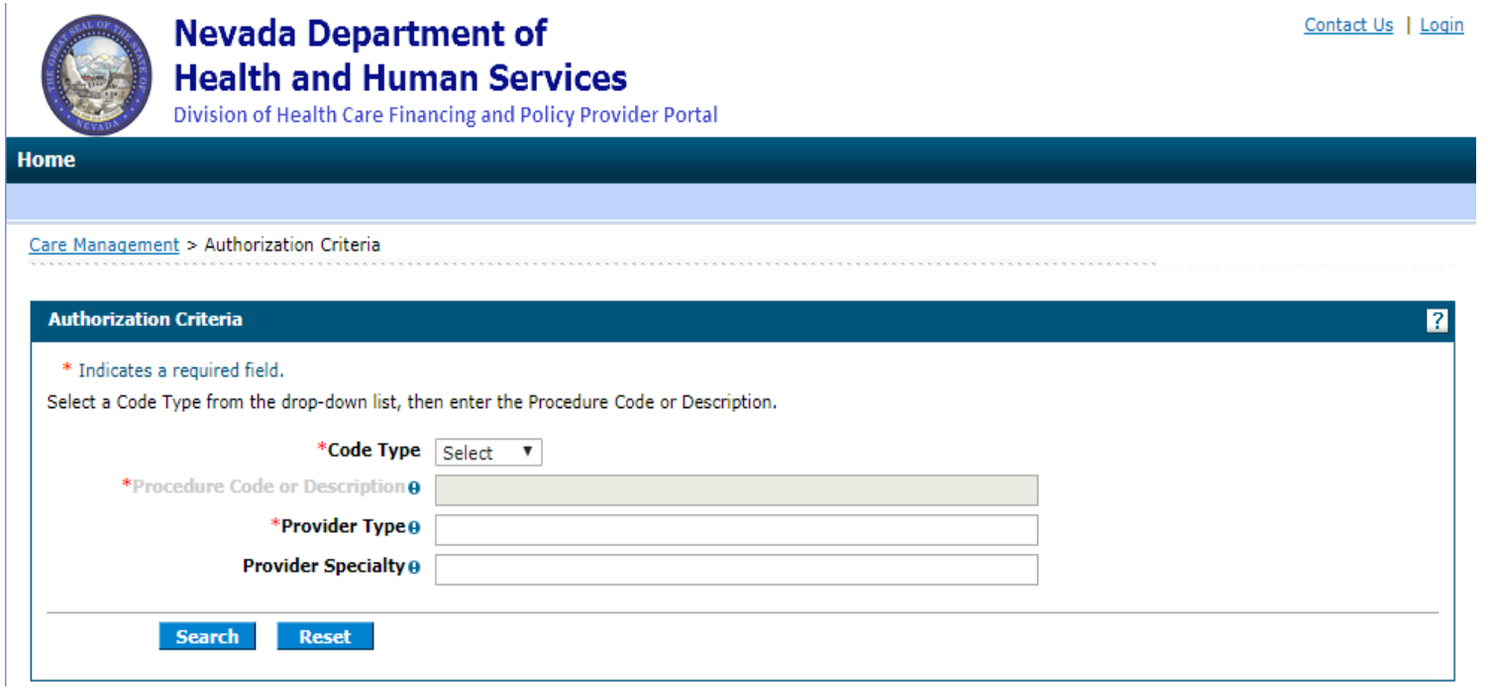
Provider Web Portal – Authorization Criteria

Authorization Criteria

Authorization Criteria allows the provider to determine if a prior authorization is required on a specific procedure code.

