Submitting Secondary Claims to Nevada Medicaid
Objectives
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• Submit Medicare Crossover Claims
• Submit Claims with Third Party Liability
• Locate Additional Resources
Secondary Claims Submission Training Overview
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This training will cover specific details regarding the submission of claims via Direct Data Entry (DDE) when there is Third Party Liability (TPL) present. It does not cover basic claims entry. It is helpful for the user to be familiar with the basic claim submission process prior to the training.

For training on claim submissions or logging in to the Electronic Verification System (EVS), please review the EVS User Manual or visit the Provider Training webpage at www.medicaid.nv.gov. Additional links may be found at the end of this presentation.
Claim Submission: Medicare Crossover
Claim Submission: Medicare Crossover

This section will cover the submission of Medicare Crossover claims in EVS where Medicare is the primary payer. Failure to submit claims properly may result in denial, so please be aware of the following rules prior to submission.

In the case of Professional Crossover claims:

A. When Medicare has made a payment on the claim, or has left an amount to patient responsibility (i.e., coinsurance, copay, deductible):
   a. Claim must be submitted as “Crossover Professional”
   b. Crossover details must be filled out
   c. No Explanation of Benefits (EOB) attachment needed

B. If Medicare denies the claim, the “Other Insurance” rules must be followed:
   a. Medicare will need to be added as an Other Insurance carrier
   b. Carrier/payment information must be listed at the header
   c. Claim Adjustment Reason Code (CARC) details must be submitted with each detail level
   d. No EOB attachment needed
Claim Submission: Medicare Crossover, continued

In the case of Institutional Crossover claims:

A. When Medicare has made a payment or has left an amount to patient responsibility (i.e., coinsurance, copay, deductible):
   a. Claim must be submitted as “Crossover Inpatient” or “Crossover Outpatient”
   b. Crossover details must be filled out
   c. No EOB attachment needed

B. If Medicare denies the claim, the “Other Insurance” rules must be followed:
   a. Medicare will need to be added as an Other Insurance carrier
   b. Carrier/payment information must be listed at the header
   c. CARC details must be submitted at the header
   d. No EOB attachment needed
Crossover claims may be submitted in EVS by first changing the claim type to indicate a crossover.

Once the user has logged into the EVS secure Provider Web Portal, the user will:

1. Select the appropriate claim type to submit from the Claims sub-menu
After selecting either a Professional or Institutional claim type, the user will:

2. Select a “Crossover” option from the Claim Type drop-down menu

Once crossover is selected, the page will refresh and a new panel, Medicare Crossover Details, will appear at the bottom.
In Step 1, after selecting the appropriate claim type, the user will:

3. Fill out the provider, patient and claim information
4. Complete the new section, Medicare Crossover details
5. Click Continue

The Medicare Crossover Details panel will populate with information at the header level that will encompass the entire claim and at least one (1) of the fields must be completed.
Claim Submission: Medicare Crossover, continued

After Step 1 is completed, the user will enter claim information in Step 2. Once all applicable information is added, the user will continue to Step 3.

In Step 3, the user will:

6. Input all applicable Procedure Codes
7. Complete the Medicare Crossover Details for each individual Service Line (This information is specific to that Service Line (Svc #) and must match the EOB)
8. Add any attachments that are necessary
9. Click Submit

NOTE: It is not necessary to upload the EOB.
Claim Submission: Third Party Liability Coverage
Claim Submission: TPL

This section will cover the submission of claims in EVS where there is Other Healthcare Coverage. Failure to submit claims properly may result in denial, so please be aware of the following rules prior to submission.

In the case of Professional or Dental Third Party Liability (TPL) claims:

A. Claim must be submitted as “Professional” or “Dental” appropriately (not Crossover):
   a. “Include Other Insurance” box in Step 1 of claim must be checked

B. In Step 2, the applicable TPL carrier should be selected from the list:
   a. Remove any carriers that are not applicable to the claim
   b. If the carrier is not on the list, click to add new other insurance
   c. Input payment information, but do not include Adjustment Reason codes

C. In Step 3, input service details:
   a. Enter TPL carrier/payment information
   b. Claim Adjustment Detail must be entered for each service detail
   c. Do Enter adjustments details in this step
   d. No EOB attachment is needed
Claim Submission: TPL, continued

In the case of Institutional TPL claims:

