

# 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 \$1,205,723,993.31 in claims during the three-month period of July, August and September 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.

## **Novel Coronavirus (COVID-19) Information and Instructions for Nevada Medicaid Providers**

Providers are reminded that multiple resources have been created to offer information and instructions regarding the Novel Coronavirus (COVID-19) public health emergency, including the following webpages and documents:

- 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 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 drop-down list on the Announcements/Newsletters page. The full list of COVID-related announcements will appear for providers to review.
- The Division of Health Care Financing and Policy (DHCFP) 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. These billing guides are updated on a regular basis as information is approved by CMS.

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

## Providers Can Manage Delegate/Trading Partner Access to Provider Web Portal Account

The Nevada Medicaid and Nevada Check Up Health Care Provider Web Portal (PWP) allows providers, or their delegates, the ability to perform various functions in a secure environment. Access requires log in to the Electronic Verification System (EVS) from the Provider Web Portal website at [www.medicaid.nv.gov](http://www.medicaid.nv.gov).

The PWP uses role-based security for delegate users. The admin user for the provider determines the level of access granted to their delegates by using role-based security when managing their account.

The admin user simply logs into the PWP and from the My Home tab clicks on “Manage Accounts” to see all delegates that are linked to their National Provider Identifier. Delegates or Trading Partners can be added or removed as needed.

Please refer to the “Granting access to a delegate” section in the [Electronic Verification System \(EVS\) User Manual Chapter 1](#) for instructions on adding or inactivating delegates, and selecting the functions each delegate can perform.

## Provider Training Sessions Being Scheduled for 2021

Providers are invited to attend the provider training sessions that are being scheduled throughout 2021. The Training Announcements section on the [Provider Training](#) webpage lists all web announcements published regarding upcoming sessions. The website [Calendar](#) lists each session with a link to the announcement that describes the content of the training.

The following five sessions are open to all provider types and are offered each month:

- The **New Provider Orientation** virtual 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 reviews the basics for viewing and reading a remittance advice.
- The **Claims Appeals, Adjustments and Voids** session includes how to properly appeal a denied claim, adjust or void a previously paid claim and locate valuable resources on the Nevada Medicaid website.
- The **Revalidation and Changes** session includes step-by-step instructions on how to properly fill out the Revalidation/Change applications located in the Electronic Verification System (EVS).
- The **Secondary Claims** training includes a high-level overview of how to submit Medicare crossover claims and claims with Third Party Liability (TPL).

Additional training sessions will be announced. Please review the [Provider Training](#) webpage and the website [Calendar](#) for dates and times of sessions of interest to you.

Register to attend training by using the following link: [2021 Provider Training Registration Website](#).

### 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.

## Claim Denial Reasons and Suggested Resolutions/Workarounds

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 September, October and November 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
451	0452	No Crossover Coin-surance 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.
708	0039	HCPCS Procedure Requires a Valid NDC	Provider must verify that the Healthcare Common Procedure Coding System (HCPCS) code is accompanied by a valid and payable National Drug Code (NDC).
897	0897	PAD (Physician Administered Drug) – Void Denial	Provider will need to review the claim to determine if the claim has already been voided.  This error code occurs when the Pharmacy Benefits Manager (PBM) recoups an entire claim that includes PAD services.  Providers are encouraged to resubmit the claim to Nevada Medicaid if the claim has been recouped by the PBM.
908	0908	PAD (Physician Administered Drug) Detail Denied by PBM (Pharmacy Benefits Manager)	The 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 is located at: <a href="https://www.medicaid.nv.gov/providers/ndc.aspx">https://www.medicaid.nv.gov/providers/ndc.aspx</a>  Provider may also reach out to the Pharmacy Benefits Manager at: 866-244-8554 (Pharmacy Help Desk).
1011	1011	Contract could not be determined – HDR (header level)	Provider 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.
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.
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
3001	0192	Prior Authorization not Found	<p>Provider will need to verify that a prior authorization request has been submitted and approved.</p> <p>Verify the correct authorization number has been placed on the claim.</p> <p>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.</p> <p>Provider will also need to verify that the authorization number corresponds with the correct NPI and recipient ID before resubmitting the claim.</p>
3340	3340	Service not Covered by NV Medicaid	<p>Provider should verify that the code being billed is a payable code by Nevada Medicaid.</p> <p>Review the <a href="#">Search Fee Schedule</a> for more information.</p>
3347	0609	No Payable Accommodation Code	<p>Error code 3347 will typically post as a denial along with additional denial code(s).</p> <p>Provider must review the submitted claim and open the Adjudication Errors panel.</p>
3959	1178	No Reimb (Reimbursement) Rule for Rev (Revenue) Code	<p>Provider must review the claim for any additional adjudication errors and make any necessary changes.</p> <p>Review the recipient's dates of eligibility and Benefit Plans.</p> <p>Verify the dates of service associated with the claim.</p>
4801	0116	No Billing Rule for Procedure	<p>Provider should verify that the code being billed is a payable code by Nevada Medicaid.</p> <p>Review the <a href="#">Search Fee Schedule</a> for more information.</p>

## Providers Must Report Changes to Medicaid Information

If your address changes or needs to be corrected or if your practitioner changes or any other pertinent information changes from what was presented on your enrollment/revalidation application or is reflected on your account in the Provider Web Portal, you are required to notify Nevada Medicaid within five working days. The changes apply if your Direct Supervisor, Clinical Supervisor or employer change, as well, depending on your provider type. Failure to report changes may result in termination of the Nevada Medicaid contract at the time of discovery.

Change in ownership, including but not limited to the removal, addition and/or substitution of a partner, must be reported within five working days by completing and submitting an initial enrollment application along with all required documentation.

Other changes must be reported by using the Provider Web Portal at <https://www.medicaid.nv.gov/hcp/provider/Home/tabid/135/Default.aspx>. After logging in, click on the "Revalidate – Update Provider" link under Provider Services. The Online Provider Enrollment User Manual Chapter 3 Revalidation and Updates on the Provider Enrollment webpage at <https://www.medicaid.nv.gov> provides instructions on navigating the Update Provider tool.

[Medicaid Services Manual \(MSM\) Chapter 100](#) Section 103.3.B provides additional examples of changes after enrollment that must be reported.