



May 15, 2020

Web Announcement 2198

Claims Paid from Nevada Check Up Fund Codes that Cut Back Have Been Reprocessed

Claims that processed on or after February 1, 2019, through May 20, 2019, that were paid from Nevada Check Up budget fund codes 0166 and 2966 and cut back in error have been automatically reprocessed to pay the correct amount. Results of the reprocessed claims appeared on the remittance advice dated May 1, 2020.

The impacted providers who may have had claims reprocessed in this effort are Division of Health Care Financing and Policy “sister” agencies billing under the following provider types:

Provider Type	Provider Type Description
14	Behavioral Health Outpatient Treatment
17	Special Clinics
20	Physician, M.D., Osteopath, D.O.
54	Targeted Case Management
63	Residential Treatment Centers
85	Applied Behavior Analysis

Please note: When claims are reprocessed, 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.