



February 4, 2020

Web Announcement 2093

Attention Provider Type 33 (Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)):

Update and Resolution Regarding Ordering Provider Information on Claims

Beginning February 1, 2019, some claims for provider type 33 (Durable Medical Equipment, Prosthetics, Orthotics and Disposable Medical Supplies) started denying incorrectly with error codes 1974 (Ordering, Prescribing, Referring [OPR] provider not enrolled) and/or error code 1022 (Referring National Provider Identifier [NPI] required) when the ordering NPI was entered appropriately with the "DK" (ordering) qualifier. The issue was resolved on September 4, 2019, with updates to the Provider Web Portal. Fields have been added in the Provider Web Portal under "Service Details" labeled "Referring/Ordering Provider ID."

Effective August 5, 2019, updates were made to the Medicaid Management Information System (MMIS) to add new error codes specifically for the ordering provider, which caused some claims to be denied incorrectly for error code 1062 (Ordering NPI required). On September 3, 2019, the new error codes were removed from the system and Nevada Medicaid reprocessed impacted claims that had denied with error code 1062.

On October 7, 2019, updates were again made to the MMIS to allow PT 33 providers to submit DME claims with the ordering provider instead of a referring provider. Effective November 19, 2019, error codes 1062 (Ordering NPI required) and 1063 (Ordering provider NPI required and not valid) were placed back into the MMIS. The result of this change is claims are being denied correctly for one of the error codes if the claim does not have a valid ordering provider.

In order to resolve the ordering provider claim issues, Nevada Medicaid has automatically reprocessed the following three groups of claims:

- PT 33 claims submitted between January 1, 2019, and October 7, 2019, with an ordering provider that were incorrectly denied with error codes 1022 and 1974 were reprocessed in January 2020. Results of the reprocessed claims appeared on the remittance advice dated January 24, 2020.
- PT 33 claims submitted between August 5, 2019, and September 3, 2019, with an ordering provider that were incorrectly denied with error code 1062 were reprocessed in September 2019. Results of the reprocessed claims appeared on the remittance advice dated September 13, 2019.
- PT 33 claims submitted between September 3, 2019, and November 18, 2019, that did not have an ordering provider, but the claims paid, are currently being reprocessed. Results of the reprocessed claims will appear on the remittance advice dated February 7, 2020. These claims will be denied with either error code 1062 and/or error code 1063.

Please note: 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.