

June 16, 2025 Nevada Medicaid Web Announcement 3651

## Attention All Providers: Top Claim Denial Reasons and Resolutions/Workarounds for May 2025 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 May 2025 and have compiled a list of the top reasons for which professional claims have denied. The table below lists the top 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	Providers will need to verify the co-insurance, deductible, or co-pay amount in the Medicare crossover details fields.  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)	Providers 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 Provider Web Portal (PWP) by reviewing the Member Eligibility tab, or by utilizing Gabby™ by calling the Customer Service Center at (877) 638-3472 or the Automated Response System (ARS) at (800) 942-6511.
1010	3110	Rendering Prov not Member of Billing Prov Group	Providers should ensure that the rendering provider is enrolled with Nevada Medicaid for the dates of service as well as verify linkage information to determine if the rendering provider was linked to the group at the time the service was rendered.  Providers should log in to the PWP and access their "Affiliated Providers" page to see current linkage information.  See Web Announcement 2982 for more information.  If the rendering National Provider Identifier (NPI) is not linked, the provider should submit an update requesting linkage.
4021	0698	No CVG (Coverage) Rule for Procedure	Providers 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.
1009	1009	Contract Could not be Determined	Review billing provider contract dates to verify provider is contracted with Nevada Medicaid for the dates of service listed on the claim. Provider may need to submit a new enrollment application to Nevada Medicaid via the Online Provider  Enrollment (OPE) Tool to be able to bill for dates of service. Visit the Provider Enrollment webpage for more information.

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Error Code	EOB Code on Remittance Advice	Error Code Description	Resolution or Workaround
1047	0205	Provider Terminated – DTL Performing	Providers should ensure that the performing National Provider Identifier (NPI) is enrolled with Nevada Medicaid for the dates of service. Providers should check their enrollment status via the <a href="OPE">OPE</a> tool. If not contracted, you will need to submit a new application to Nevada.
5035	5035	Exact Duplicate: Practitioner to Practitioner	Claim is an exact duplicate of a previously paid claim. Providers will need to review claim history and submit an adjustment or void the claim if changes are needed. This may be completed in the <a href="PWP">PWP</a> .  Please review the <a href="PWP User Manual Chapter 3">PWP User Manual Chapter 3</a> : Claims and for further instruction.
3340	3340	Service not covered by NV Medicaid	Providers 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.
3400	3400	Medicaid Cannot Pay for Vaccines Available Through VFC	Providers should verify that the recipient is between ages 0 and 18 at the time of service.  Vaccines are covered for recipients within this age range by the Vaccines for Children (VFC) Program. For more information about the program, eligibility requirements, and provider requirements, please visit VFC Program.