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Web Announcement 1941

Other Health Coverage (OHC) Non-covered Services Billing Instructions

Providers billing for services that are not billed to the Other Health Coverage (OHC) provider, as the service is non-covered, should be billing the services as follows to Nevada Medicaid:

- For Institutional claims where the primary carrier is a commercial insurance: Include claim adjustment reason code OA 204 to indicate non-covered services or OA 50 to indicate non-covered services are not deemed a medical necessity by the payer, and carrier information, payment information and payment date at the header level.
- For Institutional claims where the primary carrier is Medicare: Submit the claim as a Fee-for-Service claim and include the claim adjustment reason code OA 204 to indicate non-covered services, carrier information, payment information and payment date at the header level.
- For Professional and Dental claims where the primary carrier is a commercial insurance: Include payment information, payment date and carrier information at the header level. Include the claim adjustment reason code OA 204 for each detail that is considered non-covered or OA 50 to indicate non-covered services are not deemed a medical necessity by the payer.
- For Professional claims where the primary carrier is Medicare: Submit the claim as a Fee-for-Service claim and include payment information, payment date and carrier information at the header level. Include the claim adjustment reason code OA 204 for each detail that is considered non-covered.

The information concerning the non-coverage received from the OHC should be maintained in the recipient's records to support the non-coverage for documentation purposes.

For updated information regarding OHC non-covered services policy, please review [Medicaid Services Manual \(MSM\) Chapter 100 Medicaid Program](#) and the [Submitting Claims with Other Insurance Frequently Asked Questions \(FAQ\)](#).