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Web Announcement 3249

## Attention All Providers: Top 10 Claim Denial Reasons and Resolutions/Workarounds for November 2023 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 2023 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.
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.
2502	2590	Client Covered by Medicare B	The recipient has Medicare Part B. Charges must be billed to Medicare before billing Nevada Medicaid. Complete the Medicare payment information fields on the claim and retain a copy of the explanation of benefits. For more information on submitting claims, please review the <a href="#">Electronic Verification System (EVS) User Manual Chapter 3: Claims</a> .
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.
1048	0025	Provider Terminated – DTL DOS (detail level date of service)	Indicates that the provider was not contracted with Nevada Medicaid for the dates of service listed on the claim at the time the claim was submitted. 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.

Error Code	EOB Code on Remittance Advice	Error Code Description	Resolution or Workaround
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>
1076	1012	Prov Contract not Valid on DOS – DTL (detail level date of service)	<p>Indicates that the rendering provider is not contracted with Nevada Medicaid for the dates of service listed on the claim.</p> <p>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.</p>
1008	1508	Billing Prov is not a Grp/Performing is a Grp Prov	<p>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.</p> <p>When updates are needed to the provider’s billing status, the provider must complete that via their <a href="#">EVS</a> portal.</p>
1009	1009	Contract Could not be Determined	<p>Review provider contract dates to verify provider is contracted with Nevada Medicaid for dates in question.</p> <p>Provider 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.</p> <p>Visit the <a href="#">Provider Enrollment</a> webpage for more information.</p>
1047	0205	Provider Terminated – DTL Performing	<p>Indicates that the rendering provider was not contracted with Nevada Medicaid for the dates of service listed on the claim at the time the claim was submitted.</p> <p>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.</p>