Appendix A – Applied Behavior Analysis (ABA) Provider Type 85 Training
Common Denial Edits and Resolutions

Denial Edit Code	Description	Resolution
0091	Referring NPI is required and has not been submitted	Verify that the Referring Provider NPI is enrolled in Nevada Medicaid and include the NPI of the Ordering, Prescribing or Referring provider on the claim.
0092	Referring NPI cannot be the same as the servicing NPI	Verify that the NPI located in the Referring Provider field is not the same NPI located in the Service Provider field.
0093	Referring provider cannot be a group provider	Referring Provider must be an individual.
0102	Service limits exceeded, 1 unit per 180 days	Review Coverage and Limitations of procedure code to determine service limits.
0114	Service limits exceeded, 1 unit per calendar month	Review Coverage and Limitations of procedure code to determine service limits.
0132	Required to bill with other procedure	Verify that the first code used on the claim form is based on the "initial 30 minutes" and that each code used after is based on the "additional time" (Example: 0364T should be used first as this is for the first 30 minutes and 0365T is for the additional time needed.)
0148	Rendering provider is not certified to perform procedure	Use the Authorization Criteria function to determine if the Provider Type and Specialty Code is able to perform the procedure. The Authorization Criteria function is located on the Provider Web Portal (www.medicaid.nv.gov) under Featured Links. You do not need to login to the portal to access this function.
0155	Procedure requires authorization	Ensure the required authorization number is included in the appropriate field of the claim form, and the service was approved for the Date of Service billed.
0162	Number of procedures exceeds number authorized	Review EVS Web Portal to determine how many PA units are remaining before submitting a claim. Make sure that the Claim is not exceeding the units that are remaining in the EVS Web Portal.
0210	No pricing segment on file	Use the Search Fee Schedule or access the DHCFP Rates Unit webpage to determine if the code is a billable code.
0313	Recipient is covered by private insurance	Use the EVS Web Portal to verify if the Recipient has Third Party Liability (TPL) coverage. If the recipient has TPL, bill the TPL primary to Medicaid unless the service is a non-covered benefit with the primary TPL.
0453	Enrolled in HMO	Use the EVS Web Portal to verify eligibility prior to service being rendered to determine if the recipient is Fee-For-Service or enrolled in a Managed Care Organization, also referred to as HMO.
0639	Payment reduced to units authorized	If there is an approved PA on file and the claim is submitted for units that are not available, payment will be reduced to equal the amount of remaining units. (Example: PA is approved for 5 units, 3 units already used, there are 2 units remaining and claim is submitted for 5 units: payment will be reduced to reflect only the 2 remaining units on file.)
0685	Referring NPI not on file	Verify that Referring Provider NPI is enrolled in Nevada Medicaid.
0738	Procedure modified disagrees with PA modifier	Use EVS Web Portal to verify that the claim modifier and the PA modifier are the same. Use the Claim Form Instructions to verify that the modifiers are indicated in the correct fields.