Adjustments and Voids Submitting a Special Batch Appeals

Nevada Medicaid and
Nevada Check Up

Objectives

- Adjustments and voids
- What is special batching?
- When should you special batch?
- How to special batch
- What is an appeal?
- When should you appeal?
- How do I submit an appeal?

Adjustments and Voids

Adjustments and voids

- Adjustments and voids are used to correct a paid claim
- To adjust or void a paper claim, complete the special adjustment/void instructions in the CMS-1500 and the UB-04 claim form instructions located on the HP Enterprise Services (HPES) website at www.medicaid.nv.gov.

Adjustments and voids

- Adjustments and voids must be submitted within the stale date period outlined in Chapter 7 of the Billing Manual
- Only a paid claim can be adjusted or voided
  - Adjustments/voids do not apply to pended and denied claims
- Remember that pended claims require no action from the provider and resubmitting a denied claim is considered resubmission

Adjustments and voids

- Can I adjust or void a claim electronically?
  - Yes. Most claims can be adjusted/voided electronically
    - For electronic adjustments and voids, refer to instructions in the applicable Companion Guide:
    - 837I, 837P or 837D
- However, Medicare EDI claims cannot be adjusted electronically. They must be sent to HPES on a paper claim

Adjustments and voids on the CMS-1500

Field 22 on the CMS-1500:

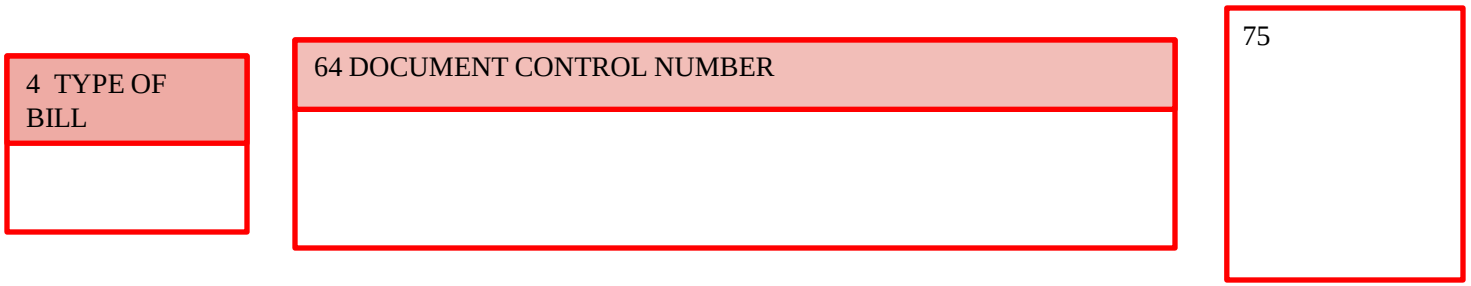
- Complete this field to adjust or void a previously paid claim, otherwise, leave this field blank
  - In the Medicaid Resubmission code area, enter an adjustment or void reason code
  - In the Original Reference Number area, enter the last paid ICN of the claim

22. MEDICAID RESUBMISSION CODE	ORIGINAL REF..NO.

- Adjustments and voids apply to previously paid claims only
  - including zero paid claims
- Resubmitting a denied claim is not considered an adjustment

