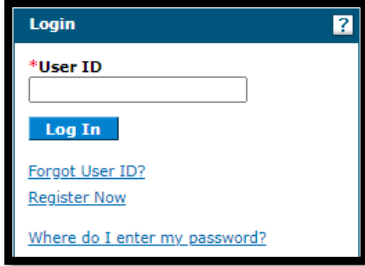

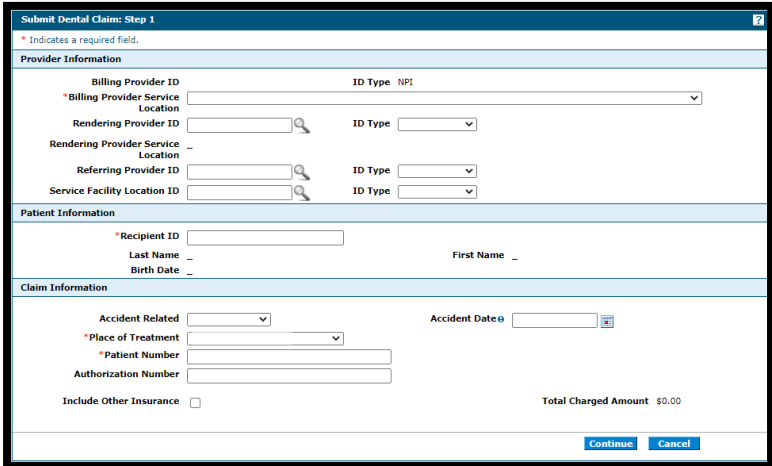




CLAIM SUBMISSION TIP SHEET: Dental Claims

	<p>Log into the Electronic Verification System (EVS) portal at: https://www.medicaid.nv.gov/hcp/provider/Home/tabid/135/Default.aspx</p>
	<p>Select or hover over “Claims” from the top tool bar. If “Claims” is selected, a page with claim options will appear. If the user only hovers over the claims tab, the options will appear in the ribbon just below the tool bar.</p>
	<p>Step 1 of the Dental Claim consists of completing the following information:</p> <ul style="list-style-type: none"> • Provider Information • Patient Information • Claim Information <p>Some fields are marked with a red asterisk and are required. Other fields may not have an asterisk, but may be required depending on services rendered.</p> <p>If there is other insurance on file, select “Include Other Insurance” and review the Submitting Secondary Claims provider training presentation.</p>



CLAIM SUBMISSION TIP SHEET: Dental Claims

Submit Dental Claim: Step 2

* Indicates a required field.

Provider Information

Billing Provider ID ID Type NPI

Patient and Claim Information

Recipient ID Gender
Recipient Birth Date Total Charged Amount

Diagnosis Codes Expand All Collapse All

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

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

Add Reset

Back to Step 1 Continue Cancel

Step 2 of the Dental Claim consists of completing the following information:

- Diagnosis Information

Note: Whenever the “Add” button is available, regardless of which step the user is on, ensure that the “Add” button is selected to populate the information into the claim.

Service Details

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

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

Tooth Surface

*Procedure Code Modifiers

*Units *Charge Amount *Diagnosis Pointers

Rendering Provider ID ID Type

Rendering Provider Service Location

Add Reset

Attachments

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

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

Back to Step 1 Back to Step 2 Submit Cancel

Step 3 of the Dental Claim consists of completing the following information:

- Service Details
- Attachments (if applicable)

After all steps have been completed, select “Submit” to review the claim. User will then select “Confirm” to submit the claim and receive Claim ID and Adjudication information.

For more details regarding submitting claims, please visit Chapter 3 of the EVS User Manual at: <https://www.medicaid.nv.gov/providers/evsusermanual.aspx>