



**Hewlett Packard
Enterprise**



Claim Appeals, Adjustments and Voids



Objectives

Objectives

Claim Appeals

CMS-1500 Adjustments and Voids

UB-04 Adjustments and Voids

ADA Adjustments and Voids

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Contact Information

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Claim Appeals

Formal Claim Appeal Request Form FA-90



Preferred Drug List Announcements [[Review](#)]

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Form Number										
FA-90	 Formal Claim Appeal Request									

Timely Filing for Claim Appeal Requests

- Appeal requests must be postmarked no later than 30 calendar days from the date of the initial Remittance Advice (RA) listing the claim as denied.
- An additional 30 calendar days is not allowed when an identical claim has been subsequently submitted.



Documentation for Claim Appeal Requests

- A completed FA-90 form or a cover letter including all information listed on the FA-90 form
- An original paper claim that can be used for processing should the appeal be approved
- Documentation to support the Claim Appeal, such as:
 - Prior authorization
 - Medical records
 - Explanation of Benefits (EOB)

Addresses for Claim Appeal Requests

Hewlett Packard Enterprise
Attention: Appeals
P.O. Box 30042
Reno, NV. 89520-3042

Or:

ProviderClaimAppeals@hpe.com



Claim Appeal Requests: Next Steps

- The appeal is researched and a copy of all documentation used in the determination process is retained.
- A Notice of Decision (NOD) is sent indicating that the appeal has been received and accepted, or rejected.
- If the appeal was accepted, an additional NOD is sent when the determination is completed advising if the appeal was approved or denied.



Appeal Received


Hewlett Packard
Enterprise



Notice of Receipt: Appeal Received

Notice Date: 1/6/2016

, 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,

Hewlett Packard Enterprise
Appeals Unit



Appeal Rejected


**Hewlett Packard
Enterprise**



Notice: Appeal Rejected

Notice Date: 1/6/2016

, 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 Approved


**Hewlett Packard
Enterprise**



Notice of Decision: Appeal Approved

Notice Date: 1/6/2016

, NV

Attention:

Provider NPI/API:

Appeal Number:

Appeal Approved

Hewlett Packard Enterprise 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,

Hewlett Packard Enterprise
Provider Appeals Unit



Appeal Denied

Hewlett Packard
Enterprise



Notice of Decision: Appeal Denied

Notice Date:

Attention:

Provider NPI/API:

Appeal Number:

Appeal Denied

After a thorough review, Hewlett Packard Enterprise 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: _____

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Notice of Decision: Appeal Denied

Frequently Asked Questions about Hearing Preparation Meetings and Fair Hearings

WHO MAY REQUEST A FAIR HEARING? If a provider disagrees with a claim denial, a recoupment action or a termination of provider enrollment, the provider must first submit a written appeal to HP Enterprise Services. If the provider disagrees with the result of the appeal, the provider has the option to request a Fair Hearing through the Division of Health Care Financing Policy (DHCFP).

WHAT HAPPENS AT THE HEARING PREPARATION MEETING? Before the Fair Hearing takes place, the DHCFP holds a hearing preparation meeting to discuss the Fair Hearing request. Attendees of the meeting will include a representative from the DHCFP, a representative from HP Enterprise Services, and the provider and/or the provider's designated legal counsel. The purpose of a hearing preparation meeting is to supply the provider with an opportunity to furnish the DHCFP with information that he believes should be considered in reversing the appeal decision issued by HP Enterprise Services. All parties will have an opportunity to discuss their position on the issue.

WHAT HAPPENS AT A FAIR HEARING? A Fair Hearing is a proceeding during which the provider and/or his legal counsel can show the Fair Hearing Officer why the provider disagrees with HP Enterprise Services appeal decision. The provider will be given an opportunity to comment on all documents and records pertaining to the appeal decision. (All documents and records are given to the provider within a reasonable time before the date of the Fair Hearing.) The provider is allowed to bring witnesses, present evidence, question or refute any testimony or evidence and cross-examine any witnesses. The DHCFP will also present their position in regards to the appeal decision.