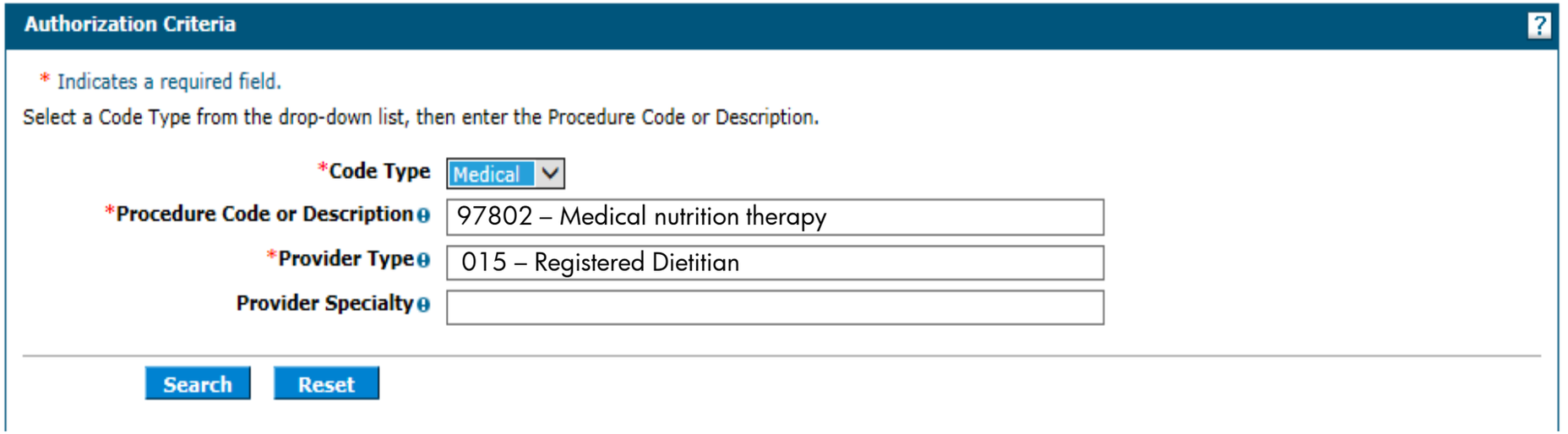


Authorization Criteria, continued



- Step 1: Select the Code Type from drop-down menu (Dental, Medical or Revenue)
- Step 2: Input the Procedure Code or Description (See the PT 15 Billing Guide for codes)
- Step 3: Input appropriate Provider Type
- Step 4: Click “Search”

Authorization Criteria, continued



- Select “Medical” from the drop-down menu and input the appropriate Procedure Code and Provider Type
- Select “Search”

Authorization Criteria, continued

Search Results

To show/hide Service Limits click on Required if exceeding service limitations hyperlink.

Total Records: 1

Procedure	Provider Type	Provider Specialty	Claim Type	PA Required	Age Restrictions	Effective Date ▲

