



February 1, 2024

Nevada Medicaid Web Announcement 3271

Urgent Announcement:

Professional Crossover Claims Reprocessing Effort Has Been Cancelled

Update to [Web Announcement 3216](#) and [Web Announcement 3247](#): The claim reprocessing effort that would have impacted professional crossover claims that paid to providers the full patient responsibility without taking into account the Medicaid allowed amount has been cancelled by the Division of Health Care Financing and Policy (DHCFP). The claim reprocessing effort would have affected professional crossover claims that were submitted between January 1, 2017, and February 28, 2022, and that were processed on or after February 1, 2019, through February 7, 2022.

While DHCFP is not pursuing a systematic reprocessing of professional crossover claims associated with this effort, DHCFP reserves the right to initiate claim audits or reviews and pursue recoupment of any identified improper payments. Each provider is responsible for submitting valid, accurate claims in accordance with the Nevada Medicaid Services Manual (MSM) policy and federal regulations.

Per MSM Chapter 100, Section 103.13(B), providers are required to complete and maintain patient medical records which adhere to professional standards of practice to ensure continuity of care for Medicaid recipients. Documentation must be completed as soon as practicable after the service is provided in order to maintain an accurate and complete medical record. Records of services performed must be maintained and accessible for a minimum of six years from the date of payment for the specified service.