March 2, 2023

Web Announcement 3023

Attention All Providers: Top 10 Claim Denial Reasons and Resolutions/Workarounds for January 2023 Professional Claims

The Division of Health Care Financing and Policy and the Nevada Medicaid fiscal agent have reviewed all claim submissions for the month of January 2023 and have compiled a list of the top 10 reasons for which professional 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 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

Error Code	EOB Code on Remittance Advice	Error Code Description	Resolution or Workaround
1974	0030	OPR (Ordering, Prescribing, Referring) Prov not Enrolled	OPR provider may need to submit an 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.
2502	2590	Client Covered by Medicare B	The recipient has Medicare Part B. Charges must be billed to Medicare before billing Nevada Medicaid. Complete the Medicare payment information fields on the claim and retain a copy of the explanation of benefits. For more information on submitting claims, please review EVS Chapter 3: Claims.
3001	0192	Prior Authorization not Found	Provider is advised to proceed with the following steps: • 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.