



Please Note:

- For an update regarding the reprocessing of the claims referenced in this web announcement, see [Web Announcement 2262](#).
- For an update regarding claims that could not be automatically reprocessed, see [Web Announcement 2308](#).

April 17, 2020 (Updated April 28, 2020)

Web Announcement 2174

Urgent Updates Regarding Professional Crossover and Outpatient Crossover Claims Payment Issue

Some professional crossover and outpatient crossover claims submitted through the Provider Web Portal between March 21, 2019, and December 16, 2019, may not have paid correctly. A system error caused duplicate rows of Medicare Information to be generated for these claims, which may have impacted claims payment.

Nevada Medicaid has been able to resolve the issue impacting the Medicare Information for the majority of these claims and these claims will be automatically reprocessed. A future web announcement will notify providers when these claims will be reprocessed.

For a small number of claims, the Medicare Information cannot be fixed in the system and the claims cannot be automatically reprocessed. Instead, these impacted claims will be automatically voided using Explanation of Benefits (EOB) code 8201 (Claim voided for duplicate Medicare Information. Please see Web Announcement 2174 for next steps). **The impacted claims were not automatically voided on April 27, 2020, as previously communicated.** A future web announcement will notify providers when the claims are voided.

Providers will be asked to resubmit the voided claims. When the claims are voided, look for claims voided with EOB 8201 on your remittance advice or in the Electronic Verification System (EVS). Please re-enter the claim through the Provider Web Portal. Do NOT copy the claim as this will only cause the same problem to occur again.

When the claim is resubmitted, providers must include a copy of this web announcement or a document stating: "Requesting override of timely filing based on Web Announcement 2174." When the claims that are voided with EOB 8201 are resubmitted, they will suspend for timely filing until Nevada Medicaid verifies the claim and the attachment and then overrides the timely filing.

PLEASE NOTE: Do not begin resubmitting claims on April 28, 2020, as previously instructed. A future web announcement will notify providers when to begin resubmitting claims and when the claims that have been voided with EOB code 8201 must be received by Nevada Medicaid.

Please note: When claims are reprocessed or resubmitted, 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.