

Nevada Medicaid and Nevada Check Up News



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Inside This Issue:

- 2 [Instructor-Led and Self-Paced Provider Training Opportunities](#)
- 2 [“Affiliated Providers” Feature Added to Electronic Verification System/Provider Web Portal](#)
- 3 [Language Translation Option Added to the Public Webpages of Nevada Medicaid Website](#)
- 3 [Contact Information](#)
- 4 [Top Denial Reasons and Corresponding Resolutions/Workarounds for Professional Claims](#)

Quarterly Update on Claims Paid

Nevada Medicaid and Nevada Check Up paid out to providers \$1,214,991,454.04 in claims during the three-month period of October, November and December 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.

COVID-19 UNWIND:

Providers Asked to Share Resources With Medicaid Recipients Regarding Staying Up To Date on Insurance Coverage

Health facilities that accept Nevada Medicaid are encouraged to help Medicaid recipients/members keep their insurance by sending messages to them about important issues such as renewal letters. Online resources are available to assist providers with this outreach, such as the [toolkit linked here](#).

Individuals or families that currently have health insurance through Nevada Medicaid or the Children’s Health Insurance Program (CHIP) need to be on the lookout for a renewal letter in the mail from the Division of Welfare and Supportive Services (DWSS). Eligibility renewal packets will be mailed to recipients beginning April 1, 2023. The renewal letter may request more information to determine if the individual or their family member(s) still qualify for Medicaid or CHIP. A renewal form may be included in the packet.

To ensure they receive this critical piece of mail, these individuals must make sure their address, email and phone number are up to date with the DWSS. Members can use the [UpdateMyAddress](#) website and medical facilities may share and post the [UpdateMyAddress flyer](#) that lists all the ways members can update their address.

Medicaid members with concerns and requests can be directed to the following resources to obtain information:

1. Go paperless by creating an account at [AccessNevada](#) (PIN Required).
2. Call 1-800-992-0900 for questions about Medicaid.
3. Find affordable health insurance with [Nevada Health Link](#) if they do not qualify for Medicaid.
4. Receive important Medicaid messages via: [NVMedicaid App](#)

For more information, Medicaid members may visit the [Medicaid Member’s website](#).

Instructor-Led and Self-Paced Provider Training Opportunities

The Division of Health Care Financing and Policy and the Nevada Medicaid Provider Training team are committed to helping providers understand Medicaid policy, claims submission, the enrollment process, authorization submission, and other processes to ensure successful interaction with the Nevada Medicaid program.

With these priorities in mind, Nevada Medicaid offers opportunities to increase your knowledge throughout the year in a variety of formats and times, including instructor-led virtual training, self-paced instructional videos, and reference documents such as Frequently Asked Questions (FAQs) and Tip Sheets.

- All providers, delegates and/or staff are invited to attend one or more of the instructor-led virtual training sessions. 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](#). Registration is required to attend the scheduled instructor-led training sessions. To register, simply select the [Provider Training Registration Website](#) link, select the training session of your choice, complete the required information and submit.

If you have difficulty registering, please send an email to the Provider Services Field Representative Team at NevadaProviderTraining@gainwelltechnologies.com. Please include your name, contact information, and the workshop you are attempting to register to attend. A Field Representative will contact you to assist with the registration process.

- Self-paced training videos are available on the [Nevada Medicaid YouTube® Training Channel](#). The link to the channel is available on the Provider Training webpage under “Self-Paced Training” and is also listed as “Self-Paced Training Videos” under “Featured Links” on the left side of each webpage of the Nevada Medicaid website. Video topics include provider enrollment processes and submitting secondary claims.
- FAQs and Tip Sheets posted on the [Provider Training](#) webpage provide details on topics including prior authorization, claim submission, and Ordering, Prescribing and Referring Provider Enrollment.

In addition to the training opportunities and references listed above, Provider Services Field Representatives are available to assist when you have questions, concerns or additional training needs. Field Representatives cannot tell you how to bill your claims or specific details to enter into enrollments and authorization requests, but can assist in identifying the causes to issues you are facing in these areas and help provide direction to resources. Please do not hesitate to reach out to your Field Representative as the need arises. If you are unsure who your representative is, please review the [Provider Relations Field Service Representative Team Territories](#).

“Affiliated Providers” Feature Added to Electronic Verification System/Provider Web Portal

A new feature is available in the Electronic Verification System (EVS)/Provider Web Portal that allows providers to view all of the providers with which they are affiliated. Providers are encouraged to use this new tool to view their linkages and verify the information is accurate on a regular basis as linkages may change.

To access this new feature, login to the EVS/Provider Web Portal and click the link labeled “Affiliated Providers” on the My Home page under the Resources tab.