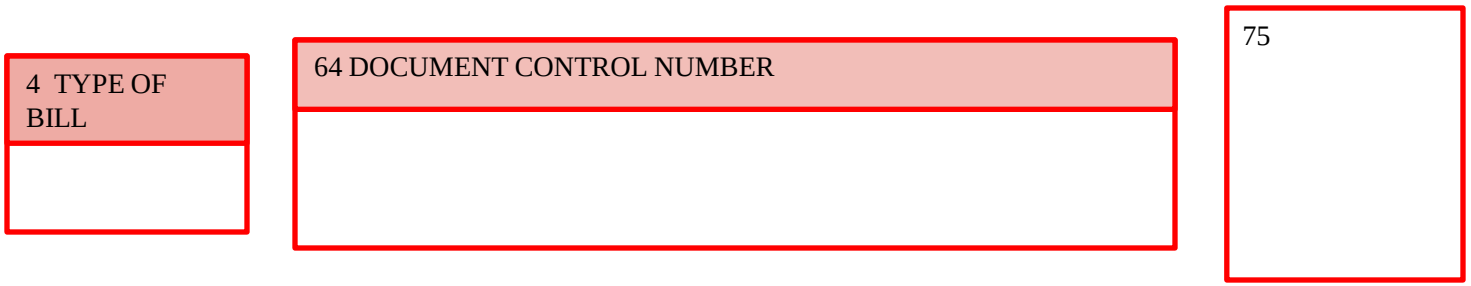
Adjustments on the UB-04

- A claim adjustment may be submitted to modify a previously paid claim
  - Timely filing limits apply
- To submit a claim adjustment, complete all appropriate claim form fields and:
  - Field 4 – use "7" as the fourth digit in the "Type of Bill" code
  - Field 64 – enter the claim's last paid Internal Control Number (ICN)
  - Field 75 – include the most appropriate adjustment reason code from the adjustment code table



Voids on the UB-04

- Voiding a claim removes it from the Medicaid claims processing system as if it did not previously exist
  - Timely filing limits apply
- To void a claim, complete all appropriate claim form fields and:
  - Field 4 – use "8" as the fourth digit in the "Type of Bill" code
  - Field 64 – enter the claim's last paid Internal Control Number (ICN)
  - Field 75 – include the most appropriate void reason code from the void reason code table



Adjustments and voids

- If submitting your adjustment or void on paper:
  - Submit only one claim line per paper claim form for CMS-1500 claim forms
- Attach an EOB to show any TPL payments, if applicable
- Mail the claim form and the EOB (if applicable) to:

  HP Enterprise Services
  P.O. Box 30042
  Reno, NV 89520-3042

Adjustments and voids

- When submitting adjustments and voids, remember to not include prior Nevada Medicaid payments
- Do not attempt to adjust or void a denied or pended claim
- Be sure to bill the entire amount, not just the remaining amounts you are expecting

Learning check

1. When submitting an adjustment for a CMS-1500 paper claim form, how many claim lines can be sent in on one form?
    1. 1
    2. 3
    3. 6
2. How often can you adjust or void a denied claim?
    1. Once
    2. Every six months
    3. Never

Special Batching

What is special batching?

- In some cases, a claim cannot process through our system without someone reviewing and processing that claim manually – this process is known as a special batch
- Special batching may be required for:
  - Payment directives
  - Procedure memos
  - Web announcements
  - Adjustments and Voids can also require special batching

When to special batch

- TPL paid zero/applied to the deductible, copayment and coinsurance
- Multiple TPL policies on file
- Other insurance termed or exhausted
- Other insurance denied
- Anytime there is a web announcement with instructions to send claims for special batching due to system issue
- Orthodontic claims – recipients enrolled in MCO

How to special batch

You will need to include a cover letter with your claim submissions, which must include the following information:

- A detailed explanation of why you are requesting a special batch, including the denial code, web announcement, etc.
- Include a complete and correct claim
- Write "Attention Customer Service" on the envelope and cover letter
- Include your contact information – name, phone number, extension (in case we have questions for you)

Documents to include with special batch

- Complete and correct claim
- Supporting documentation, i.e., primary EOB, remittance advice (including the description page of remark codes), etc.
- Remember, all attached documents that are submitted must be 8½" x 11" in size

What happens to special batch claims

- HPES receives the claim and it is reviewed for billing errors
- Claims could be special batched based on provider payment directives, procedure memos, web announcements or system changes
- Once claims are special batched, they go into a pending status for manual adjudication
- The decision to pay or deny the claim is based on DHCFP policy, procedures and guidelines

Learning check

1. On the cover letter whose contact information does HPES request?

2. Name one reason you may need to special batch.

Appeals

Appeals

- Providers have the right to appeal a claim that has been denied
- Claim appeals must be postmarked no later than thirty (30) days from the date of the Remittance Advice (RA) listing the claim as denied
- If the appeal is rejected (e.g., for incomplete information)
  - There is no extension to the original 30 calendar days
- Per Medicaid Services Manual Chapter 100, Section 105.2c, titled "Disputed Payment"

Do not appeal

- Subsequent same service claim submissions, *That is, if a provider resubmits a claim that has already been denied and another denial is received, the provider does not have another 30-day window in which to submit an appeal. Such appeal requests will be rejected.*
- Pended claims
- Claims denied for missing or invalid information
- Claims that have never been processed by Nevada Medicaid

