Nevada Medicaid and Nevada Check Up News

Volume 19, Issue 3
Third Quarter 2022

Inside This Issue:

Quarterly Update on Claims Paid

Nevada Medicaid and Nevada Check Up paid out to providers $1,310,615,502.10 in claims during the three-month period of April, May and June 2022. Nearly 100 percent of current claims continue to be adjudicated within 30 days. Thank you for participating in Nevada Medicaid and Nevada Check Up.

Resources for Novel Coronavirus (COVID-19) Public Health Emergency Information and Unwind Updates

Providers are reminded that multiple resources offer current information regarding the Novel Coronavirus (COVID-19) Public Health Emergency. **The following resources will also provide updates regarding the unwinding of the Public Health Emergency when an end date is determined.**

- Multiple web announcements have been posted on the provider website at https://www.medicaid.nv.gov regarding COVID-19 vaccine codes and vaccine administration codes, as well as information in preparation for the unwinding of the Public Health Emergency. Web Announcement 2844 advises providers to reach out to Nevada Medicaid recipients/members with messages regarding the importance of updating their addresses to prepare for the end of the Public Health Emergency. Suggested social media messages are added to flyers, emails and other resources posted on the Member Outreach webpage. Providers may view all COVID-19 related web announcements by selecting the "COVID-19" category from the drop-down list on the Announcements/Newsletters webpage. The full list of COVID-related announcements will appear for providers to review.

- Valuable information is also available in the COVID-19 General Billing Guide, which can be found on the Providers/Claims Billing Information webpage at: https://www.medicaid.nv.gov/providers/BillingInfo.aspx. The COVID-19 Billing Guides section is located at the top of the webpage. The COVID-19 Community-Based Testing & Vaccination Billing Guide and the Provider Type 22 Dentist: COVID-19 Vaccination Administration Claim Reimbursement Guide are in the process of being moved from the Billing Information webpage to the Billing Archives webpage. Nevada Medicaid has retired the COVID-19 Community-Based Testing and Vaccination Billing Guide due to mass events no longer being conducted in Nevada. The Provider Type 22 Dentist: COVID-19 Vaccination Administration Claim Reimbursement Guide is also being retired due to dentists no longer allowed to vaccinate following the end of Nevada's Declaration of Emergency on 5/20/2022.

- The Division of Health Care Financing and Policy (DHCFP) webpage at http://dhcfp.nv.gov/covid19/ answers frequently asked questions and shares information and resources pertaining to the status of COVID-19 and its impact on Nevada Medicaid recipients and providers. The webpage provides many useful links for recipients and providers.

- A Member Outreach page provides resources related to COVID-19 that providers and partners can distribute to members. The Member Outreach page is available at: https://dhcfp.nv.gov/Pgms/CPT/COVID-19/MemberOutreach/

- In addition to all of the resources listed above, providers and recipients may sign up to receive emails direct from Nevada Medicaid. ListServs are available for members and providers here.

Use Current Forms to Request Prior Authorizations

Providers are reminded to always use the current Nevada Medicaid forms when requesting prior authorization (PA) for services as the forms are updated periodically.

For example, form **FA-11B for Mental Health Request for Partial Hospitalization Program (PHP) and Intensive Outpatient Program (IOP) Services** was updated in August 2022. The information requested has been updated for the Treatment Plan (formerly listed as "Current Symptoms") and Days of the Week Treatment Provided sections on the form.

Form FA-11B is used by Behavioral Health providers for initial prior authorization (including retrospective) and for concurrent authorizations; it is also used for transfer between Partial Hospitalization and Intensive Outpatient programs, as medically necessary and clinically indicated.

The updated form FA-11B, as well as all prior authorization forms, are available online on the Providers Forms webpage.

Billing Reminders Regarding ICD-10 Codes, Dates on Claims and DME Modifiers

2023 Annual ICD-10-CM Diagnosis Code and ICD-10-PCS Inpatient Procedure Codes:

The 2023 annual ICD-10-CM diagnosis code updates and the ICD-10-PCS inpatient procedure code updates have been entered in the Medicaid Management Information System (MMIS). The 2023 codes are effective on claims with dates of service on or after October 1, 2022, through September 30, 2023.

Ensure Date of Service and Header Date Range Match on Claim:

Providers are reminded that the detail date of service (DOS) on a claim must match the header date range submitted on the claim. If the DOS and header date range on the claim do not match, the claim may deny or may impact another provider's claim for the same recipient.

Provider Type 33 (Durable Medical Equipment, Prosthetics, Orthotics and Supplies): Use Modifiers Only When Appropriate:

Provider type 33 providers are reminded to bill modifiers with procedure codes only when appropriate. For example, do not use modifier NU with procedure code A7520 (Tracheostomy/laryngectomy tube, noncuffed, polyvinyl chloride (PVC), silicone or equal, each).

Please refer to the Search Fee Schedule tool on the Provider Web Portal or the Division of Health Care Financing and Policy (DHCFP) Fee-For-Service (FFS) Fee Schedule spreadsheets on the DHCFP Rates webpage to verify appropriate modifiers.

Claim Error/EOB Codes and Corresponding ANSI Claim Adjustment Codes List and Accounts Receivable Reason Codes List

Two documents on the Billing Information webpage of the Nevada Medicaid website provide information that assists providers in understanding the adjudication of their claims as they are reviewing their remittance advices.

- The "Claim Error/EOB/ANSI Code Crosswalk" is a detailed listing of Nevada Medicaid claim error codes, Explanation of Benefits (EOB) codes, and the corresponding American National Standards Institute (ANSI) claim adjustment reason and remark codes. The list includes descriptions of each code. Providers may reference the list to understand why claims are reported as denied on their remittance advice and to assist with reducing claim denials. This list is updated each month to ensure providers are receiving current information.