A. Claim must be submitted as “Inpatient” or “Outpatient” appropriately (*not Crossover*)
B. “Include Other Insurance” box in Step 1 of claim must be checked
C. In Step 2, the applicable TPL carrier should be selected from the list:
   a. Remove any carriers that are not applicable to the claim
   b. If the carrier is not on the list, click to add new other insurance
   c. Input carrier/payment information
   d. *Do Enter* Claim Adjustment Details in this step
D. In Step 3, input service details:
   a. *Do not* include Adjustment Reason codes
   b. No EOB attachment is needed
In Step 1, after selecting the appropriate claim type, the user will:

1. Fill out the provider, patient and claim information
2. Select the “Include Other Insurance” checkbox to indicate that there is Other Healthcare Coverage to be included on the claim
In Step 2, the user will:

3. Enter all applicable diagnosis codes and click **Add** for each one

4. Complete the section titled **Other Insurance Details** with any applicable carrier or payment information

TPL details already on file with Nevada Medicaid will populate carrier information automatically. If no recipient TPL information is automatically populated, select “+ Click to add a new other insurance” to add the information.
Claim Submission: TPL, continued

After clicking the (+), the user must complete all required fields (*) and select the **Add Insurance** button to add the Other Insurance details to the claim.

**NOTE:** The **Carrier ID** is information that is listed on the recipient’s ID card and should be five digits. This is also known as the Electronic Payer ID.
Claim Submission: TPL, continued

NOTE: Click the Remove link to remove any other insurance details unrelated to the claim.

NOTE: Do not enter more than ten (10) Other Insurance details.

<table>
<thead>
<tr>
<th>#</th>
<th>Carrier Name</th>
<th>Carrier ID</th>
<th>Policy ID</th>
<th>Payer Paid Amount</th>
<th>Paid Date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Insurance</td>
<td>1234567800</td>
<td>1234567800</td>
<td>01/02/2020</td>
<td></td>
<td>Remove</td>
</tr>
</tbody>
</table>
If submitting an Institutional claim, the user must complete any Claim Adjustment Details. If the user is submitting a Professional claim, do not include Adjustment Details in this step and skip to slide 23.

5. Select the sequence number adjacent to the relevant carrier (#)
6. Enter the **Claim Adjustment Details**
7. Click **Add Adjustment** to ensure that the adjustment details are added to the carrier details
8. Click **Save Insurance** to save updates
9. Click **Continue** to go to Step 3
Claim Submission: TPL, continued

NOTE: Information for the Payer Paid Amount, Remaining Patient Liability and Claim Adjustment Details must match the Explanation of Benefits (EOB).
In Step 3, the user must:

10. Enter all applicable Service Detail information
11. Click **Add** to add each service detail to the claim
For Professional claims, Other Insurance information is required for each service detail entered. If submitting an Institutional claim, skip to Slide 25.

12. Select the appropriate Service Line Detail (Svc)
13. Enter Other Insurance for Service Detail information
14. Click Add Insurance to add insurance information to the service detail

NOTE: The amounts in Payer Paid Amount and Remaining Patient Liability are specific to the service rendered. The total paid amounts for all service details are reflected in Step 2.
For Professional claims, Adjustment Details must be entered for each service line. For Institutional claims, skip this slide.

15. Select the sequence number adjacent to the relevant procedure code
16. Complete the Claim Adjustment Details panel
17. Click Add Adjustment to add the adjustment details
18. Click Save Insurance to save all insurance details to the claim line

NOTE: Do not enter more than ten (10) Claim Adjustment Details.
19. Add any necessary attachments
20. Click **Submit**

After clicking **Submit**, the user will be provided a final opportunity to review the claim before final submission and adjudication.

**NOTE**: It is not necessary to upload the EOB.
Resources
Additional Resources

- **EVS General Information:** [https://www.medicaid.nv.gov/providers/evsusermanual.aspx](https://www.medicaid.nv.gov/providers/evsusermanual.aspx)
- **Secure EVS Web Portal:** [https://www.medicaid.nv.gov/hcp/provider/Home/tabid/135/Default.aspx](https://www.medicaid.nv.gov/hcp/provider/Home/tabid/135/Default.aspx)
- **Billing Information:** [https://www.medicaid.nv.gov/providers/BillingInfo.aspx](https://www.medicaid.nv.gov/providers/BillingInfo.aspx)
  - For Other Health Coverage (OHC) policy, see MSM Chapter 100 Section 104
- **Learning Management System:** [https://lms-nv.myhcplatform.com/](https://lms-nv.myhcplatform.com/)
  - For self-led, computer-based training (CBT)
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)
**Prior Authorization Department:** 800-525-2395

**Provider Field Representative Email:** NevadaProviderTraining@dxc.com