November 21, 2023

Web Announcement 3221

Attention All Providers: Top 10 Claim Denial Reasons and Resolutions/Workarounds for October 2023 Professional Claims

The Division of Health Care Financing and Policy and the Nevada Medicaid fiscal agent have reviewed all claim submissions for the month of September 2023 and have compiled a list of the top 10 reasons for which professional 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
452	452	No Medicare Coinsurance, Deductible or Copay Due	Provider will need to verify the co-insurance, deductible or co-pay amount in the Medicare crossover details fields. See the Submitting Secondary Claims to Nevada Medicaid Training Video for more billing information when Third-Party Liability (TPL) is present.
4021	0698	No CVG (Coverage) Rule for Procedure	Provider should verify that the code being billed is a payable code by Nevada Medicaid for the specific dates of service. Review the Search Fee Schedule for more information.
2502	2590	Client Covered by Medicare B	The recipient has Medicare Part B. Charges must be billed to Medicare before billing Nevada Medicaid. Complete the Medicare payment information fields on the claim and retain a copy of the explanation of benefits. For more information on submitting claims, please review the Electronic Verification System (EVS) User Manual Chapter 3: Claims.
3340	3340	Service not covered by NV Medicaid	Provider should verify that the code being billed is a payable code by Nevada Medicaid for the specific dates of service. Review the Search Fee Schedule for more information.
2003	3006	Client ineligible on DTL DOS (detail level date of service)	Provider will need to verify that the recipient is eligible for the dates of service and has the appropriate Benefit Plan. This may be completed in the Electronic Verification System (EVS) by reviewing the Member Eligibility tab, or by utilizing Gabby™ by calling the Customer Service Center at (877) 638-3472 or the Automated Response System (ARS) at (800) 942-6511.

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. Provider will need to verify that the NDC is a payable and covered code. Providers may reach out to the Pharmacy Benefits Manager at: (800)-695-5526 or visit https://nevadamedicaid.magellanrx.com/home
1974	0030	OPR (Ordering, Prescribing, Referring) Prov not Enrolled	OPR provider may need to submit an enrollment application to Nevada Medicaid via the Online Provider Enrollment (OPE) tool. For a list of provider types that require the OPR to be listed on the claim, refer to Web Announcement 2832. Visit the Provider Enrollment webpage for more information.
1009	1009	Contract Could not be Determined	Review the provider's contract dates to verify the provider is contracted with Nevada Medicaid for dates in question. Provider may need to submit a new enrollment application to Nevada Medicaid via the OPE tool to be able to bill for dates of service. Visit the Provider Enrollment webpage for more information.
1010	3110	Rendering Prov not Member of Billing Prov Group	Provider should ensure that the rendering provider is enrolled with Nevada Medicaid for the dates of service as well as verify linkage information to determine if the rendering provider was linked to the Group at the time the service was rendered. Providers should login to EVS and access their "Affiliated Providers" page to see current linkage information. See Web Announcement 2982 for more information. If the rendering National Provider Identifier (NPI) is not linked, the provider should submit an update requesting linkage.
1047	0205	Provider Terminated – DTL Performing	Providers should ensure that the performing NPI is enrolled with Nevada Medicaid for the dates of service. Providers should check their status via the OPE tool. If not contracted, the provider will need to submit a new application to Nevada Medicaid. Visit the Provider Enrollment webpage for more information.