- The "Accounts Receivable Financial Reason Codes" provides a list of the reason codes that may appear on a remittance advice and the description of each code. Providers may reference this document to understand the definitions of the reason codes that appear on their remittance advice.

Providers may access the "Claim Error/EOB/ANSI Code Crosswalk" and the "Accounts Receivable Financial Reason Codes" from the "Remittance Advice Reference Material" section on the Providers Billing Information webpage and the Claims Billing Information webpage.

Review Claim Denial Reasons and Resolutions/Workarounds to Reduce Claim Denials

The Division of Health Care Financing and Policy and the Nevada Medicaid fiscal agent review claim submissions to monitor the common reasons for which claims are currently denying. The table below lists the 10 top error codes that providers have been receiving recently for their denied claims. For each error code, the table also lists the corresponding 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 submit a new claim using the regular Fee-for-Service claim along with the Medicare denial reason. See the Submitting Secondary Claims to Nevada Medicaid Training Video for more billing information when Third-Party Liability (TPL) is present.
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 Electronic Verification System (EVS) by reviewing the Member Eligibility tab or by utilizing the Automated Response System (ARS) at 800-942-6511.
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 Search Fee Schedule for more information.
908	0908	PAD (Physician Administered Drug) Detail Denied by PBM (Pharmacy Benefits Manager)	The National Drug Code (NDC) on the Physician Administered Drug claim was denied by the Pharmacy Benefit Manager. Provider will need to verify that the NDC is a payable and covered code. Providers may reach out to the Pharmacy Benefits Manager at: 800-695-5526 or visit https://nevadamedicaid.magellanrx.com/home
1974	0030	OPR (Ordering, Prescribing, Referring) Prov not Enrolled	OPR provider may need to submit enrollment application to Nevada Medicaid via the Online Provider Enrollment (OPE) tool. Visit the Provider Enrollment webpage for more information.
1009	1009	Contract Could not be Determined	Review provider contract dates to verify provider is contracted with Nevada Medicaid for dates in question. Provider may need to submit a new enrollment application to Nevada Medicaid via the OPE tool to bill for dates of service. Visit the Provider Enrollment webpage for more information.
2017	0038	Client Services Covered by HMO Plan	Provider will need to submit the claim to the appropriate Nevada Medicaid HMO/Managed Care Organization (MCO) for processing. Provider may find out which MCO the recipient belongs to by viewing the Member Eligibility tab in EVS or utilizing the ARS at (800) 942-6511.
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 Search Fee Schedule for more information.

Provider Training Options:

Self-Paced Videos and Instructor-Led Sessions

P roviders are reminded they may learn about Nevada Medicaid processes and resources by watching self-paced training videos or by participating in instructor-led virtual training sessions.

The self-paced training videos are available on the Nevada Medicaid YouTube® Channel. The link to the channel is available on the Provider Training webpage under "Self-Paced Training" and is also listed under "Featured Links" on the left side of each webpage of the Nevada Medicaid website. Video topics include provider enrollment processes and submitting secondary claims.

All providers, delegates and/or staff are invited to attend one or more of the instructor-led virtual training sessions. Web announcements listing the sessions are published on the Provider Training webpage in the Training Announcements section. The sessions are also listed on the website Calendar.

Some of the upcoming training sessions are listed below. Visit the 2022 Provider Training Registration Website to register for one or more of the following sessions.

Workshop	Day	Date	Time*
Dental Provider Workshop	Tuesday	October 18, 2022	1 p.m. to 3 p.m.
Submitting Secondary Claims – Institutional	Thursday	October 20, 2022	10 a.m. to 11 a.m.
Reading a Remittance Advice	Tuesday	October 25, 2022	2 p.m. to 3:30 p.m.
New Provider Orientation	Tuesday	November 1, 2022	1 p.m. to 2:30 p.m.
Revalidation and Change Training for Individuals	Wednesday	November 9, 2022	9 a.m. to 10:30 a.m.
Vision and Audiology Provider Workshop	Tuesday	November 15, 2022	10 a.m. to noon
Claim Appeals, Voids and Adjustments Training	Thursday	November 17, 2022	1 p.m. to 2 p.m.
Durable Medical Equipment (DME) Provider Workshop	Thursday	December 1, 2022	9 a.m. to 11 a.m.
New Provider Orientation	Tuesday	December 6, 2022	10 a.m. to 11:30 a.m.
Applied Behavior Analysis (ABA) Provider Workshop	Wednesday	December 7, 2022	9 a.m. to 11 a.m.
Revalidation and Change Training for Groups	Thursday	December 8, 2022	2 p.m. to 3:30 p.m.
Submitting Secondary Claims – Professional	Tuesday	December 13, 2022	10 a.m. to 11 a.m.
Reading a Remittance Advice	Thursday	December 15, 2022	2 p.m. to 3:30 p.m.

*All times indicated are Pacific Time (PT).

Contact Information

I f you have a question concerning the manner in which a claim was adjudicated, please contact the Nevada Medicaid Provider Customer Service Center by calling (877) 638-3472, press Option 2 for providers, then Option 0 and then Option 2 for claim status. If you have a question regarding prior authorizations, please call (800) 525-2395.

If you have a question about Medicaid Service Policy, you can go to the DHCFP website at http://dhcfp.nv.gov. Select "Resources" and then select "Telephone Directory" for the telephone number of the Administration Office you would like to contact.