



HEALTH PLAN OF NEVADA  
A UnitedHealthcare Company

## **REMINDER REGARDING MEDICAID TIMELY FILING AND RECONSIDERATION REQUESTS!!**

Medicaid claims should be submitted within 30 calendar days from the date of service, but in any event, no later than 180 calendar days after the date of service. Medicaid claims submitted by out-of-state providers must be received within 365 days of the date of service. The 180 or 365 days is calculated by subtracting the last date of service from the date the claim was received.

Re-considerations or resubmission or any follow-up must be clearly identified and submitted within 30 calendar days from the date on the remittance advice. For a Reconsideration request, the provider is responsible to provide additional medical information (e.g., intensity of service, severity of illness, risk factors) that might not have been submitted with the original/initial request that supports the level of care/services requested.

Claims not submitted within these timely filing periods will not be honored for payment. Timely filing is always based on date of service or date of eligibility. You will be notified of any denials of requested covered services. You may request an appeal by the HPN Medical Director and/or the peer review committee.

For questions regarding this facsimile, please contact your Provider Advocate directly or contact Provider Services at (702) 242-7088 or (800) 745-7065, or by email at [PRI@sierrahealth.com](mailto:PRI@sierrahealth.com)