Required documentation to submit an appeal

- Cover letter that contains all of the following:
  - A statement saying that you are appealing a denied claim
  - Reason for the appeal
  - Provider name and NPI/API
  - Recipient name and ID
  - The claim's ICN number
  - Date(s) of service
  - Procedure code(s)
  - Name and phone number of the person HPES can contact regarding the appeal
- Documentation to support the issue, e.g., prior authorization, physician's notes, ER report
- Copy of the most recent RA page showing the denial
- An original paper claim that can be used for processing should the appeal be approved
- Appeals information can be found at: http://www.medicaid.nv.gov/Downloads/provider/NV_Billing_General.pdf

Where to send the appeal

- Mail appeals and associated documents separately from claims, adjustments and voids
- Mail the appeal (cover letter, documentation, RA page and copy of original claim) to:

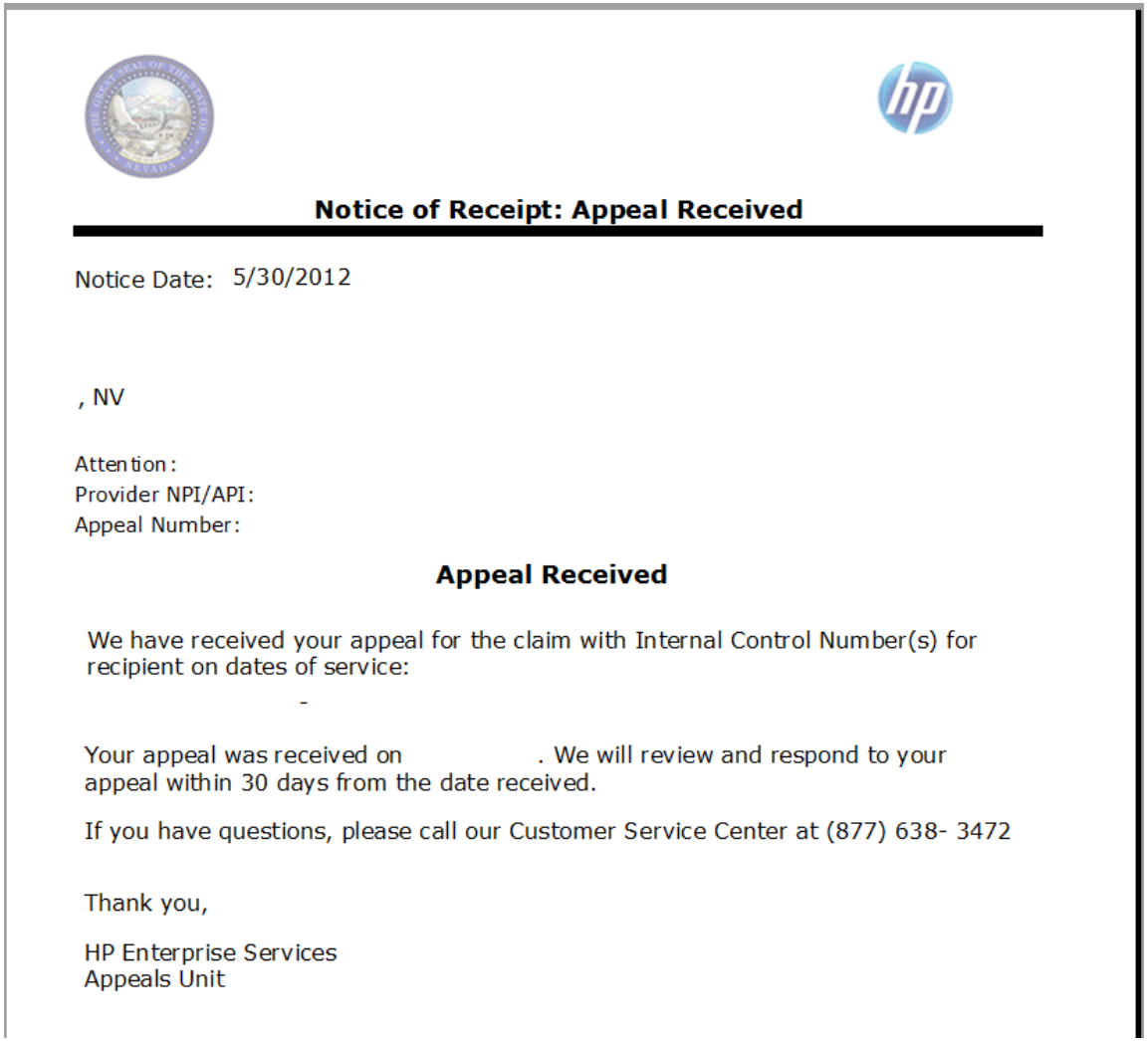
HP Enterprise Services
Attention: Appeals
P.O. Box 30042
Reno, NV 89520-3042

