

# Nevada Medicaid and Nevada Check Up News



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## **Quarterly Update on Claims Paid**

Nevada Medicaid and Nevada Check Up paid out to providers \$1,032,083,374.03 in claims during the three-month period of April, May and June 2020. Nearly 100 percent of current claims continue to be adjudicated within 30 days.

Thank you for participating in Nevada Medicaid and Nevada Check Up.

## **Reminder for Providers to Review Resources for Novel Coronavirus (COVID-19) Information and Instructions**

Multiple resources, including webpages, web announcements and billing guides, have been created to offer information and instructions regarding the Novel Coronavirus (COVID-19) public health emergency for Nevada Medicaid providers.

- The Division of Health Care Financing and Policy (DHCFP) created a Novel Coronavirus (COVID-19) webpage at <http://dhcfp.nv.gov/covid19/> to answer frequently asked questions (FAQs) and to share information and resources pertaining to the current status of COVID-19 and its impact on Nevada Medicaid recipients and providers.

The webpage provides the Nevada Medicaid Response to the Novel Coronavirus (COVID-19), as well as useful links for recipients and providers. The Recipients section contains links to English and Spanish FAQs, guidance for those being monitored and links to Nevada's Managed Care Organization (MCO) websites. The Providers section includes links to a Healthcare Planning Checklist and Telehealth guidelines. The Nevada Links section provides links to health agencies. The Federal Resource Links section provides access to the Centers for Disease Control and Prevention (CDC), the Centers for Medicare & Medicaid Services (CMS) and Medicaid.gov.

- Multiple web announcements have been posted on the provider website at <https://www.medicaid.nv.gov> to keep providers informed during the COVID-19 pandemic. Providers may view all related web announcements by selecting the "COVID-19" category from the dropdown list on the Announcements/Newsletters page. The full list of published announcements will appear for providers to review.
- The Division of Health Care Financing and Policy (DHCFP) has developed two Nevada Medicaid billing guides for Novel Coronavirus (COVID-19): 1) COVID-19 General Billing Guide and 2) COVID-19 Community-Based Testing Billing Guide. Please review these billing guides regularly as they are updated as more information is approved by the Centers for Medicare & Medicaid Services (CMS).

All Nevada Medicaid Fee-for-Service billing guides, including the two related to COVID-19, can be found on the Providers Billing Information webpage at: <https://www.medicaid.nv.gov/providers/BillingInfo.aspx>. The COVID-19 Billing Guides section is located at the top of the webpage.

# Recent Enhancements to Provider Web Portal Functions

The following enhancements have been made to functions that providers use on the Provider Web Portal:

### ***Search Fee Schedule Application Enhanced for Codes that Require Multiple Modifiers for Payment***



The Search Fee Schedule application in the Provider Web Portal now returns results that include multiple modifiers on a single row. This enhancement assists providers such as provider type 33 (Durable Medical Equipment (DME), Disposable, Prosthetics) when searching for rates as the reimbursement rate for some DME codes is dependent on using multiple modifiers.

### ***Provider Web Portal Access for Inactive Providers***

Inactive providers may now access the Provider Web Portal if they meet the following requirements: Providers are allowed to register for Provider Web Portal access as long as they have at least one active provider type, or the provider's inactive date with Nevada Medicaid is less than 365 days from the date of registration.

### ***Revalidation Due Date and License Number/Effective Dates Automatically Populate***

To assist providers/delegates with noticing when their revalidation due date is nearing, the revalidation due date and the license number and effective dates for the provider that the delegate is signed in under will populate under the Provider section in the Electronic Verification System (EVS) and under Provider Locations in the Online Provider Enrollment tool. The data is listed under Provider on the My Home page when the provider/delegate logs in to EVS. In EVS a color-coded alert will display next to the revalidation date when the revalidation date is within 180 days.

A yellow alert  will appear when the revalidation date is within 180 to 91 days. A red alert  will appear when the revalidation date is within 90 to 1 day(s).

Providers who have multiple service locations may click on the Revalidation-Update Provider link to view the Locations webpage, which will list the revalidation due dates and license numbers/effective dates for each service location.

For additional details and instructions, review the [EVS User Manual Chapter 1 \(Getting Started\)](#) and the [Online Provider Enrollment User Manual Chapter 3 \(Revalidation and Updates\)](#).

### ***Online Provider Enrollment Application Begins Collecting Drug Enforcement Administration (DEA) Information***

The Online Provider Enrollment application now collects effective and end dates for the provider's Drug Enforcement Administration (DEA) number, if applicable.

