February 14, 2020

Announcement 2103

Attention All Providers: Top 10 Claim Denial Reasons and Resolutions/Workarounds for January 2020 Claims

The Division of Health Care Financing and Policy and the Nevada Medicaid fiscal agent have reviewed all claim submissions for the month of January 2020 and have compiled a list of the top 10 reasons for which claims have denied. The table below lists the top 10 error codes along with the Explanation of Benefits (EOB) code that appears on the remittance advice for the claim denials, the error code descriptions and instructions to providers on how to resolve the claim denials.

Error Code	EOB Code on Remittance Advice	Error Code Description	Resolution or Workaround
908	0908	PAD (Physician Administered Drug) Detail Denied by PBM (Pharmacy Benefits Manager)	The National Drug Code (NDC) on the Physician Administered Drug claim was denied by the Pharmacy Benefit Manager. The provider will need to verify that the NDC is a payable and covered code. NDC information can be located at: https://www.medicaid.nv.gov/providers/ndc.aspx Providers may also reach out to the Pharmacy Benefits Manager at: 866-244-8554 (Pharmacy Help Desk).
897	0897	PAD (Physician Administered Drug) – Void Denial	The provider will need to review their claim to determine if the claim has already been voided. This error code occurs when the Pharmacy Benefits Manager (PBM) recoups an entire claim that includes PAD services. Providers are encouraged to resubmit the claim to Nevada Medicaid if the claim has been recouped by the PBM.
1070	1464	Procedure Missing on Outpatient Claim	Provider must enter a valid procedure code on the detail level of the claim and submit a new claim.
3347	0609	No Payable Accommodation Code	Error code 3347 will typically post as a denial along with additional denial code(s). Providers must review their submitted claim and open the Adjudication Errors panel.
451	0452	No Crossover Coinsurance or Deductible Due	The provider will need to submit a new claim using the regular Fee-for-Service claim along with the Medicare denial reason. See Web Announcement 1776 for more information.

Error Code	EOB Code on Remittance Advice	Error Code Description	Resolution or Workaround
5010	5010	Exact Duplicate: Outpatient to Outpatient	This error indicates that a claim with the same information has already been submitted. Providers should review other claim submissions to determine if the claim has already been submitted. If a previous claim has been submitted and paid, the provider may have the option to adjust or void the previous claim.
3959	1178	No Reimb (Reimbursement) Rule for Rev (Revenue) Code	Review the claim for any additional adjudication errors and make any necessary changes. Also review the recipient's dates of eligibility and Benefit Plans. Verify the dates of service associated with the claim.
3340	3340	Service not Covered by NV Medicaid	Verify that the code being billed is a payable code by Nevada Medicaid. User should review the Search Fee Schedule for more information.
3001	0192	Prior Authorization not Found	Verify that a prior authorization request has been submitted and approved. Verify the correct authorization number has been placed on the claim. Provider will also need to verify that the Dates of Service (DOS) match the time span of an approved authorization and that those DOS match the dates billed on the claim. The provider will also need to verify that the authorization number corresponds with the correct National Provider Identifier (NPI) and recipient ID before resubmitting the claim.
1082	0092	Referring NPI (National Provider Identifier) cannot be the same as the Servicing NPI	Provider will need to review the claim to determine which NPI was duplicated and then resubmit the claim with the correct NPI listed.