

# Nevada Medicaid and Nevada Check Up News



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## Quarterly Update on Claims Paid

Nevada Medicaid and Nevada Check Up paid out to providers \$1,250,742,471.00 in claims during the three-month period of July, August and September 2022. Nearly 100 percent of current claims continue to be adjudicated within 30 days. Thank you for participating in Nevada Medicaid and Nevada Check Up.

## Novel Coronavirus (COVID-19) Public Health Emergency Information and Unwind Updates

Providers are reminded that multiple resources offer current information regarding the Novel Coronavirus (COVID-19) Public Health Emergency, as well as **updates regarding the unwinding of the Public Health Emergency when an end date is determined.**

- The Division of Health Care Financing and Policy (DHCFP) has posted the Nevada Medicaid COVID-19 Public Health Emergency Operational Unwinding Plan on the DHCFP Novel Coronavirus (COVID-19) website: <https://dhcfp.nv.gov/covid19/>. The Unwinding Plan documents the activities necessary to unwind the system, programs, policies and process changes that were implemented in response to COVID-19. The Unwinding Plan serves as a reference document for stakeholders interested in Nevada's plan to return to normal Medicaid operations when the Public Health Emergency ends.
- Multiple web announcements have been posted on the provider website at <https://www.medicaid.nv.gov> regarding COVID-19 vaccine codes and vaccine administration codes, as well as information in preparation for the unwinding of the Public Health Emergency. Providers may view all COVID-19 related web announcements by selecting the "COVID-19" category from the drop-down list on the Announcements/Newsletters webpage. The full list of COVID-related announcements will appear for providers to review.
- The COVID-19 General Billing Guide contains details that include covered services and billing information. All Nevada Medicaid Fee-for-Service billing guides, including the COVID-19 General Billing Guide, can be found on the Providers/Claims Billing Information webpage at: <https://www.medicaid.nv.gov/providers/BillingInfo.aspx>. The COVID-19 Billing Guides section is located at the top of the webpage.
- The Division of Health Care Financing and Policy (DHCFP) webpage at <http://dhcfp.nv.gov/covid19/> answers frequently asked questions and shares information and resources pertaining to the status of COVID-19 and its impact on Nevada Medicaid recipients and providers. The webpage provides useful links for recipients and providers.
- A Member Outreach page provides resources related to COVID-19 that providers and partners can distribute to members. The Member Outreach page is available at: <https://dhcfp.nv.gov/Pgms/CPT/COVID-19/MemberOutreach/>
- In addition to all of the resources listed above, providers and recipients may sign up to receive emails direct from Nevada Medicaid. ListServes are available for members and providers [here](#).

**Prior Authorization Reminder:**

## Form FA-29 Required to Report Change in Recipient’s Prior Authorized End Date of Services

Providers are required to submit the [Prior Authorization Data Correction Form \(FA-29\)](#) to notify Nevada Medicaid when a change has been made to the recipient’s actual end date of services when services required a prior authorization.

Please note that if form FA-29 is not submitted with a corrected end date, the recipient may not be eligible for other needed services.

## Recipient Names on Nevada Medicaid ID Cards

Providers are advised that some Nevada Medicaid ID cards issued to recipients may not capture the recipient’s full name due to space limitations on the ID cards. Names that exceed the space limitation may display on the card as cut off or the first, middle and last names may overlap.

Effective on and after November 21, 2022, ID cards issued to new Medicaid recipients may not display the following information to ensure the recipient’s first and last names are correct and legible on the card:

- middle name
- middle initial and/or suffix
- hyphens, spaces or apostrophes in a first or last name

In addition, only the first letter of the recipient’s first name may display, if necessary, due to space limitations.

## Instructor-Led Provider Training Sessions Scheduled Each Month in 2023

All providers, delegates and/or staff are invited to attend one or more of the instructor-led virtual training sessions that are presented each month throughout the year. Web announcements listing the sessions are published on the [Provider Training](#) webpage in the Training Announcements section. The sessions are also listed on the website [Calendar](#).

The training options scheduled for January 2023 are listed below. Visit the [Provider Training Registration Website](#) to register for one or more of the following sessions.

Workshop	Day	Date	Time*
New Provider Orientation	Thursday	January 5, 2023	10 a.m. to 11:30 a.m.
Claim Appeals, Voids and Adjustments Training	Tuesday	January 10, 2023	1 p.m. to 2 p.m.
Enrollment Overview for Groups	Thursday	January 12, 2023	10 a.m. to noon
Outpatient Behavioral Health Workshop	Wednesday	January 18, 2023	9 a.m. to 11 a.m.
Residential Treatment Center (RTC) Provider Workshop (provider type 63)	Tuesday	January 24, 2023	10 a.m. to noon
Dental Provider Workshop (provider type 22)	Thursday	January 26, 2023	9 a.m. to 11 a.m.

\*All times indicated are Pacific Time (PT).

