

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 \$1,127,132,195.73 in claims during the three-month period of October, November and December 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.

Resources for Novel Coronavirus (COVID-19) Public Health Emergency Information

As the Novel Coronavirus (COVID-19) public health emergency continues, providers are reminded that the Division of Health Care Financing and Policy (DHCFP) provides updated information as it pertains to Nevada Medicaid recipients.

Multiple resources have been created to offer current information and instructions, including the following webpages and documents:

- Multiple web announcements have been posted on the provider website at <https://www.medicaid.nv.gov> regarding topics such as COVID-19 testing/diagnosis and procedure codes and rates. [Web Announcement 2424](#) and [Web Announcement 2450](#) have links to informative flyers that providers are invited to share with their patients. Providers may view all COVID-19 related web announcements by selecting the "COVID-19" category from the drop-down list on the Announcements/Newsletters webpage. The full list of COVID-related announcements will appear for providers to review.
- Valuable information is also available in the two COVID-19 billing guides: 1) COVID-19 General Billing Guide and 2) COVID-19 Community-Based Testing & Vaccination Billing Guide. These two billing guides are updated on a regular basis as 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/Claims 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.

- The DHCFP has created a webpage at <http://dhcfnv.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 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.

Paper Remittance Advices Are No Longer Mailed to Providers

When the Division of Health Care Financing and Policy (DHCFP) implemented the modernized Medicaid Management Information System (MMIS) on February 1, 2019, all claims, claim appeals, prior authorizations and provider enrollment/revalidation applications were required to be submitted electronically. In continuing with the effort to achieve paperless processes, effective January 19, 2021, remittance advices (RA) are no longer mailed to providers.

Providers may access their remittance advices by using the following methods:

- Providers may opt to receive a Health Care Payment/Advice (835). The [Electronic Data Interchange \(EDI\) 835 Companion Guide](#) provides details regarding the Health Care Payment/Advice.
- Providers may view an electronic RA on the Provider Web Portal. [Electronic Verification System \(EVS\) Chapter 5](#) provides instructions for accessing RAs.

Register Now for Upcoming Provider Training Sessions

Providers are invited to attend the provider training sessions that are scheduled throughout 2021. The following five sessions are open to all provider types and are offered each month throughout the year:

- 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).

Additionally, **Audiology services** provider training sessions for provider types 23 (Hearing Aid Dispenser & Related Supplies) and 76 (Audiologist) are scheduled in April, May and June 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.

Register to attend provider 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.

Recent 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 December 2020, January 2021 and February 2021. 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 Coinsurance or Deductible Due	<p>Provider will need to submit a new claim using the regular Fee-for-Service claim along with the Medicare denial reason.</p> <p>See the Submitting Secondary Claims to Nevada Medicaid provider training presentation for more billing information when Third-Party Liability (TPL) is present.</p>
708	0039	HCPCS Procedure Requires a Valid NDC	<p>Provider must verify that the Healthcare Common Procedure Coding System (HCPCS) code is accompanied by a valid and payable National Drug Code (NDC).</p>
897	0897	PAD (Physician Administered Drug) – Void Denial	<p>Provider will need to review the claim to determine if the claim has already been voided.</p> <p>This error code occurs when the Pharmacy Benefits Manager (PBM) recoups an entire claim that includes PAD services.</p> <p>Providers are encouraged to resubmit the claim to Nevada Medicaid if the claim has been recouped by the PBM.</p>
908	0908	PAD (Physician Administered Drug) Detail Denied by PBM (Pharmacy Benefits Manager)	<p>The NDC on the Physician Administered Drug claim was denied by the Pharmacy Benefits Manager.</p> <p>Provider will need to verify that the NDC is a payable and covered code. NDC information is located at: https://www.medicaid.nv.gov/providers/ndc.aspx</p> <p>Provider may also reach out to the Pharmacy Benefits Manager at: 866-244-8554 (Pharmacy Help Desk).</p>
1011	1011	Contract could not be determined – HDR (header level)	<p>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.</p>
1070	1464	Procedure Missing on Outpatient Claim	<p>Provider must enter a valid procedure code on the detail level of the claim and submit a new claim.</p>
2003	3006	Client ineligible on DTL DOS (detail level date of service)	<p>Provider will need to verify that the recipient is eligible for the dates of service and has the appropriate Benefit Plan.</p> <p>This may be completed in the Electronic Verification System (EVS) by reviewing the Member Eligibility tab.</p>

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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 Search Fee Schedule 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 Search Fee Schedule for more information.</p>
4871	1521	Claim Type Restriction on Proc Billing Rule	<p>Provider must review the Procedure Code(s) listed on the claim to determine if the Procedure Code(s) being used are appropriate for that claim type.</p>
4874	0770	Claim Type Restriction on Rev Code Billing Rule	<p>Provider must review the Revenue Code(s) listed on the claim to determine if the Revenue Code(s) being used are appropriate for that claim type.</p>

CAPTCHA Program Implemented in Provider Web Portal

Effective February 16, 2021, Completely Automated Public Turing Test to Tell Computers and Humans Apart (CAPTCHA) verification was implemented on the Nevada Medicaid Provider Web Portal (PWP) Eligibility page. CAPTCHA is intended to prevent negative system impacts caused by excessive volumes of eligibility checks, and specifically the use of “scripting” to automate recipient eligibility verification.

CAPTCHA is initially deactivated for all PWP users. The verification program will only be activated when a National Provider Identifier (NPI) performs a large number of hourly eligibility transactions or is suspected of scripting. Once activated, CAPTCHA verification will display for all users associated to the NPI prior to the submission of each eligibility check.

Providers that need to perform large volumes of eligibility transactions per day are reminded that Nevada Medicaid offers Electronic Data Interchange (EDI) batch and real time 270/271 transactions. The [EDI 270/271 Companion Guide](#) provides details regarding these transactions.