



October 23, 2020

Web Announcement 2339

## **Update Regarding Claims with Drug Details Submitted for Emergency Services Only (EMO) Benefit Recipients**

Update to [Web Announcement 2205](#): Nevada Medicaid identified some claims in which the drug details paid erroneously for recipients who have the Emergency Services Only (EMO) benefit plan. Claims billed with a revenue code and a National Drug Code (NDC) improperly paid for the drug details and denied for non-drug, non-emergency services. All details of these claims should have denied as the recipient did not meet the emergent criteria.

The impacted claims processed on or after February 1, 2019, through May 4, 2020, that paid the drug details and were determined to be non-emergent have been reprocessed for payment recoupment. Results of the reprocessed claims appear on remittance advices dated October 16, 2020.

Providers have the right to appeal denied or recouped claims, including those denied or recouped upon reprocessing. Please refer to [Medicaid Services Manual Chapter 100](#) and the [Billing Manual](#) for information concerning the claim appeal process and time frames.