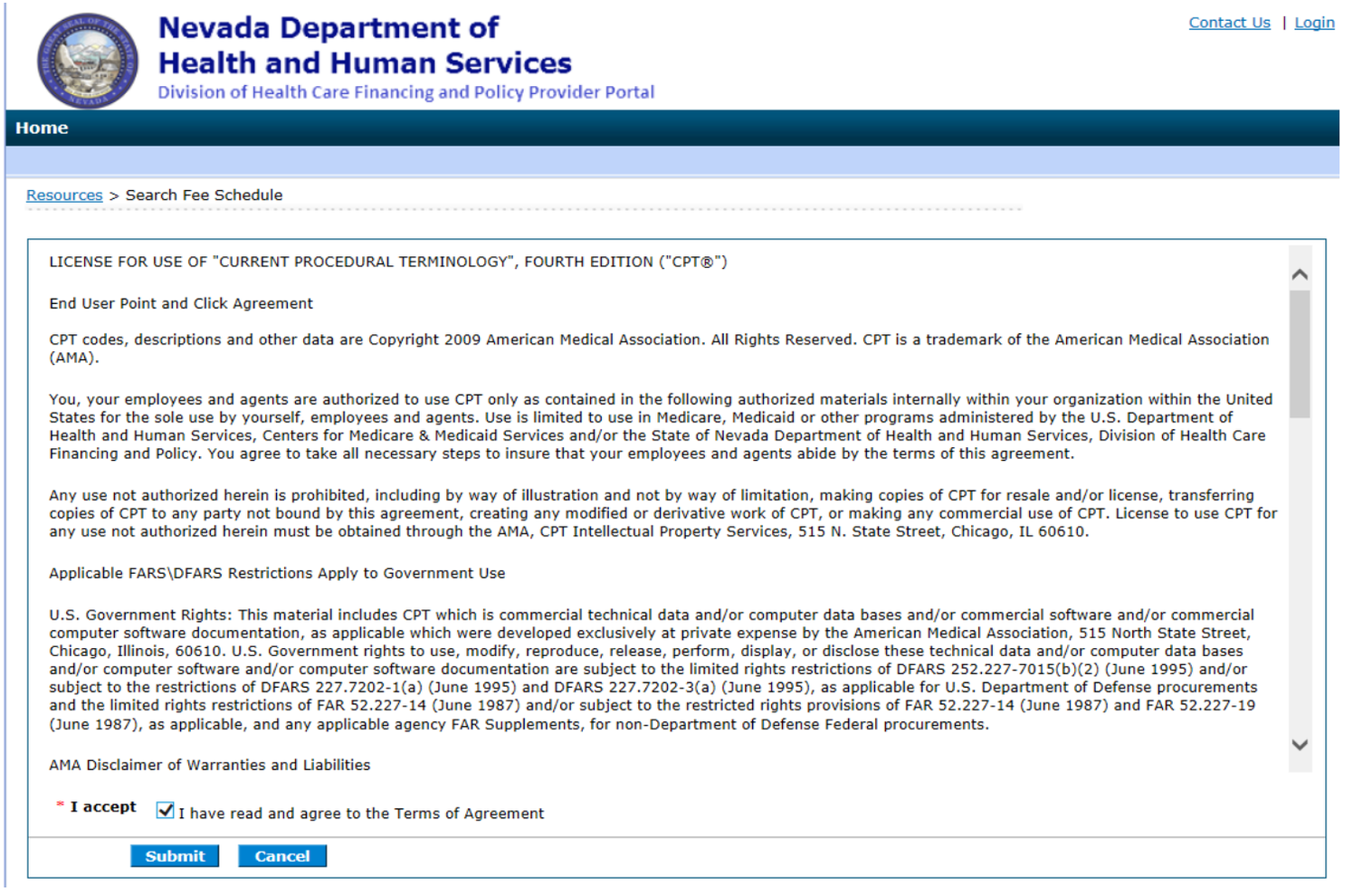
- **Procedure:** Indicates the procedure that is being searched.
- **Provider Type:** Indicates the provider type that the procedure code is being searched under.
- **Provider Specialty:** Indicates a 3-digit specialty code, if applicable.
- **Claim Type:** Indicates the claim form that will be used when submitting a claim.
- **PA Required:** Indicates if a prior authorization is required. There may be rules as to when a prior authorization is required. If a user searches a procedure code and receives the following message: **"There are no records found based on the search criteria entered,"** this indicates that a prior authorization is not required.
- **Age Restrictions:** Indicates if there are any age qualifications.
- **Effective Date:** Indicates the date span of the rate of reimbursement. An effective date ending in "9999" is letting the user know that the information is active.