The DEA Number, Effective Date and End Date are always required for Pharmacy providers (provider type 28). All other provider types will need to answer the question: "Do you have a DEA Number to Prescribe, Dispense, Administer, or Procure Controlled Substances?" If the answer is "Yes," the DEA Number, Effective Date and End Date will be required fields in the application.

### ***Certified Laboratory Improvement Amendments (CLIA) Number Required on Provider Type 43 (Laboratory, Pathology Clinical) Group Enrollment Applications***

Online Provider Enrollment applications now require a Certified Laboratory Improvement Amendments (CLIA) Number, Effective Date and End Date **only** for Group Enrollments (Group and Urgent/Emergency Group) with a provider type of 43 (Laboratory, Pathology Clinical). The CLIA Number, Effective Date and End Date will be visible for all other enrollment type/provider type combinations, except for Ordering, Prescribing, Referring (OPR) enrollment type/provider types. The fields will not be displayed for OPR enrollment type/provider types.

When the CLIA fields are optional and the provider chooses to enter data into any of the fields, all fields will then become required.

## Contact Information

If you have a question concerning the manner in which a claim was adjudicated, please contact the Nevada Medicaid Provider Customer Service Center by calling (877) 638-3472, press Option 2 for providers, then Option 0 and then Option 2 for claim status. If you have a question regarding prior authorizations, please call (800) 525-2395.

If you have a question about Medicaid Service Policy, you can go to the DHCFP website at <http://dhcftp.nv.gov>. Select "Resources" and then select "Telephone Directory" for the telephone number of the Administration Office you would like to contact.

## Review Claim Denial Reasons and Resolutions/Workarounds to Assist with Correct Claim Submission

The Division of Health Care Financing and Policy and the Nevada Medicaid fiscal agent review all claim submissions and have compiled a list of the top reasons for which claims have denied in the months of June, July and August 2020. The table below lists the 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
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: <a href="https://www.medicaid.nv.gov/providers/ndc.aspx">https://www.medicaid.nv.gov/providers/ndc.aspx</a>  Providers may also reach out to the Pharmacy Benefits Manager at: 866-244-8554 (Pharmacy Help Desk).
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.
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 <a href="#">Submitting Secondary Claims to Nevada Medicaid</a> provider training presentation for more billing information when Third-Party Liability (TPL) is present.
1070	1464	Procedure Missing on Outpatient Claim	Provider must enter a valid procedure code on the detail level of the claim and submit new claim.
4801	0116	No Billing Rule for Procedure	Verify that the code being billed is a payable code by Nevada Medicaid.  User should review the <a href="#">Search Fee Schedule</a> 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	Providers must verify that the NPI being listed is under contract with Nevada Medicaid for the dates of service indicated on the claim.
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.

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### Claim Denial Reasons

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Error Code	EOB Code on Remittance Advice	Error Code Description	Resolution or Workaround
3340	3340	Service not Covered by NV Medicaid	Verify that the code being billed is a payable code by Nevada Medicaid. User should review the <a href="#">Search Fee Schedule</a> for more information.
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.
3001	0192	Prior Authorization not Found	Verify that a prior authorization request has been submitted and approved. Verify the correct authorization number has been placed on the claim. Provider will also need to verify that the Dates of Service (DOS) match the time span of an approved authorization and that those DOS match the dates billed on the claim. Provider will also need to verify that the authorization number corresponds with the correct NPI and recipient ID before resubmitting the claim.

### *Register for Upcoming Provider Training Sessions*

Providers are reminded to register to attend provider training sessions, which are offered on a regular basis. The [Provider Training](#) webpage has a Training Announcements section that lists all web announcements published regarding upcoming sessions and the website [Calendar](#) lists each session with a link to an announcement that describes the content of the training.

The following three sessions are open to all provider types:

- The **New Provider Orientation** virtual workshop is offered on a biweekly basis. This workshop includes a high-level overview of the Nevada Medicaid program, website navigation including locating billing information, forms and other helpful resources, getting started on the Electronic Verification System (EVS) and an overview of the EVS secure Provider Web Portal. New and current providers may attend.
- The **Reading a Remittance Advice** training session is held once each month. This training reviews the basics for viewing and reading a remittance advice.
- The **Claims Appeals, Adjustments and Voids** session held each month includes how to properly appeal a denied claim, adjust or void a previously paid claim and locate valuable resources on the Nevada Medicaid website.

Training sessions are also held for specific provider types to address the prior authorization, claims billing and policy of interest to those providers.

Please review the [Provider Training](#) webpage and the website [Calendar](#) for sessions of interest to you, and register soon.