

Claims Appeals, Adjustments and Voids Provider Training



Nevada Medicaid Provider Training



Objectives



Objectives

- Review and Understand the Appeals Process
- Learn how to Adjust or Void a CMS-1500 Paper Claim Form
- Learn how to Adjust or Void a UB-04 Paper Claim Form
- Learn how to Adjust or Void an ADA Dental Paper Claim Form
- Locate Additional Resources
- Contact Nevada Medicaid



Claims Appeals Process

Claims Appeals Process

- Providers have the right to appeal a claim that has been **denied**.
- Appeals must be postmarked or e-mailed to Nevada Medicaid no later than 30 calendar days from the date on the remittance advice.
- When filing a claim appeal, complete a Formal Claim Appeal Request (FA-90) and include:
 - A detailed explanation for the appeal
 - The provider's name and National Provider Identifier (NPI)
 - The Internal Control Number (ICN) of the denied claim
 - The name and telephone number of the person Nevada Medicaid can contact regarding the appeal
 - Documentation that supports the issue of why the claim is being appealed, such as medical records, prior authorization information and Explanation of Benefits or any additional information that a provider deems necessary
 - Original signed paper claim that may be used in processing should the appeal be approved
 - Any attachments

Claims Appeals Process, continued

- Send appeals separately from all other correspondence to:
 - Email: ProviderClaimAppeals@dxc.com or
 - When submitting an appeal via e-mail, send all necessary documents in one, secured e-mail and place “Claim Appeal” in the subject line. If submitting via e-mail, all responses from Nevada Medicaid will be sent back via e-mail.
 - Mail: Nevada Medicaid, Attn: Claim Appeals, P.O. Box 30042, Reno NV, 89520
- All providers submitting a claims appeal **must** read Chapter 8 (Claims Processing and Beyond) of the Billing Manual located on the Billing Information webpage Medicaid website at www.medicaid.nv.gov.



Claims Appeals Process, continued

When the request is received by Nevada Medicaid, the following steps are performed:

- Step 1: The appeal and documentation are researched by Nevada Medicaid.
- Step 2: A Notice of Decision (NOD) is sent advising that the appeal has been received and either accepted or rejected. A notice that the appeal has been accepted does not indicate the appeal has been approved.
- Step 3: If the appeal was accepted, an additional NOD will be sent when the determination is completed advising if the appeal has been approved or denied.

Appeal Received

- A Notice of Receipt is generated when Nevada Medicaid has received a claims appeal request and the request has been accepted (not approved).



Notice of Receipt: Appeal Received

Notice Date: ☺

<First Name> <Last Name>

<Address>

<City>, NV 00000

Attention:

Provider NPI/API:

Appeal Number:

Appeal Received

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

1/1/1900 - 1/1/1900

Your appeal was received on <Date>. 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,

Nevada Medicaid
Appeals Unit

Appeal Rejected

- A Notice of Rejection is generated when Nevada Medicaid has received a claims appeal request and same has been rejected and will not be reviewed.

Possible rejection reasons:

- Appeal cannot be processed due to late submission (outside of the 30-day time frame)
- Appeal cannot be processed due to billing errors on the attached claim
- Appeal is incomplete (additional details as to why the appeal is incomplete will be indicated)
- Appeal requests for subsequent same service claim submission are not considered
- Please submit a claim adjustment to correct the payment of your claim



Notice: Appeal Rejected

Notice Date:

<First Name> <Last Name>

<Address>

<City>, NV 00000

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

- A NOD is generated when Nevada Medicaid has reviewed the appeal request and, based on the information provided, has been approved.
- If the appeal has been approved, Nevada Medicaid will re-process the claim and results will be reflected on a future remittance advice.



Notice of Decision: Appeal Approved

Notice Date:

<First Name> <Last Name>

<Address>

<City>, NV 00000

Attention:

Provider NPI/API:

Appeal Number:

Appeal Approved

Nevada Medicaid has approved your appeal for the claim with Internal Control Number <#####> for recipient <Recipient Name> on date(s) of service:
11/30/1999 - 11/30/1999

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,
Nevada Medicaid
Provider Appeals Unit

Appeal Denied, page 1

- A NOD is generated when Nevada Medicaid has reviewed the appeal and has denied the appeal.
- If the appeal has been denied, the provider has rights, including the right to a Fair Hearing. The request for a Fair Hearing is listed on page 1 and instructions are listed on page 2.
- Page 1 lists all pertinent information regarding the appeals request as well as the reason that the appeal has been denied.