Provider Web Portal – Search Fee Schedule

Search Fee Schedule – Location

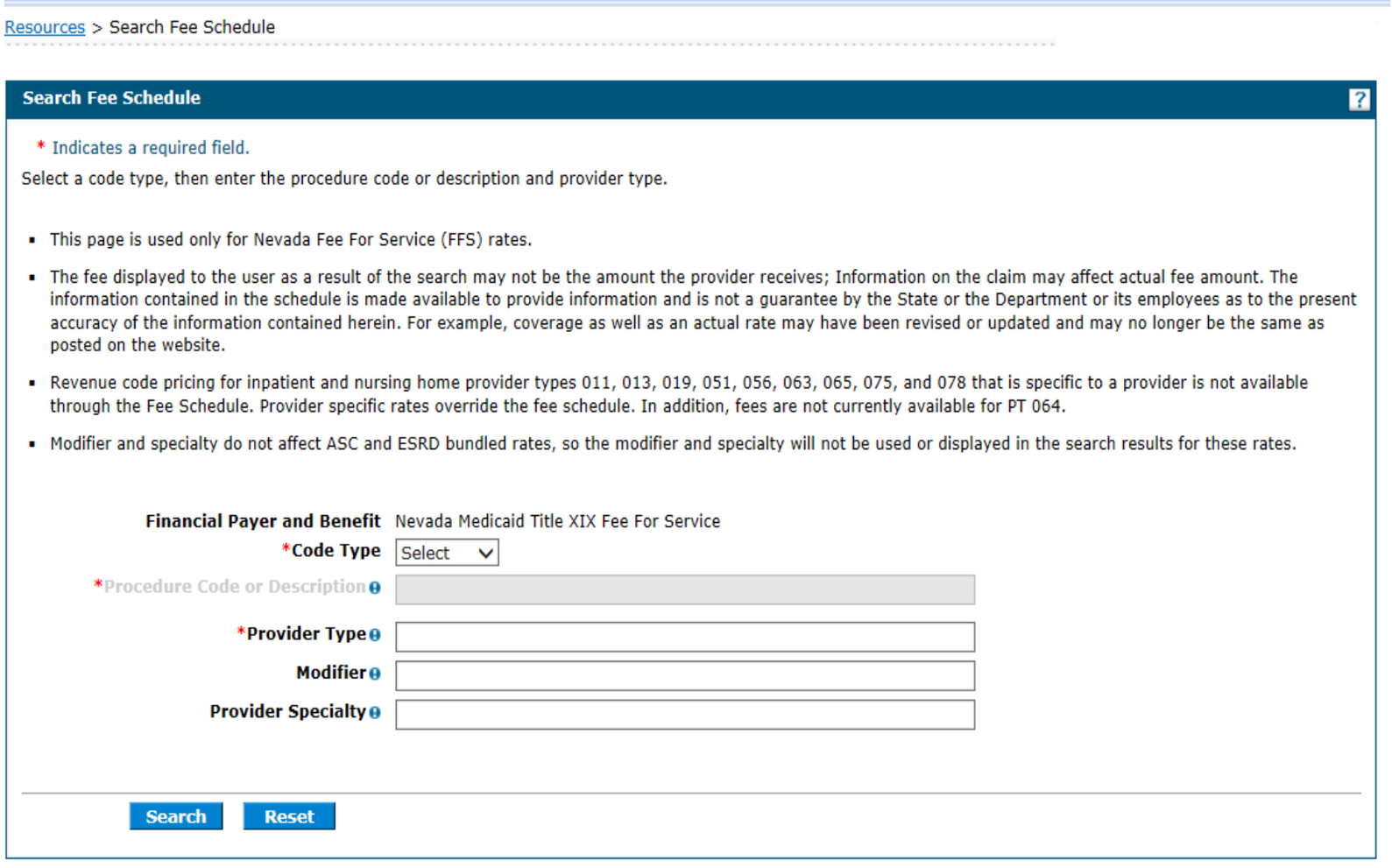
Search Fee Schedule allows the provider to determine the