After the appeal is submitted

- HPES researches appeals and retains a copy of all documentation used in the determination process
- HPES sends a “Notice of Decision” letter when an appeal is denied

Appeal letter example

- This is an example of the letter showing that HPES has received the appeal



Notice of Receipt: Appeal Received

Notice Date: 5/30/2012

, NV

Attention:
Provider NPI/API:
Appeal Number:

Appeal Received

We have received your appeal for the claim with Internal Control Number(s) for recipient on dates of service:

-

Your appeal was received on . We will review and respond to your appeal within 30 days from the date received.

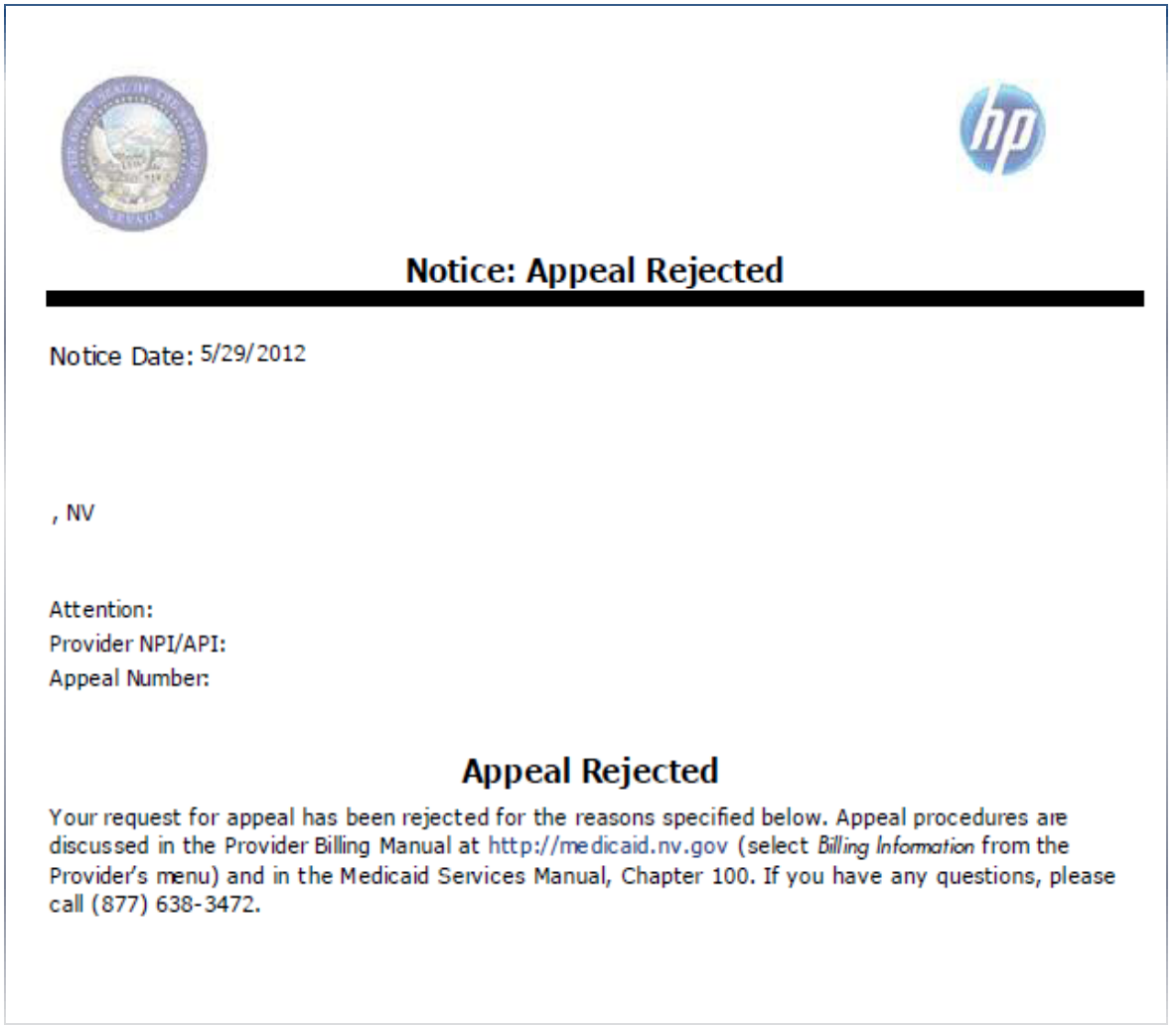
If you have questions, please call our Customer Service Center at (877) 638- 3472