Notice of Decision: Appeal Denied

Notice Date:

<First Name> <Last Name>
<Address>
<City>, NV 00000

Attention:

Provider NPI/API:

Appeal Number:

Appeal Denied

After a thorough review, Nevada Medicaid has denied your appeal for the claim with Internal Control Number <#####> for recipient <Recipient Name> <#####> on dates of service:

1/1/1900 - 1/1/1900

Your appeal was denied for the following reasons: DETAILS OF DENIAL INPUT HERE.

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 original signed claim and
- (3) supporting documentation (such as prior authorization, physician's notes, ER reports).

Mail this information to: Hearings Supervisor, Nevada Medicaid, 1100 E. William St. Ste. 101, 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: _____

Appeal Denied, page 2

- Page 2 contains information regarding the Fair Hearings, including Frequently Asked Questions (FAQs) such as who can request the Fair Hearing, what happens prior to and during the Fair Hearing and other important information.



Notice of Decision: Appeal Denied

Medicaid Service Manual (MSM) Chapter 100 Section 105.1C:

Nevada Medicaid utilizes a clinical claims editor program to enhance the adjudication process for Nevada Medicaid/Check Up claims for professional services. The claims editor program employs a nationally recognized standardized method of processing claims for professional services using clinical logic based on the most current CPT, HCPCS, International Classification of Diseases (ICD), American Medical Association (AMA), CMS and specialty societal guidelines. The claim editor results in consistent claims adjudication for all providers of professional services and increased claims payment turnaround time.

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 DXC Technology, which is referred to as Nevada Medicaid throughout this document. 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 Nevada Medicaid, 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 Nevada Medicaid. 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 Nevada Medicaid's 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 Nevada Medicaid's 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 William Street, Suite 101, Carson City, Nevada 89701.



Fair Hearing

- Instructions for requesting a Fair Hearing are included with the Appeal Denied Notice of Decision.
- 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 Adjustments 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 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 Paper Claim



Nevada Department of
Health and Human Services

Division of Health Care Financing and Policy Provider Portal

Home Providers EVS Pharmacy Prior Authorization Quick Links Calendar

Announcements/Newsletters

Billing Information

Electronic Claims/EDI

E-Prescribing

Forms

NDC

Provider Enrollment

Provider Training

Provider Links

Billing Information

E-Prescribing

Forms

Provider Enrollment

Provider Newsletters

Provider Training

- Open the Claim Form Instructions located at www.medicaid.nv.gov by highlighting “Providers” from the top blue tool bar and selecting “Billing Information” from the drop-down menu or by selecting “Billing Information” from the Provider Links, which is always located on the right hand side of the website.



Adjusting or Voiding a CMS-1500 Paper Claim



Adjusting or Voiding a CMS-1500 Paper Claim Form

- Claim Form Instructions will contain details regarding how to adjust or void a paid claim.
- Information is listed under the Adjustment/Void reason codes for Field 22.
- User will then navigate to the field-by-field instructions to locate the requirements for filling out a claim properly, including Field 22.

Adjusting or Voiding a CMS-1500 Paper Claim Form (Field 22)

22	Situational	<p>Resubmission Code: Complete this field to adjust or void a previously paid claim. Otherwise, leave this field blank.</p> <p>1 • In the <i>Code</i> area, enter an adjustment or void reason code (see section, <i>Adjustment/Void reason codes for Field 22</i>).</p> <p>2 • In the <i>Original Reference Number</i> area, enter the last <i>paid</i> Internal Control Number (ICN) of the claim.</p> <p>Adjustments and voids apply to previously <i>paid</i> claims only (including zero paid claims). Resubmitting a denied claim is not considered an adjustment.</p>
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- Provider must input the correct 4-digit adjustment or void code and must indicate the last paid Internal Control Number (ICN).

