



May 12, 2020

Announcement 2193

Attention All Providers: Top 10 Claim Denial Reasons and Resolutions/Workarounds for April 2020 Claims

The Division of Health Care Financing and Policy and the Nevada Medicaid fiscal agent have reviewed all claim submissions for the month of April 2020 and have compiled a list of the top 10 reasons for which 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 description and instructions to providers on how to resolve the claim denials.

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. NDC information can be located at: https://www.medicaid.nv.gov/providers/ndc.aspx Providers may also reach out to the Pharmacy Benefits Manager at: 866-244-8554 (Pharmacy Help Desk).
2533	2533	No Medicare Coverage on File for Recipient	This error will only set when a provider attempts to submit a Medicare crossover claim and the recipient does not have Medicare coverage. Providers should review the recipient's benefit coverages and Third-Party Liability/Other Health Coverage (TPL/OHC) coverages before submitting a claim. If there is no Medicare coverage, do not submit claim as a crossover. If there is a discrepancy regarding the recipient's Medicare Coverage, please reach out to: TPL@dhcp.nv.gov
3347	0609	No Payable Accommodation Code	Error code 3347 will typically post as a denial along with additional denial code(s). Providers must review their submitted claim and open the Adjudication Errors panel.
1070	1464	Procedure Missing on Outpatient Claim	Provider must enter a valid procedure code on the detail level of the claim and submit a new claim.

Error Code	EOB Code on Remittance Advice	Error Code Description	Resolution or Workaround
451	0452	No Crossover Coinsurance or Deductible 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 provider training presentation for more billing information when TPL is present.
4801	0116	No Billing Rule for Procedure	Verify that the code being billed is a payable code by Nevada Medicaid. User should review the Search Fee Schedule for more information.
3959	1178	No Reimb (Reimbursement) Rule for Rev (Revenue) Code	Review the claim for any additional adjudication errors and make any necessary changes. Also review the recipient's dates of eligibility and Benefit Plans. Verify the dates of service associated with the claim.
1011	1011	Contract could not be determined - HDR (header level)	Providers must verify that the National Provider Identifier (NPI) being listed is under contract with Nevada Medicaid for the dates of service indicated on the claim.
708	0039	HCPCS Procedure Requires a Valid NDC	Verify that the Healthcare Common Procedure Coding System (HCPCS) code is accompanied by a valid and payable NDC.
400	1830	Detail Units of Service must be Greater than Zero	Verify that the service line details in the header match the information that is populated in the service line.