



March 31, 2020 (Reposting of [Web Announcement 2059](#))

Web Announcement 2153

Attention Provider Type 17 (Special Clinics):

Update Regarding Medicare Crossover Claims and Submitting Encounters as Fee-for-Service Professional Claims

Update to [Web Announcement 1973](#): Effective October 3, 2019, the Medicaid Management Information System (MMIS) was updated to deny outpatient crossover claims submitted by provider type 17 (Special Clinics) with error code 1011 (Contract count not be determined – HDR). **Providers may now submit claims for encounter codes to Nevada Medicaid Fee-for-Service as a professional claim.**

Claims submitted as an outpatient crossover that were in a paid status have been automatically reprocessed to void and then deny the paid claim. The impacted claims that were reprocessed were initially processed on or after January 28, 2019, through October 3, 2019. Results of the reprocessed claims appear on remittance advices dated December 20, 2019.

Please note: When claims are reprocessed, please be aware that all system and clinical claim editor edits are applicable. As a result, there may be no additional payment, and other claim denials may be received. Providers have the right to appeal denied claims, including those denied upon reprocessing. Please refer to [Medicaid Services Manual Chapter 100](#) and the [Billing Manual](#) for information concerning the claim appeal process and time frames.