



November 30, 2018

Web Announcement 1762

Modernization: Attention Inpatient Providers: Changes Needed When Submitting Claims for Processing

The Division of Health Care Financing and Policy (DHCFP) is implementing a new, modernized Medicaid Management Information System (MMIS) on February 1, 2019. In preparation for the new MMIS, please be advised of the following changes affecting the successful submission of claims for processing:

1. The current MMIS does not verify the header date range of the claim against the Type of Bill and total days billed at the detail level. With the new MMIS, the header date range will look at the Type of Bill and the total days billed at the detail level. If the claim submitted does not have the corresponding values in the header date range and the total days billed at the detail level for the Type of Bill on the claim, then the claim will be denied.
 - a. Example: If the claim is billed with date range 01/01/19 to 01/05/19 with Type of Bill 111 (admit to discharge), the line level units should be 4, as Medicaid does not pay for discharge date.
2. Admitting Diagnosis is required for all inpatient claims, including inpatient claims submitted by provider types 19 (Nursing Facility) and 68 (Intermediate Care Facilities for Individuals with Intellectual Disabilities / Private).
3. Attending Provider National Provider Identifier (NPI) is required on all institutional (UB/837I) claims. The NPI must be on file with Nevada Medicaid and the provider's enrollment must be active for the date of service on the claim.
4. Medicare crossover claims must follow the same field requirements as Nevada Medicaid Fee-for-Service claims. Providers will need to submit the Nevada Medicaid required fields to Medicare to ensure proper adjudication on crossover claims. These fields are needed even when Medicare does not require the field to be submitted.

If there are any questions, please do not hesitate to contact Nevada Medicaid.