



August 10, 2023

Nevada Medicaid Web Announcement 3143

Claims Denied With Error Codes 4221 or 4223

Claims with the diagnosis codes listed below that processed on or after January 1, 2019, through May 15, 2023, and denied in error with error codes 4221 (Medical review for procedure coverage rule - deny) or 4223 (Medical review for procedure coverage rule) have been reprocessed automatically.

The impacted diagnosis codes are:

Diagnosis Code	Description
O16.3	Tuberculosis of other urinary organs, unspecified
O15.03	Eclampsia complicating pregnancy, third trimester
O23.91	Unspecified genitourinary tract infection in pregnancy, first trimester
O23.92	Unspecified genitourinary tract infection in pregnancy, second trimester
O23.93	Unspecified genitourinary tract infection in pregnancy, third trimester

The following provider types are impacted by the claim denials and reprocessing of claims:

Provider Type	Description
12	Hospital, Outpatient
17 specialty 181	Special Clinics – Federally Qualified Health Center
20	Physician, M.D., Osteopath, D.O.
43	Laboratory, Pathology Clinical

Results of the reprocessed claims appear on remittance advices dated August 11, 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.