



June 6, 2018

Web Announcement 1611

Nevada Medicaid/Nevada Check Up Claim Submission and Timely Filing Policy Reminder

It is the provider's responsibility to submit clean, accurate and complete claims to ensure accurate adjudication within Medicaid time frames.

Providers must correctly bill for all claims within the specific time frame set by policy. To be considered timely, claims must be received by the fiscal agent within 180 days from the date of service or the date of eligibility decision, whichever is later. For out-of-state providers or when a third party resource exists, the timely filing period is 365 days.

Nevada Medicaid/Nevada Check Up will not pay claims that are outside the timely filing period.

For additional information, please refer to [Medicaid Services Manual Chapter 100](#).