Thank you,

HP Enterprise Services
Appeals Unit

Appeal letter example

- This example is for an appeal that has been rejected. The rejection reason would be stated in the letter.



Notice: Appeal Rejected

Notice Date: 5/29/2012

, NV

Attention:
Provider NPI/API:
Appeal Number:

Appeal Rejected

Your request for appeal has been rejected for the reasons specified below. Appeal procedures are discussed in the Provider Billing Manual at http://medicaid.nv.gov (select *Billing Information* from the Provider's menu) and in the Medicaid Services Manual, Chapter 100. If you have any questions, please call (877) 638-3472.

Appeal letter example

- This example is an appeal that has been approved. The claim is reversed for this denial edit and sent for processing.
- Payment is not guaranteed. There may be other edits or payments that may affect the outcome of the reprocessed claim.

Notice of Decision: Appeal Approved

Notice Date: 5/29/2012

, NV

Attention:

Provider NPI/API:

Appeal Number:

Appeal Approved

HP Enterprise Services has approved your appeal for the claim with Internal Control Number for recipient on date(s) of service:

-

We will reprocess this claim and the results will be shown on a future remittance advice.

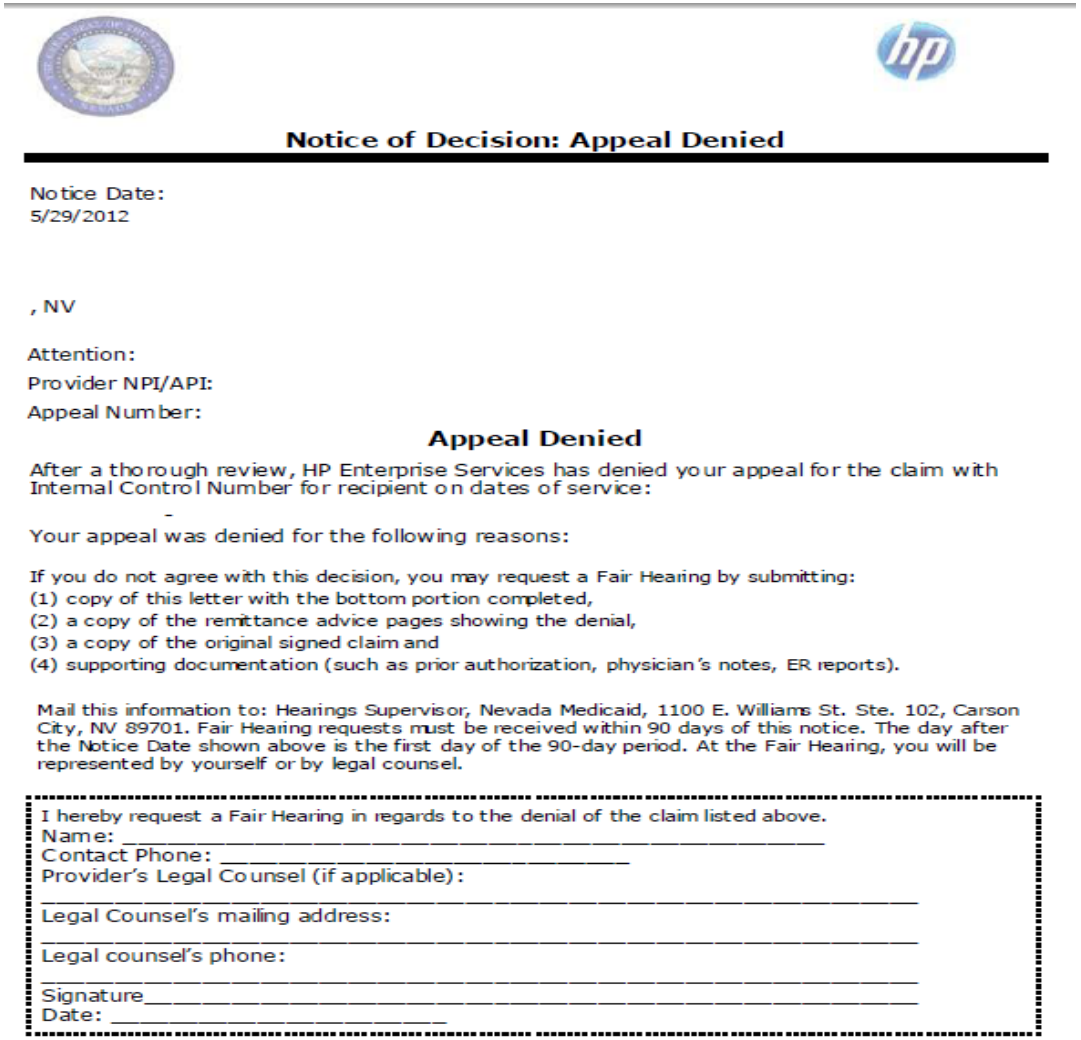
If you have any questions, please call the Customer Service Center at (877) 638-3472.

