



January 24, 2019

Web Announcement 1820

Modernization: Attention All Providers: Physician-Administered Drug (PAD) Claims and Currently Pended Claims to be Denied

The Division of Health Care Financing and Policy (DHCFP) is implementing a new, modernized Medicaid Management Information System (MMIS) on February 1, 2019. In preparation for the implementation, as of January 22, 2019, Nevada Medicaid physician-administered drug (PAD) claims that are received after January 18, 2019, are being denied with edit code 0500 (Force denied for System Conversion). Please hold all PAD claims until February 1, 2019, for submission. On January 25, 2019, all remaining pended claims will be force denied with the same edit. Any claim that has been denied with edit code 0500 should be reviewed for other current edits on the remittance advice. Please review for historical edits and previously paid claims to verify potential previous payment for the service. After the review, if the provider still feels that a denied claim with edit code 0500 should be re-evaluated for adjudication, please resubmit the claim through the new system on or after February 1, 2019.

If there are any questions, please do not hesitate to contact Nevada Medicaid.