

Nevada Medicaid and Nevada Check Up News



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Quarterly Update on Claims Paid

Nevada Medicaid and Nevada Check Up paid out to providers \$1,492,788,140.31 in claims during the three-month period of April, May and June 2023. Nearly 100 percent of current claims continue to be adjudicated within 30 days.

Thank you for participating in Nevada Medicaid and Nevada Check Up.

Nevada Medicaid Providers May Sign Up to Receive Electronic 1099s

Reminder to [Web Announcement 3148](#): Nevada Medicaid has introduced the ability for providers to receive electronic 1099s. Currently enrolled providers can use the Electronic Verification System's (EVS) Demographic Updates feature to sign up to receive future 1099s electronically. Electronic 1099s will be available for download for the 2023 tax year.

Providers are encouraged to keep their information updated and to sign up for electronic 1099s as soon as possible to ensure their election is in effect in December 2023 when the 1099s for tax year 2023 are being prepared for distribution.

Providers who elect to receive their 1099s electronically can use the Report Download feature in EVS to obtain a copy of their 1099s. If a provider consents to receive their 1099s electronically, they will no longer receive their 1099s by mail.

Please refer to EVS User Manual [Chapter 10: Report Download](#) and [Chapter 12: Demographic Updates](#) and the [Online Provider Enrollment User Manual Chapter 2 Initial Enrollment Application](#) for more information and instructions.

Reminder:

Treatment History Search Function Expanded to Include Behavioral Health Provider Types

Reminder to [Web Announcement 3147](#): The Treatment History search function in the Provider Web Portal has been expanded to allow Behavioral Health provider types (PTs) to use the feature to assist with tracking recipient service utilization. The following additional provider types can now access Treatment History search:

- PT 14 - Behavioral Health Outpatient Treatment
- PT 26 - Psychologist
- PT 82 - Behavioral Health Rehabilitative Treatment
- PT 85 - Applied Behavior Analysis (ABA)

As a reminder, the following PTs also have access to the Treatment History search function:

- PT 17 - Special Clinics
- PT 22 - Dentist
- PT 23 - Hearing Aid Dispenser & Related Supplies
- PT 25 - Optometrist
- PT 33 - Durable Medical Equipment, Prosthetics, Orthotics and Supplies
- PT 41 - Optician, Optical Business
- PT 76 - Audiologist

Please refer to the [Electronic Verification System \(EVS\) User Manual Chapter 9 Treatment History](#) for instructions on accessing Treatment History on the Provider Web Portal.

Updates Regarding Electronic Visit Verification (EVV) Providers and System Vendor Effective January 1, 2024

Attention provider types 29 (Home Health Agency), 30 (Personal Care Services - Provider Agency), 83 (Personal Care Services - Intermediary Service Organization), 48 (Home and Community Based Services Waiver for the Frail Elderly) and 58 (Waiver for Persons with Physical Disabilities (PD):

The 21st Century Cures Act of 2016 mandated that all state Medicaid programs implement an Electronic Visit Verification (EVV) system for Personal Care Services (PCS) and certain in-home, PCS-like services. The following is a list of the provider types, and services, that Nevada Medicaid currently requires use of an EVV system:

- **Provider types 30 and 83:** Personal Care Services
- **Provider type 48:** Certain services within the Home and Community Based Services (HCBS) Waiver for the Frail Elderly
- **Provider type 58:** Certain services within the HCBS Waiver for Persons with Physical Disabilities

New Services Being Added to EVV

The 21st Century Cures Act also mandates that Home Health Care Services (HHCS) reimbursed by Medicaid must also use an EVV system. Nevada was approved for a Good Faith Extension to delay implementation for HHCS to January 1, 2024. Nevada Medicaid will be requiring the following new provider type and new services to begin using an EVV system starting January 1, 2024.

- **Provider type 29:** Home Health Care Services and Private Duty Nursing Services

New Vendor Starting January 1, 2024

In addition to the new services being added to EVV, the Division of Health Care Financing and Policy (the Division) will be switching EVV vendors to Sandata Technologies effective January 1, 2024. Over the next several months, the Division will be working with PCS providers to transition to the new system as well as adding Home Health Care providers to the new system.*

*Please note that current PT 30, 48, 58 and 83 providers **must continue** to bill through the Division's EVV System AuthentiCare® Nevada and work with Nevada Medicaid's current vendor, FiServ, through the end of 2023.

What To Expect:

1. Providers will receive more information regarding initial support, a provider registry, and training opportunities.
2. Data Aggregator Users: The new vendor specifications will be published.

More updates will be provided to program stakeholders throughout 2023. Nevada Medicaid will be sending out notices through the EVV Listserv. To be included on the Listserv and receive notifications, providers must [Subscribe](#). The Division also has a new email address specific to EVV for providers to email questions: NVEVV@dhcfp.nv.gov.

