



June 21, 2023

Nevada Medicaid Web Announcement 3098

Inpatient Claim Denials for Revenue Code on Prior Authorization Not Matching Revenue Code on the Claim

Inpatient claims that were previously reprocessed and denied in error with error codes 3000 (Units exceed authorized units on prior auth) or 3001 (Prior authorization not found) when the revenue code on the prior authorization did not match the revenue code on the claim have been reprocessed again automatically. The impacted claims were received by Nevada Medicaid prior to November 21, 2022, were reprocessed on or after November 21, 2022, and had dates of service prior to November 21, 2022.

Impacted provider types are:

- 11 (Hospital, Inpatient)
- 13 (Psychiatric Hospital, Inpatient)
- 56 (Inpatient Rehabilitation and Long Term Acute Care (LTAC) Specialty Hospitals)
- 63 (Residential Treatment Centers)
- 75 (Critical Access Hospital (CAH), Inpatient)

Results of the reprocessed claims appear on remittance advices dated June 16, 2023. 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.

Reminder: Providers are reminded that the revenue code must be an exact match on the claim and on the prior authorization for the claim to adjudicate correctly. See [Web Announcement 2943](#) for further details.