Nevada Medicaid and Nevada Check Up – Submitting Claims with Other Insurance (Third Party Liability) Frequently Asked Questions (FAQs)

Question	Answer
What is Third Party Liability?	Third Party Liability (TPL), or Other Health Coverage (OHC), is any other insurance coverage that is not Nevada Medicaid.
Where can a provider access a recipient's TPL information?	Providers/users can login to their Electronic Verification System (EVS) portal and select "Eligibility Verification" from the menu bar. See the EVS User Manual Chapter 2: Eligibility Benefit Verification for more information.

Who should a provider contact if incorrect commercial **TPL or Medicare Replacement information** is on file?	Providers will need to contact Nevada Medicaid's TPL vendor:
	    Health Management Systems, Inc. (HMS)
	    Phone: 775-335-1040 or Toll Free: 855-528-2596
	    Email: NVTPL@gainwelltechnologies.com
	    NOTE: When emailing HMS, "escalation" should be included in the subject line and the email request must include Recipient Name, Date of Birth (DOB), Medicaid ID, and commercial policy information.

Who should a provider contact if incorrect **Medicare information** is on file?	The Division of Health Care Financing and Policy at: TPL@dhcfp.nv.gov. As a reminder, use this contact only for incorrect Medicare information. All other incorrect files, including Medicare Replacement plans, must be referred to HMS as stated above.
Does an Explanation of Benefits (EOB) need to be attached?	An EOB is only required when a claim has exceeded timely filing for Nevada Medicaid as a result of pursuing payment from a Third Party Liability resource. Please refer to the Billing Manual for additional information.
What is timely filing for a claim with other insurance?	365 days from the date of service or date of eligibility decision, whichever is later.
Can Nevada Medicaid be billed first if a recipient has other insurance?	Nevada Medicaid is the payer of last resort. Providers should review Chapter 100 of the Medicaid Services Manual and the Billing Manual for more information. It is not necessary to bill the OHC first if it is known that the specific service provided is not a covered benefit under the OHC policy. For information on submitting claims for non-covered services, refer to Web Announcement 1941.
Is there a resource a provider can reference on how to submit claims with other insurance?	Yes. Users can review the Submitting Secondary Claims video on the Nevada Medicaid YouTube Channel or the EVS User Manual Chapter 3: Claims for more information.
For an Institutional Claim, where does a provider input the Claim Adjustment Reason Code (CARC)?	Institutional claims require the CARC to be entered at the **header level** (Step 2 of the claim submission process).
For a Professional or a Dental Claim, where does the provider input the Claim Adjustment Reason Code (CARC)?	Professional and Dental Claims require the CARC to be entered at the **detail level** (Step 3 of the claim submission process). Do not enter Claim Adjustment Reason Codes in Step 2 of the claim – this panel will need to be collapsed.

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Are Medicare Replacement plans considered TPL?	Medicare Replacement plans follow the Medicare Crossover Claim submission rules.
	If the Replacement Plan covers the service and makes a payment or leaves patient responsibility, the claim should be entered as a Crossover Claim.
	Do not submit a Crossover Claim with the Replacement Plan as an "Other Insurance" detail.
For Institutional Inpatient Claims, when a recipient only has Medicare Part B or their Part A benefits are exhausted, what is the process for billing Nevada Medicaid?	Providers are to bill Medicare Part B for Ancillary Charges, then submit an Institutional Claim (not a Crossover Claim).
	Providers will need to select "Other Insurance" in Step 1, with the Medicare Part B payment listed in the "Other Insurance" section and use indicator "MB."
	If the recipient's benefits are exhausted, providers will need to submit with an Occurrence Code of "A3, B3 or C3" to indicate the exhausted benefits.
	For more information, review the [Submitting an Institutional Claim for Medicare Part B Coverage – Tip Sheet](#)
What information should be included when submitting claims with other insurance?	**Professional and Dental:** After selecting the TPL Carrier, input only payment information at the header level. When inputting the service details, include detail payment information and applicable CARC.
	Institutional: After selecting the TPL Carrier, enter the payment information and CARC at the header level.