rate of reimbursement for procedure codes

Fee Schedule – Terms of Agreement



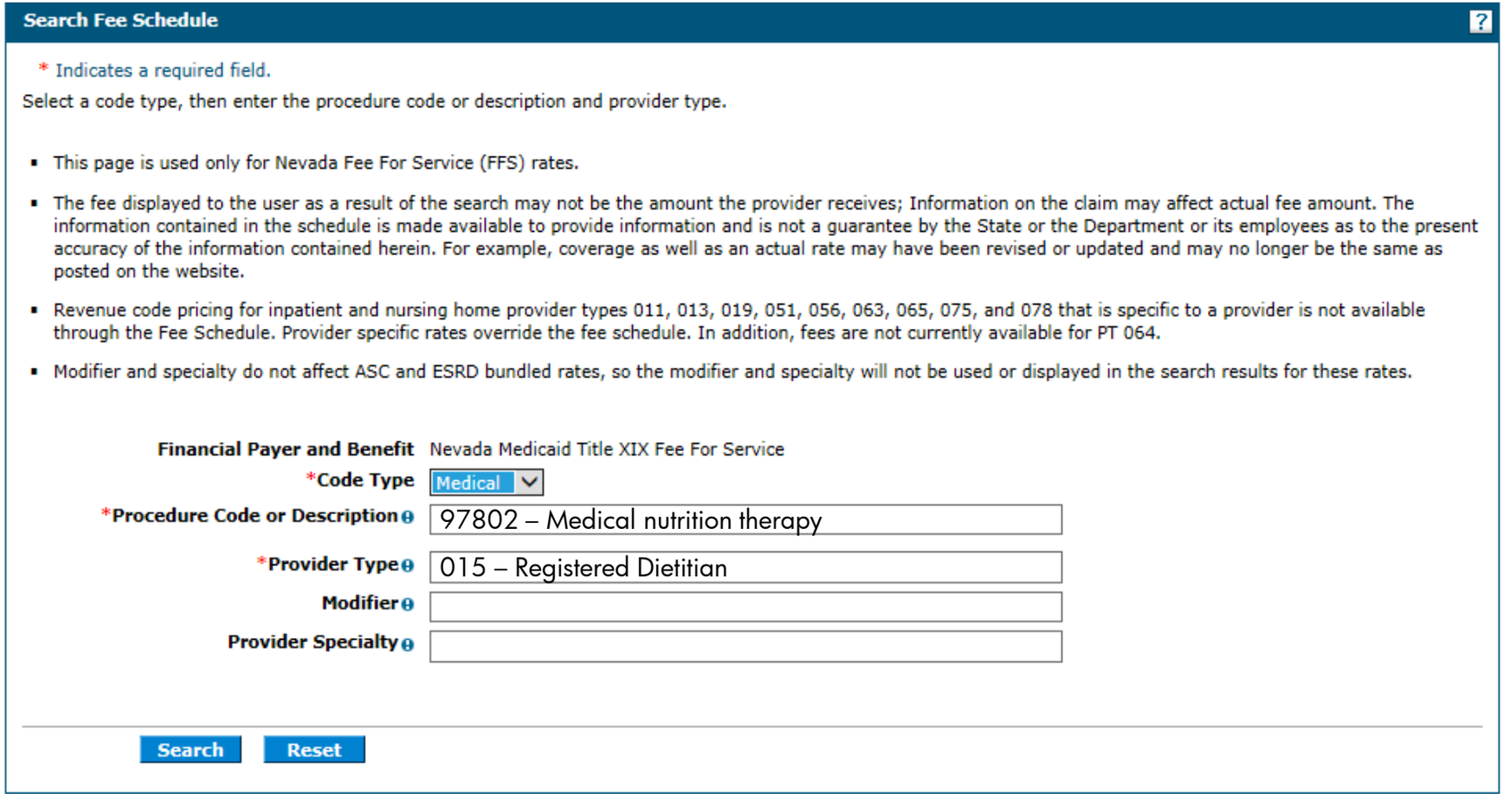
- Step 1: Check “I Accept”
- Step 2: Click “Submit”