WHO IS THE FAIR HEARING OFFICER? The Fair Hearing Officer may be an employee of the DHCFP or a person under contract with DHCFP. The Fair Hearing Officer will be an individual who has not been connected in any way with the action in question.

WHERE IS A FAIR HEARING HELD? Fair Hearings are usually held in or near the city where the provider's practice/business/facility is located. If the provider is unable to travel to the designated Fair Hearing location, the Fair Hearing may be held at another location or may be conducted by telephone when all parties are in agreement to do so.

WHAT DOES A FAIR HEARING COST? There is no charge to the provider for a Fair Hearing.

HOW IS A DECISION MADE? The Fair Hearing Officer's decision will be based on the evidence and testimony introduced at the Fair Hearing. The Department of Administration will notify the provider and the DHCFP in writing of the decision within 90 days from the date of the request for the Fair Hearing. Should the provider abandon or withdraw his Fair Hearing request or if the Fair Hearing Officer agrees with First Health Services' decision, the original appeal decision will stand.

PROVIDER'S RIGHT TO JUDICIAL REVIEW: If a provider is dissatisfied with the Fair Hearing decision, the case may be appealed to the provider's local District Court of the State of Nevada within 90 days after the date the written Fair Hearing decision was mailed. An official report of the hearing, together with all papers filed in the proceeding will constitute the record of the Fair Hearing. Fair Hearing records are on file in the Nevada Medicaid Office, 1100 East Williams Street, Suite 204, Carson City, Nevada 89701.

Fair Hearing

- Instructions for requesting a Fair Hearing are included with the Appeal Denied NOD.
- Fair Hearings are requested through the Division of Health Care Financing and Policy (DHCFP).
- Fair Hearing Requests must be received no later than 90 days from the notice date showing the appeal was denied; the day after the notice date is considered the first day of the 90-day period.
- For additional information concerning Fair Hearings, please refer to the Medicaid Services Manual (MSM) Chapter 3100.



Claim Adjustments and Voids

Timely Filing for Claim Adjustments and Voids

Claim Adjustment and Void Requests must be received within:

- 180 days of the date of service, or date of eligibility decision, whichever is later for in-state providers and claims with no Third Party Liability (TPL)
- 365 days of the date of service, or date of eligibility decision, whichever is later for out-of-state providers and claims with Third Party Liability (TPL)



Claim Adjustment Reason Codes

Code	Definition
1021	Late charges received by facility business office
1023	Primary carrier has made additional payment
1028	Correcting procedure/service code
1029	Correcting diagnosis code
1030	Correcting charges
1031	Correcting units, visits or studies
1034	Correcting quantity dispensed
1035	Correcting drug code
1037	Services not covered by Medicare
1041	Incorrect amount paid for original claim
1042	Original claim has multiple incorrect items
1053	Adjustment (miscellaneous)



Claim Void Reason Codes

Code	Description
1044	Wrong provider identifier used
1045	Wrong Recipient ID used
1047	Duplicate payment
1048	Primary carrier has paid full charges
1052	Miscellaneous
1060	Other insurance is available

Adjusting or Voiding a CMS-1500 Claim Form

- In the first portion of Field 22, include the most appropriate adjustment/void reason code that identifies why the claim is being adjusted or voided
- In the second portion of Field 22, include the last paid Internal Control Number (ICN)

Adjusting or Voiding a UB-04 Form

- Field 4: Use “7” as the last digit in the Type of Bill Code for adjustments; use “8” as the last digit in the Type of Bill Code for voids
- Field 64: Include the last paid ICN
- Field 75: Include the most appropriate adjustment/void reason code that identifies why the claim is being adjusted or voided

Adjusting or Voiding an ADA Claim Form

- Field 16: Include the most appropriate adjustment/void reason code that identifies why the claim is being adjusted or voided
- Field 17: Include the last paid ICN

