

Authorization Criteria Search Functions Enhanced on the Provider Web Portal

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

Gaining access to Authorization Criteria

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

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



- 4. Click HPES Login. The EVS Home page opens.
- 5. Click Authorization Criteria.



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

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



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



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

My Home Eligibility Clair	S Care Management Resources	
eate Authorization View Auth	rization Status Maintain Favorite Providers Authorization Criter	ie .
My Home		
	Wolcome Health Care Restorcional	
Provider	wecome nearth care Professional	Se Contact Us
Name		
Provider 1D	the second s	Secure Correspondence
Location 1D		Secure correspondence

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

Authorization Criteria

The following fields are displayed on the Authorization Criteria page:

1. Code Type (Dental, Medical (CPT/HCPCS) and Revenue Code)

- 2. Procedure Code or Description
- 3. Provider Type
- 4. Provider Specialty (optional)

The fields marked with a red * are required fields.

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

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

*Code Type	Select
Procedure Code or Description 9	Dental Medical Revenue
*Provider Type 0	

2. Procedure Code or Description.

Enter Procedure Code:

*Code Type	Medical V			
*Procedure Code or Description 0	332	×		
*Provider Type 0	33200-INSERTION OF HEART PACEMAKER 33201-INSERTION OF HEART PACEMAKER			
Provider Specialty 9	33202-INSERT EPICARD ELTRD OPEN 33203-INSERT EPICARD ELTRD ENDO			
OR				

Enter Description of the code:

*Code Type	Medical V
*Procedure Code or Description 9	relod x
*Provider Type 0	33222-RELOCATION POCKET PACEMAKER 33223-RELOCATE POCKET FOR DEFIB

Provider Type. 3.

4.

Enter Number: (If not using the default)

*Descadure Code or Description	n0	
Procedure Code or Descriptio	33222-RELOCATION POCKET PACEMAKER	
*Provider Typ	e θ 02	
Provider Specialt	920-PHYSICIAN,M.D.,OSTEOPATH 021-PODIATRIST 022-DENTIST	
	OR	
Enter Description:		
*Code Type	Medical 🗸	
*Procedure Code or Description 0	33222-RELOCATION POCKET PACEMAKER]
*Provider Type 9	labul x	1
Provider Specialty 0	020-PHYSICIAN,M.D.,OSTEOPATH 058-PHYSICALLY DISABLED WAIVER	
vider Specialty. (Optional)		
Enter Specialty Code:		
Provider Specialty 0	06	
Search Reset	060-INTERNAL MEDICINE 061-NEUROLOGICAL SURGERY 062-OBSTRETICS AND GYNECOLOGY 063-OPTHALMOLOGY	
	OR	
Enter Description:		
Provider Specialty 0	or	
	064-ORTHOPEDIC SURGERY	

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Authorization Criteria						?
* Indicates a required field.						
Select a Code Type from the drop	o-down list, then enter the Procedur	re Code or Description.				
*ce	ode Type Medical 🗸					
*Procedure Code or Description 33222-RELOCATION POCKET PACEMAKER						
*Provider Type 020-PHYSICIAN,M.D.,OSTEOPATH						
Provider Specialty 0						
Search Reset						
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
33222-RELOCATION POCKET PACEMAKER	020- PHYSICIAN,M.D.,OSTEOPATH	000-NO SPECIALTY	PRACTITIONER	Always	0-999	01/01/1989

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 Medical V *Procedure Code or Description a4377 *Provider Type 017-SPECIAL CLINICS Provider Specialty 0 Search Reset						
Search Results	on Required if exceeding service	re limitations hyperlink				
To show/hide Service Limits cick	on Required in exceeding servic	e innitations hyperink.			Total	Records: 7
Procedure	Provider Type	Provider Specialty	<u>Claim Type</u>	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	0-999	06/01/2006