Search Fee Schedule – Search Menu



- Step 1: Select Code Type from drop-down menu (Dental, Medical or Revenue)
- Step 2: Input Procedure Code or Description (See Billing Guide for Codes)
- Step 3: Input appropriate Provider Type
- Step 4: Click “Search”

Search Fee Schedule – Search Menu, continued



– After user has selected the Code Type, input the appropriate Procedure Code and Provider Type and select “Search”

Fee Schedule, continued

Search Results

Total Records: 6

Procedure	Provider Type	Provider Specialty	Modifier	Fee Amount	Age Restrictions	Effective Date ▼

- **Procedure**: Indicates the procedure that is being searched.
- **Provider Type:** Indicates the provider type that the procedure code is being searched under.
- **Provider Specialty**: Indicates a 3 digit specialty code, if applicable.
- **Modifier**: Indicates a modifier code, if applicable.
- **Fee Amount**: Indicates the rate of reimbursement.
- **Age Restrictions**: Indicates if there are any age qualifications.
- **Effective Date**: Indicates the date span of the rate of reimbursement. An effective date ending in “9999” is letting the user know that the information is active.

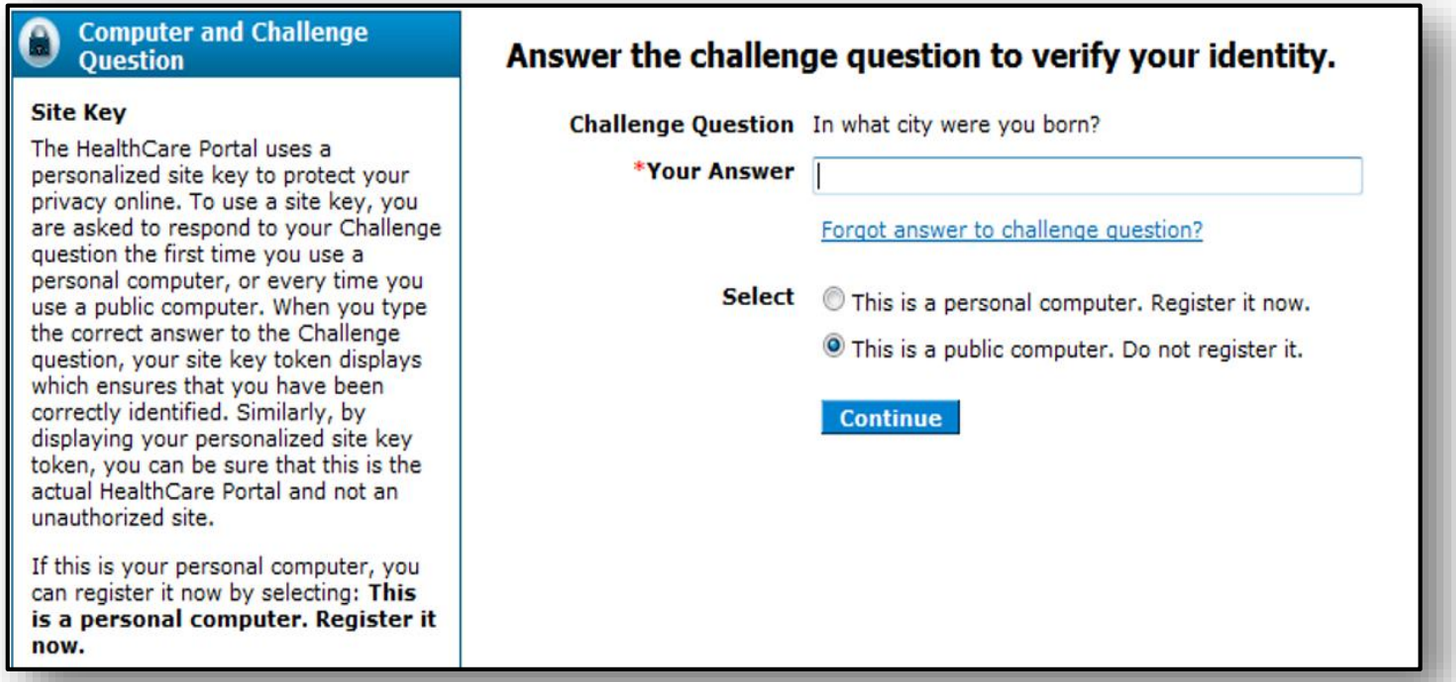
Navigating the Electronic Verification System (EVS)

EVS Secure Web Portal

- Step 1: Input User ID
- Step 2: Select “Log In”

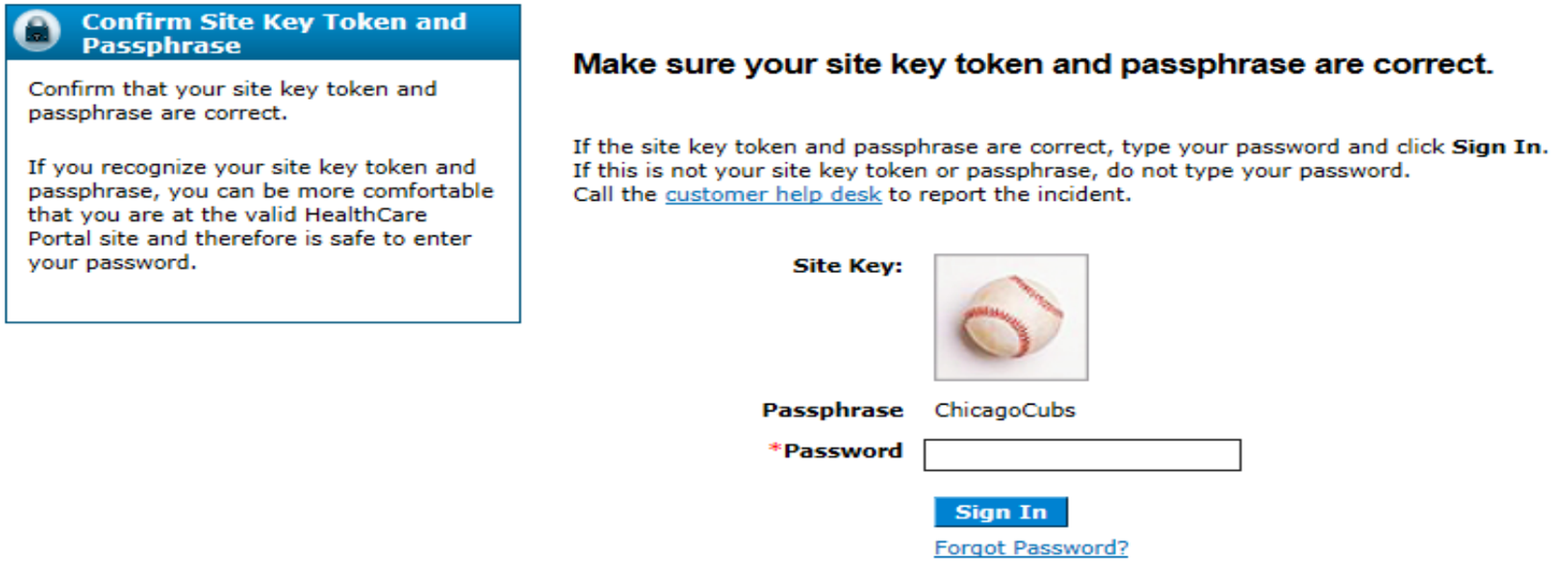
If no account is created, select “Register Now” to begin creating a web portal account. See Chapter 1: Getting Started of the EVS User Manual for reference.