1	22. RESUBMISSION CODE	2	ORIGINAL REF. NO.
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Adjusting or Voiding a UB-04 Paper Claim



Adjusting or Voiding a UB-04 Paper Claim Form

- Claim Form Instructions will contain details regarding how to adjust or void a paid claim.
- Information is listed under the Adjustment/Void reason codes for Fields 4, 64 and 75.
- User will then navigate to the field-by-field instructions to locate the requirements for filling out a claim properly, including Fields 4, 64 and 75.

Adjusting or Voiding a UB-04 Paper Claim Form (Field 4)

*4	Required	Type of bill: Enter the appropriate type of bill code. <ul style="list-style-type: none">• Adjustments: Use 7 for the last digit in your Type of Bill code.• Voids: Use 8 for the last digit in your Type of Bill code.
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- Provider must input the correct digit as listed in the instructions for Field 4.

4 TYPE OF BILL

Adjusting or Voiding a UB-04 Paper Claim Form (Field 64)

64A-C	Situational	Document control number: When adjusting or voiding a previously paid claim, enter the claim's last paid Internal Control Number (ICN) on the line that shows payer, <i>Medicaid</i> . Only <i>one</i> ICN may be entered per claim.
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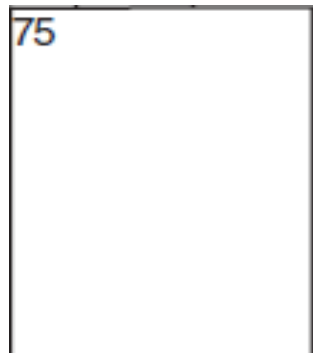
- Provider must input the last paid ICN in Field 64.

64 DOCUMENT CONTROL NUMBER

Adjusting or Voiding a UB-04 Paper Claim Form (Field 75)

75	Situational	To adjust or void a claim, enter the appropriate 4-digit <i>reason code</i> in this Field. See also instructions for Fields 4 and 64.
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- Insert the 4-digit adjustment/void code.





Adjusting or Voiding an ADA Dental Paper Claim



Adjusting or Voiding an ADA Dental Paper Claim Form

- Claim Form Instructions will contain details regarding how to adjust or void a paid claim.
- Information is listed under the Adjustment/Void reason codes for Fields 16 and 17.
- User will then navigate to the field-by-field instructions to locate the requirements for filling out a claim properly, including Fields 16 and 17.

Adjusting or Voiding an ADA Dental Paper Claim Form (Fields 16 and 17)

16	Conditional	Plan/Group number: For <i>previously paid</i> claims only: To adjust or void a claim, enter the appropriate adjustment/void reason code that identifies why the claim is being adjusted or voided. The reason codes are shown on pages 1-2 of this document.
17	Conditional	Employer name: For <i>previously paid</i> claims only: To adjust or void a claim, enter the <i>last paid</i> ICN assigned to the claim (must be 16 digits).

- Provider must input the correct 4-digit adjustment/void reason in Field 16 and the ICN of the last paid claim in Field 17.

16. Plan/Group Number	17. Employer Name
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Resources

Additional Resources

- Billing Manual (Appeals Information) and Claim Form Instructions (Adjustment/Void Information):

<https://medicaid.nv.gov/providers/BillingInfo.aspx>

- Medicaid Services Manual (Chapter 3100 – Fair Hearings):

<http://dhcfp.nv.gov/Resources/AdminSupport/Manuals/MSM/C3100/Chapter3100/>

- Formal Claim Appeal Request (FA-90):

<https://medicaid.nv.gov/providers/forms/forms.aspx>

DHCFP Contact Information:

Contact Form:

<http://dhcfp.nv.gov/Contact/ContactUsForm/>



Contact Nevada Medicaid



Contact Us — Nevada Medicaid Customer Service

- Customer Service Call Center:
877-638-3472 (Monday through Friday 8 a.m. to 5 p.m. Pacific Time)
- Provider Field Representative:
E-mail: NevadaProviderTraining@dxc.com



Thank you