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Web Announcement 1941

Other Health Coverage (OHC) Non-covered Services Policy

Nevada Medicaid Services Manual (MSM) Chapter 100 Section 104.1 currently states:

After receiving payment or a denial letter from the OHC [Other Health Coverage provider], if the provider is submitting a paper claim, they must also submit the OHC's EOB [Explanation of Benefits], computer screen print-out or denial letter to the fiscal agent. All attached documents must reflect the name of the patient, date of service, service provided, the insurance company, the amounts billed, approved and paid.

It is not necessary to bill the OHC if it is known the specific service provided is not a covered benefit under the OHC policy. In this instance, the provider must note on the claim the date, phone number and name of the person from whom the coverage information on the insurance was obtained and submit the claim to the Medicaid fiscal agent for processing. If the recipient's OHC is Medicare and the service is not a covered Medicare service, the provider is not required to contact Medicare.

The MSM is in the process of being updated to provide further clarification concerning the OHC non-covered services policy. Until the update is completed, providers billing for services that are not billed to the OHC, as it is known the service is non-covered, should be billing the services as follows to Nevada Medicaid:

- For Institutional claims where the primary carrier is a commercial insurance: Include the claim adjustment reason code OA 204 to indicate non-covered services, carrier information, payment information and payment date at the header level.
- For Institutional claims where the primary carrier is Medicare: Submit the claim as a Fee-for-Service claim and include the claim adjustment reason code OA 204 to indicate non-covered services, carrier information, payment information and payment date at the header level.
- For Professional and Dental claims where the primary carrier is a commercial insurance: Include payment information, payment date and carrier information at the header level. Include the claim adjustment reason code OA 204 for each detail that is considered non-covered.
- For Professional claims where the primary carrier is Medicare: Submit the claim as a Fee-for-Service claim and include payment information, payment date and carrier information at the header level. Include the claim adjustment reason code OA 204 for each detail that is considered non-covered.

The information concerning the non-coverage received from the OHC should be maintained in the recipient's records to support the non-coverage for documentation purposes.