EVS Secure Web Portal, continued



- Answer the **challenge question** to verify your identity the first time you log in from a personal computer or every time you use a public computer
- Select **personal computer** or a **public computer**
- Click “Continue”

EVS Secure Web Portal, continued



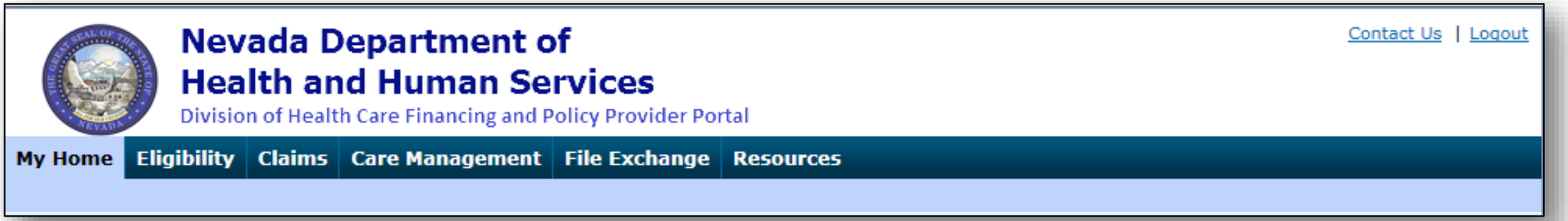
- Confirm that your **site key token** and **passphrase** are correct. If you recognize your site key token and passphrase, you can be assured that you are at the valid Provider Web Portal website and it is safe to enter your password
- Enter your **Password**
- Select “Forgot Password” to start the reset process

EVS Secure Web Portal, continued

- Verify all Provider Information
- Utilize Provider Services
- Use “Contact Us” or “Secure Correspondence” to contact Nevada Medicaid

Navigation Bar

The navigation bar contains six tabs that allow you to move throughout the Provider Web Portal.



My Home

Confirm provider information and contact information and check messages.

Eligibility

Search recipient eligibility information.

Claims

Search claims and payment history.

Care Management

Create authorizations, view authorization status, and maintain favorite providers.

