



December 19, 2024

Nevada Medicaid Web Announcement 3509

## Attention All Providers: Top 10 Claim Denial Reasons and Resolutions/Workarounds for November 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 November 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.
1008	1508	Billing Prov is not a Grp/Performing is a Grp Prov	Providers should review claims to ensure that a Group National Provider Identifier (NPI) is listed as the billing NPI and that an individual NPI is listed as the rendering or performing provider.
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.
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 <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.
1047	0205	Provider Terminated – DTL Performing	Providers should ensure that the performing NPI is enrolled with Nevada Medicaid for the dates of service.  Providers should check their enrollment status via the <a href="#">Online Provider Enrollment (OPE) tool</a> .  If not contracted, you will need to submit a new application to Nevada Medicaid.  Visit the <a href="#">Provider Enrollment</a> webpage for more information.

Error Code	EOB Code on Remittance Advice	Error Code Description	Resolution or Workaround
1076	1012	Prov Contract not Valid on DOS – DTL (detail level date of service)	Indicates that the billing provider is not contracted with Nevada Medicaid for the dates of service listed on the claim. If not contracted, you will need to submit a new enrollment application to Nevada Medicaid. Visit the <a href="#">Provider Enrollment</a> webpage for more information.
1048	0025	Provider Terminated – DTL DOS (detail level date of service)	Indicates that the billing or rendering provider is not contracted with Nevada Medicaid for the dates of service listed on the claim. If not contracted, you will need to submit a new enrollment application to Nevada Medicaid. Visit the <a href="#">Provider Enrollment</a> webpage for more information.
1009	1009	Contract Could Not Be Determined	Review billing provider contract dates to verify provider is contracted with Nevada Medicaid for the dates of service listed on the claim. Providers may need to submit a new enrollment application to Nevada Medicaid via the <a href="#">OPE tool</a> to be able to bill for dates of service. Visit the <a href="#">Provider Enrollment</a> webpage for more information.
5035	5035	Exact Duplicate: Practitioner to Practitioner	Claim is an exact duplicate of a previously paid claim. Provider will need to review claim history and submit an adjustment or void the claim if changes are needed. This may be completed in the <a href="#">EVS</a> . Please review the <a href="#">EVS User Manual Chapter 3: Claims</a> and for further instruction.
1076	1012	Prov Contract not Valid on DOS – DTL (detail level date of service)	Indicates that the billing provider is not contracted with Nevada Medicaid for the dates of service listed on the claim. If not contracted, you will need to submit a new enrollment application to Nevada Medicaid. Visit the <a href="#">Provider Enrollment</a> webpage for more information.
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