Once the new Affiliated Providers page is opened, providers may filter the affiliations that are displayed using the Status drop-down options on the page to view active, inactive (less than two years) or all affiliations.

Providers may search for a specific provider by entering the provider’s business name/last name, first name or National Provider Identifier (NPI) and clicking Search. The list of Affiliated Providers can be sorted by any column, except Address, by clicking on the appropriate column heading.

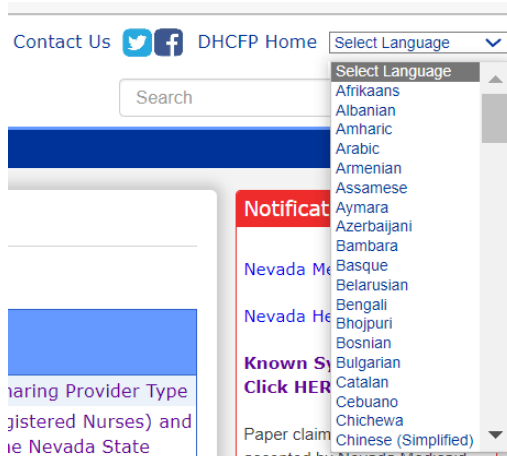
The screenshot to the right shows a sample Affiliated Providers page:

NPI	Provider Name	Provider Type	Address	Start Date	End Date	Status
12058	GONZALEZ, PETER	20-Physician, M.D., Osteopath, D.O.	2011 PINTO LANE STE 200, LAS VEGAS, NEVADA, 89106-4007	01/01/1998	12/31/2299	Active
12353	JEFFERSON, GEORGE H	20-Physician, M.D., Osteopath, D.O.	1111 SHADOW LN, LAS VEGAS, NEVADA, 89102-2314	01/01/2022	12/31/2299	Active
15280	FLOWER, DAISY	20-Physician, M.D., Osteopath, D.O.	595 W LAKE MEAD PKWY, HENDERSON, NEVADA, 89015-0000	01/01/2020	12/14/2022	Inactive
16795	WILLIAMS, JAMES	20-Physician, M.D., Osteopath, D.O.	1299 BERTHA HOWE AVE, MESQUITE, NEVADA, 89027-7500	02/01/2022	12/31/2299	Active

Language Translation Option Added to the Public Webpages of Nevada Medicaid Website

A new feature is available on the Nevada Medicaid website that allows providers to translate the text on the webpages from English to one of dozens of other languages of the provider’s choice.

To access this new feature, click the “Select Language” drop-down menu on the top right side of the webpage and select the desired language. Note that the language preference will need to be selected on each page visited. Only the text on the page will be translated.



To return to the original language, click on the button titled “Show original” on the top left side of the webpage.



Exit the translation menu by clicking the X on the top right of the translation menu.



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. 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 the “Resources” drop-down list, then select “Telephone Directory” and look for the telephone number of the Administration Office you would like to contact.

Top Denial Reasons and Corresponding Resolutions/Workarounds for Professional Claims

The Division of Health Care Financing and Policy and the Nevada Medicaid fiscal agent review claim submissions to monitor the common reasons for which the claims deny. The table below lists the top error codes that providers have been receiving recently for their denied professional 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 Submitting Secondary Claims to Nevada Medicaid Training Video 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 Electronic Verification System (EVS) 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 Search Fee Schedule 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 https://nevadamedicaid.magellanrx.com/home
1974	0030	OPR (Ordering, Prescribing, Referring) Prov not Enrolled	OPR provider may need to submit 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.
5035	5035	Exact Duplicate: Practitioner to Practitioner	Original claim submission was previously paid by Nevada Medicaid. Providers should review their previous remittance advices (RAs) to determine when the original claim was paid.
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 EVS 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 Search Fee Schedule for more information.

Continued on page 5

Top Professional Claim Denial Reasons

Continued from page 4

Error Code	EOB Code on Remittance Advice	Error Code Description	Resolution or Workaround
2502	2590	Client Covered by Medicare B	<p>The recipient has Medicare Part B. Charges must be billed to Medicare before billing Nevada Medicaid.</p> <p>Complete the Medicare payment information fields on the claim and retain a copy of the explanation of benefits.</p> <p>For more information on submitting claims, please review EVS Chapter 3: Claims.</p>
3001	0192	Prior Authorization not Found	<p>Provider is advised to proceed with the following steps:</p> <ul style="list-style-type: none"> • Verify that the prior authorization request has been submitted and approved. • Verify the correct authorization number has been placed on the claim. • 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. • Verify that the authorization number corresponds with the correct National Provider Identifier (NPI) and recipient ID before resubmitting the claim.
4801	116	No billing rule for procedure	<p>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.</p> <p>Review the Search Fee Schedule for more information.</p>