



June 28, 2024

Web Announcement 3382

## Attention All Providers: Top 10 Claim Denial Reasons and Resolutions/Workarounds for May 2024 Professional Claims

The Division of Health Care Financing and Policy and the Nevada Medicaid fiscal agent have reviewed all claim submissions for the month of May 2024 and have compiled a list of the top 10 reasons for which professional claims have denied. The table below lists the top 10 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
452	452	No Medicare Coinsurance, Deductible or Copay Due	Provider will need to verify the co-insurance, deductible or co-pay amount in the Medicare crossover details fields. See the <a href="#">Submitting Secondary Claims to Nevada Medicaid Training Video</a> for more billing information when Third-Party Liability (TPL) is present.
3001	0192	Prior Authorization not Found	Provider is advised to proceed with the following steps: <ul style="list-style-type: none"> <li>• Verify that the prior authorization request has been submitted and approved.</li> <li>• Verify the correct authorization number has been placed on the claim.</li> <li>• Verify that the Dates of Service (DOS) billed on the claim match the time span of the approved authorization.</li> <li>• Verify that the authorization number corresponds with the correct National Provider Identifier (NPI) and recipient ID before resubmitting the claim.</li> <li>• Verify that units are available on the approved authorization.</li> </ul>
3340	3340	Service not covered by NV Medicaid	Provider should verify that the code being billed is a payable code by Nevada Medicaid for the specific dates of service. Review the <a href="#">Search Fee Schedule</a> for more information.
4021	0698	No CVG (Coverage) Rule for Procedure	Provider should verify that the code being billed is a payable code by Nevada Medicaid for the specific dates of service. Review the <a href="#">Search Fee Schedule</a> for more information.

Error Code	EOB Code on Remittance Advice	Error Code Description	Resolution or Workaround
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 <a href="#">Electronic Verification System (EVS)</a> by reviewing the Member Eligibility tab, or by utilizing Gabby™ by calling the Customer Service Center at (877) 638-3472 or the Automated Response System (ARS) at (800) 942-6511.</p>
4208	0793	CLIA License Number Invalid	<p>Provider will need to verify that the Certified Laboratory Improvement Amendments (CLIA) License Number listed on their application/contract is correct and make any necessary changes via the <a href="#">EVS</a>.</p>
908	0908	PAD (Physician Administered Drug) Detail Denied by PBM (Pharmacy Benefits Manager)	<p>The National Drug Code (NDC) on the Physician Administered Drug claim was denied by the Pharmacy Benefit Manager.</p> <p>Provider will need to verify that the NDC is a payable and covered code.</p> <p>Providers may reach out to the Pharmacy Benefits Manager at: (800) 695-5526 or visit <a href="https://nevadamedicaid.magellanrx.com/home">https://nevadamedicaid.magellanrx.com/home</a></p>
4180	1690	MUE Professional	<p>Procedures are aligned to match the number of units per day (UPD) that the Centers for Medicare &amp; Medicaid Services (CMS) has published for the National Correct Coding Initiative (Medically Unlikely Edits for Practitioners).</p> <p>This denial indicates that the units being billed exceed the allowed MUE Value. A prior authorization cannot override MUE edits.</p> <p>Providers may review the MUE Values set per procedure code at <a href="https://www.cms.gov">CMS.gov</a>.</p>
4758	1551	Billing PT/PS Restriction on Procedure Coverage Rule	<p>Providers must verify that the code being billed is payable by Nevada Medicaid.</p> <p>Providers can determine the covered codes by reviewing their provider type specific rates at: <a href="http://dhcfp.nv.gov/Resources/Rates/FeeSchedules/">http://dhcfp.nv.gov/Resources/Rates/FeeSchedules/</a> or <a href="#">Search Fee Schedule</a>.</p>
2504	1248/1249	Client Covered by Private Insurance	<p>The client/recipient is covered by Private Insurance with another carrier for the date of service indicated on the claim.</p> <p>Provider will need to verify the recipient's private insurance information.</p> <p>If the recipient's records are incorrect, please contact Health Management Systems, Inc. (HMS) at:</p> <p>Toll Free: (855) 528-2596</p> <p>Email: <a href="mailto:nvtpl@gainwelltechnologies.com">nvtpl@gainwelltechnologies.com</a></p>

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			<p>NOTE: When emailing HMS, “escalation” should be included in the subject line and the email request must include Recipient Name, Date of Birth (DOB), Medicaid ID, and commercial policy information.</p> <p>For instructions on how to bill claims with Other Insurance details, please review <a href="#">EVS User Manual Chapter 3: Claims</a>.</p>