Thank you,

HP Enterprise Services
Provider Appeals Unit

Appeal letter example

- The appeal that has been denied is called a Notice of Decision, which lists the reason(s) for the denial.
- The second page lists "Frequently Asked Questions" about Hearing Preparation Meetings and Fair Hearings.



Notice of Decision: Appeal Denied

Notice Date:
5/29/2012

, NV

Attention:
Provider NPI/API:
Appeal Number:

Appeal Denied

After a thorough review, HP Enterprise Services has denied your appeal for the claim with Internal Control Number for recipient on dates of service:
-

Your appeal was denied for the following reasons:

If you do not agree with this decision, you may request a Fair Hearing by submitting:
(1) copy of this letter with the bottom portion completed,
(2) a copy of the remittance advice pages showing the denial,
(3) a copy of the original signed claim and
(4) supporting documentation (such as prior authorization, physician's notes, ER reports).

Mail this information to: Hearings Supervisor, Nevada Medicaid, 1100 E. Williams St. Ste. 102, Carson City, NV 89701. Fair Hearing requests must be received within 90 days of this notice. The day after the Notice Date shown above is the first day of the 90-day period. At the Fair Hearing, you will be represented by yourself or by legal counsel.

I hereby request a Fair Hearing in regards to the denial of the claim listed above.
Name: _____
Contact Phone: _____
Provider's Legal Counsel (if applicable):
_____
Legal Counsel's mailing address:
_____
Legal counsel's phone:
_____
Signature_____
Date: _____

Fair hearing

- If an appeal is denied, you can request a fair hearing
  - When applicable, instructions for requesting a fair hearing are included with the "Notice of Decision"
  - Fair hearings are requested from DHCFP
- A fair hearing request must be received no later than 90 days from the notice date on the "Notice of Decision" letter
  - The day after the notice date is considered the first day of the 90-day period
- For additional information on fair hearings, please refer to MSM Chapter 3100

Learning Check

1. Claim appeals must be postmarked no later than how many days from the date of the Remittance Advice (RA) listing the claim as denied?

2. Appeals, claims, adjustments and voids should all be mailed to HPES in one envelope.

   True

   False

Contacts

Customer Service Center
Claim inquiries and general information Mailing Address:
Customer Service
P.O. Box 30042
Reno, NV 89520-3042
Phone: (877) 638-3472

Mail claims (CMS-1500, UB and ADA), appeals, and other written correspondence to:

HP Enterprise Services
P.O. Box 30042
Reno, NV 89520-3042

Nevada Medicaid Website
Web announcements, billing manual, billing guidelines, forms, pharmacy information

https://www.medicaid.nv.gov

Nevada Medicaid Central Office
1100 East William St.
Suite 102
Carson City, NV 89701
Phone: (877) 638-3472 and
(775) 684-3600

DHCFP Website
Medicaid Services Manual, rates, policy updates, public notices
http://dhcfp.nv.gov

Questions

Thank you for attending

Please complete your evaluation