File Exchange

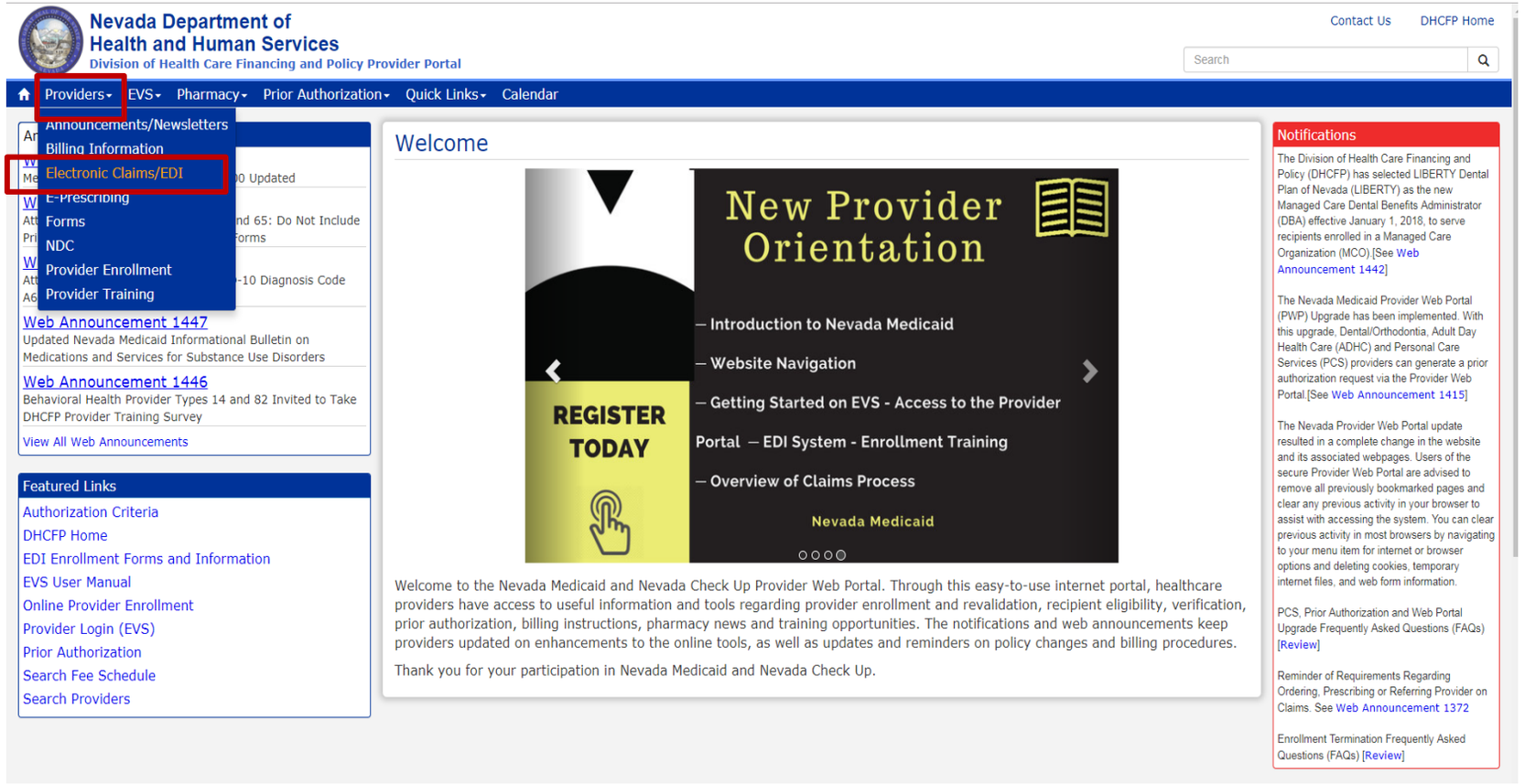
Upload forms online.

Resources

Download forms and documents.

Electronic Data Interchange (EDI) Information

Locating the EDI Enrollment Forms, Announcements and Companion Guides



- Step 1: Highlight “Providers” from top blue tool bar
- Step 2: Select “Electronic Claims/EDI” from the drop-down menu

EDI Enrollment Forms

EDI Enrollment Forms

EDI enrollment forms are for completion and submission by active or enrolling Nevada Medicaid and Nevada Check Up providers only.

Form Number	Title
FA-35	Electronic Transaction Agreement for Service Centers
FA-36	Service Center Operational Information
FA-37	Service Center Authorization
FA-39	Payerpath Enrollment

- Fill out necessary forms completely.
    - Allscripts-Payerpath Program is a free program for all Nevada Medicaid providers.
- Send completed enrollment forms to Nevada Medicaid:
    - Upload into the Provider Web Portal
    - Mail to the address listed on the form
    - E-mail to: NVMMISEDISupport@dxc.com
- Training opportunities are hosted every month for Payerpath users. Please review EDI Announcements on the EDI webpage for training sessions.

Resources

Additional Resources

- Forms: https://www.medicaid.nv.gov/providers/forms/forms.aspx
- EVS General Information: https://www.medicaid.nv.gov/providers/evsusermanual.aspx
- Secure EVS Web Portal: https://www.medicaid.nv.gov/hcp/provider/Home/tabid/135/Default.aspx
- Billing Manual and Guides: https://www.medicaid.nv.gov/providers/BillingInfo.aspx

DHCFP Contact Information

- Division of Health Care Financing and Policy: http://dhcfp.nv.gov/
- Medicaid Services Manual (MSM) Chapters: http://dhcfp.nv.gov/Resources/AdminSupport/Manuals/MSM/MSMHome/

Contact Us

Contact Us — Nevada Medicaid (Customer Service)

Customer Service Center
Telephone: 877-638-3472

Provider Web Portal Technical Assistance
877-638-3472

Web Portal Option 6

Contact Us — Nevada Medicaid
Provider Training — Field Service Representatives

Contact the Provider Training Unit
Team Territories

Upcoming Training Events
Provider Training Registration Website

Provider Services Email Us
NevadaProviderTraining@dxc.com

Onsite training

Virtual instructor-led

Self-paced Web-based course

Thank You