## Top Claim Denial Reasons and Corresponding Resolutions/Workarounds

The Division of Health Care Financing and Policy and the Nevada Medicaid fiscal agent review claim submissions to monitor the common reasons for which claims are currently denying. The table below lists the top error codes that providers have been receiving recently for their denied claims. For each error code, the table also lists the corresponding 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 submit a new claim using the regular Fee-for-Service claim along with the Medicare denial reason. See the <a href="#">Submitting Secondary Claims to Nevada Medicaid Training Video</a> for more billing information when Third-Party Liability (TPL) is present.
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 <a href="#">Electronic Verification System (EVS)</a> by reviewing the Member Eligibility tab or by utilizing the Automated Response System (ARS) at 800-942-6511.
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 <a href="#">Search Fee Schedule</a> for more information.
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 <a href="https://nevadamedicaid.magellanrx.com/home">https://nevadamedicaid.magellanrx.com/home</a>
1974	0030	OPR (Ordering, Prescribing, Referring) Prov not Enrolled	OPR provider may need to submit enrollment application to Nevada Medicaid via the <a href="#">Online Provider Enrollment (OPE) tool</a> . Visit the <a href="#">Provider Enrollment</a> webpage for more information.
1009	1009	Contract Could not be Determined	Review provider contract dates to verify provider is contracted with Nevada Medicaid for dates in question. Provider may need to submit a new enrollment application to Nevada Medicaid via the <a href="#">OPE tool</a> to bill for dates of service. Visit the <a href="#">Provider Enrollment</a> webpage for more information.
2017	0038	Client Services Covered by HMO Plan	Provider will need to submit the claim to the appropriate Nevada Medicaid HMO/Managed Care Organization (MCO) for processing. Provider may find out which MCO the recipient belongs to by viewing the Member Eligibility tab in <a href="#">EVS</a> or utilizing the ARS at (800) 942-6511.
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 <a href="#">Search Fee Schedule</a> for more information.
676	841	DOS Exceeds Timely Filing Edit	For in-state providers, to be considered timely, claims must be received by the fiscal agent within 180 days from the date of service or the date of eligibility decision, whichever is later. For out-of-state providers or when a third-party resource exists, the timely filing period is 365 days. Please review the <a href="#">Billing Manual</a> for more information.

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### Top Claim Denial Reasons

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Error Code	EOB Code on Remittance Advice	Error Code Description	Resolution or Workaround
3001	0192	Prior Authorization not Found	Provider is advised to proceed with the following steps: <ul style="list-style-type: none"> <li>• Verify that the prior authorization request has been submitted and approved.</li> <li>• Verify the correct authorization number has been placed on the claim.</li> <li>• Verify that the Dates of Service (DOS) match the time span of the approved authorization and that those DOS match the dates billed on the claim.</li> <li>• Verify that the authorization number corresponds with the correct National Provider Identifier (NPI) and recipient ID before resubmitting the claim.</li> </ul>
4801	116	No billing rule for procedure	If no active billing rules exist for the procedure, provider should verify that the code being billed is a payable code by Nevada Medicaid for the specific dates of service. Review the <a href="#">Search Fee Schedule</a> for more information.

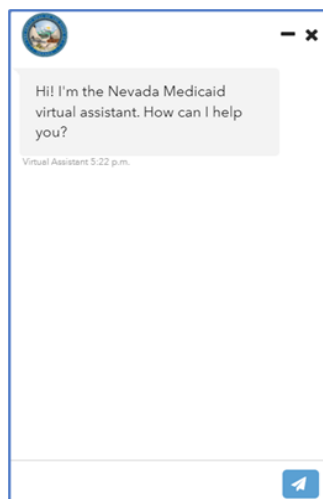
### Remember to Use Chatbot Self-Service Option to Get Answers to Frequently Asked Questions

Providers are reminded that the Chatbot tool on the Nevada Medicaid website provides a self-service option to answering frequently asked questions. The Chatbot icon is located in the lower right-hand corner of each page of the public and secure webpages of the [website](#).

1. When you click on the following icon:



2. The following box will open:



3. Type your question into the field next to the white paper airplane in the blue box, and click on the paper airplane. The system will automatically respond with an answer to your question.

Generic answers to topic questions include call center hours, location of web announcements, provider training, provider enrollment and revalidation, prior authorizations, online provider tools with links, and claim status, etc.

### Contact Information

If you have a question concerning the manner in which a claim was adjudicated, please contact the Nevada Medicaid Provider Customer Service Center by calling (877) 638-3472, press Option 2 for providers, then Option 0 and then Option 2 for claim status. If you have a question regarding prior authorizations, please call (800) 525-2395.

If you have a question about Medicaid Service Policy, you can go to the DHCFP website at <http://dhcfp.nv.gov>. Select "Resources" and then select "Telephone Directory" for the telephone number of the Administration Office you would like to contact.