

March 11, 2020 Web Announcement 2130

Attention All Providers: Reminders Regarding Submitting Claim Appeals

All providers have the right to appeal a claim that has been denied. Below are some helpful reminders for providers who are interested in appealing a denied claim.

- ✤ Appeals must be submitted electronically.
- Appeals must be submitted within 30 calendar days from the date on the remittance advice. Any claim appeals submitted after those 30 calendar days will be rejected by Nevada Medicaid.
- An <u>FA-90 Formal Claim Appeal Request</u> form must be filled out in its entirety and accompany the claim appeal. Each appeal must be submitted with its own FA-90 form.
- Appeal requests for subsequent same service claim submissions will be rejected.

The Division of Health Care Financing and Policy (DHCFP) and the Nevada Medicaid Provider Training team offer monthly training sessions covering Claim Appeals, Adjustments and Voids. Providers interested in attending a training session may review the <u>Training Calendar</u> for dates and times and register by visiting the <u>2020 Provider Training</u> <u>Registration Website</u>. Please note that these training sessions are only intended to discuss Claim Appeals, Adjustments or Voids and all other concerns should be directed to <u>NevadaProviderTraining@dxc.com</u>.

Other resources available for providers are the training presentation <u>Claims Appeals</u>, <u>Adjustments and Voids</u>, the <u>Claims Appeals Tip Sheet</u> and the Medicaid Services Manual (MSM) <u>Chapters 100</u> and <u>3100</u>.