Addresses for Claim Adjustments and Voids

Hewlett Packard Enterprise
P.O. Box 30042
Reno, NV. 89520-3042





Resources

Resources

Claim inquiries and general information:

Call the Customer Service Center at (877) 638-3472

Find web announcements, the Billing Manual, billing guidelines, forms, etc., on the Nevada Medicaid website:

www.medicaid.nv.gov

Find the Medicaid Services Manual, rates, policy, updates and public notices on the DHCFP website:

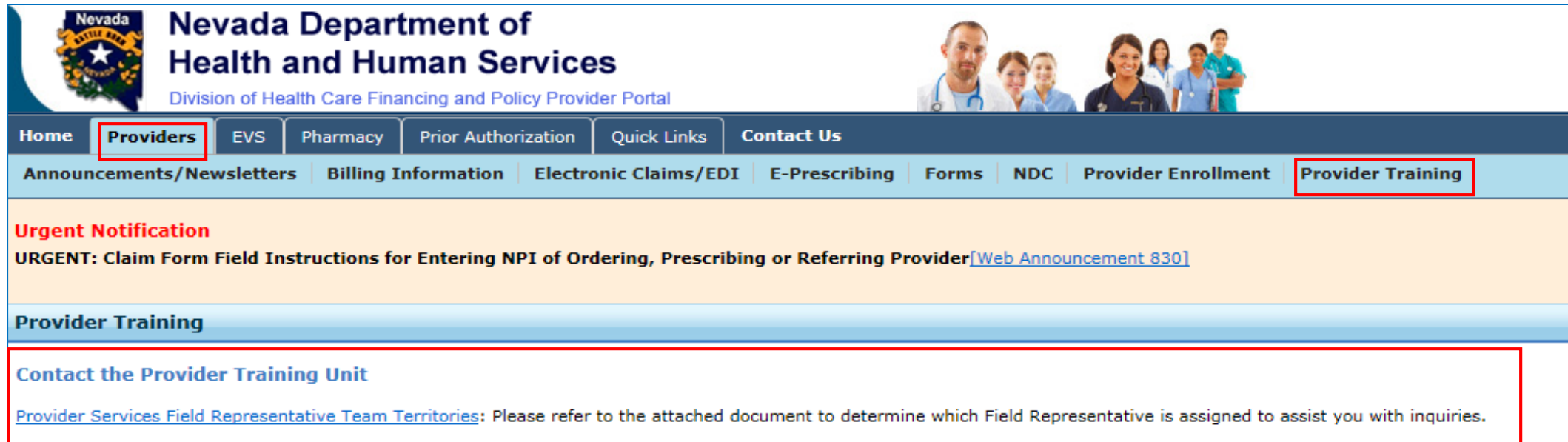
dhcfp.nv.gov

Resources

Provider Training:

NevadaProviderTraining@hpe.com

Or



The screenshot shows the Nevada Department of Health and Human Services Provider Portal. The header includes the Nevada state logo and the text "Nevada Department of Health and Human Services" and "Division of Health Care Financing and Policy Provider Portal". A navigation bar contains links for Home, Providers (highlighted with a red box), EVS, Pharmacy, Prior Authorization, Quick Links, and Contact Us. Below the navigation bar, a secondary menu includes Announcements/Newsletters, Billing Information, Electronic Claims/EDI, E-Prescribing, Forms, NDC, Provider Enrollment, and Provider Training (highlighted with a red box). The main content area features an "Urgent Notification" section with the text "URGENT: Claim Form Field Instructions for Entering NPI of Ordering, Prescribing or Referring Provider" and a link to "Web Announcement 830". Below this is a "Provider Training" section with a sub-header "Contact the Provider Training Unit" and a text box containing the text: "Provider Services Field Representative Team Territories: Please refer to the attached document to determine which Field Representative is assigned to assist you with inquiries." This text box is also highlighted with a red border.

Questions



Thank you