Top Prior Authorization Denial Reasons for the Second Quarter of 2023

The Division of Health Care Financing and Policy (DHCFP) and the Nevada Medicaid fiscal agent have reviewed all prior authorization (PA) submissions for the second quarter of 2023 and have compiled a list of the top reasons for which prior authorizations have been denied. The table below lists the top denial reasons for prior authorizations and instructions to providers on how to avoid future prior authorization denials.

| Denial Reason Description | Suggested Action to Avoid Future Denials |
|---|---|
| Request does not meet medical necessity criteria OR Requested service does not meet DHCFP necessity criteria for reimbursement OR Medical information provided does not meet medical necessity criteria | Providers should review their Provider Type Medicaid Services Manual Policy Chapter as well as their Provider Type Billing Guidelines and generally accepted standards of care. Providers must document all relevant clinical aspects that should be considered when reviewing the request for medical necessity. |
| Recipient is no longer eligible for coverage OR Recipient not eligible on requested dates of service | Providers should review the recipient's eligibility information prior to PA submission. This is done through the EVS portal. Review Chapter 2: Eligibility Benefit Verification of the EVS User Manual for more information. |

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Top Prior Authorization Denial Reasons... Continued from page 2

| Denial Reason Description | Suggested Action to Avoid Future Denials |
|---|---|
| Additional information request not received, preauthorization request rejected | <p>Providers must review their prior authorization requests in the Electronic Verification System (EVS) portal. Providers should check the portal frequently; if a PA is in a “Pending” status please review the notes to determine if additional information has been requested.</p> <p>Providers can review Chapter 4: Prior Authorization of the EVS User Manual in order to learn about how to review the status of a PA as well as additional information regarding submitting additional documents requested by Nevada Medicaid.</p> |
| Late notification; prior authorization timelines not met | <p>Prior authorization was submitted outside of timely filing rules and Nevada Medicaid is unable to accept any requests that are not within the appropriate time frame. Providers should review Chapter 4 of the Nevada Medicaid Billing Manual for prior authorization timely filing information.</p> |
| Invalid preauthorization request form submitted, resubmit request with current form | <p>Providers should review their Provider Type Billing Guidelines for more information regarding which form should be submitted. Providers must also review the Forms Page to determine that the most current version of a form is being used.</p> |

Nevada Medicaid Provider Training Updates

Live Training Courses

The Division of Health Care Financing and Policy (DHCFP) and the Nevada Medicaid Provider Training team are committed to helping providers understand Medicaid policy, claims submission, the enrollment process, authorization submission, and other processes to ensure successful interaction with the Nevada Medicaid program.

Nevada Medicaid invites providers to attend quarterly instructor-led virtual training sessions. Two types of sessions are available:

1. **Workshops:** These provider-type specific sessions are updated each quarter to provide instruction regarding common trends, issues and policy changes. *Providers are encouraged to attend each quarter to learn about these updates.* Enrolled providers will be asked ahead of the workshop what topics they would like to have covered.
2. **Traditional:** These are consistent trainings that cover overviews of topics that providers will find helpful from enrollment to claim submission.

Some topics included in the 2023 training sessions are:

- New Provider Orientation
- Enrollment Overview for Groups
- Enrollment Overview for Individuals
- Submitting Secondary Claims - Institutional
- Submitting Secondary Claims - Professional
- Claim Appeals, Adjustments and Voids
- Durable Medical Equipment (DME) Provider Workshop (provider type 33)
- Federally Qualified Health Centers (FQHC) Provider Workshop (provider type 17 specialty 181)
- Therapy Provider Workshop (provider type 34)
- Hospice Provider Workshop
- Personal Care Services (PCS) Provider Workshop (provider types 30 and 83)
- Vision/Audiology Provider Workshop

To access these, and more, incredible training opportunities, visit the [Provider Training Registration Website](#) to register.

Self-Paced Videos and E-learning

In addition to the live training courses, the Nevada Medicaid training team has produced a series of training videos covering subjects from enrollment to claims. New videos are added regularly. Check them out on the [Nevada Medicaid YouTube channel](#).

Training Survey

In the interest of serving the provider community, the Nevada Medicaid Provider Training team would like to invite you to [complete this short survey](#). Your responses to this survey will assist with planning future trainings, workshops and outreach efforts.

Denial Reasons and Corresponding Resolutions/Workarounds for Professional Claims

The Division of Health Care Financing and Policy and the Nevada Medicaid fiscal agent review claim submissions to monitor the common reasons for professional claim denials. The table below lists the top error codes that providers have been receiving recently for their denied professional 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 |
|------------|-------------------------------|--|---|
| 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 Electronic Verification System (EVS) User Manual Chapter 3: Claims . |
| 4371 | 1379 | Claim Type Restriction on Proc Cvg Rule | Providers will need to review the claim type that was submitted to Nevada Medicaid and ensure that the correct claim type was used. Please visit Chapter 3: Claims of the EVS User Manual for more information. |
| 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 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, by calling (877) 638-3472 and utilizing Gabby™ 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 |
| 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. |

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Top Professional Claim Denial Reasons... Continued from page 4

| Error Code | EOB Code on Remittance Advice | Error Code Description | Resolution or Workaround |
|------------|-------------------------------|---|--|
| 1974 | 0030 | OPR (Ordering, Prescribing, Referring) Prov not Enrolled | OPR provider may need to submit an enrollment application to Nevada Medicaid via the Online Provider Enrollment (OPE) tool . For a list of provider types that require the OPR to be listed on the claim, refer to Web Announcement 2832 . 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. |
| 1076 | 1012 | Prov Contract not Valid on DOS – DTL (detail level date of service) | Indicates that the provider is not contracted with Nevada Medicaid for the dates of service listed on the claim detail. Providers should check their status via the OPE tool . If not contracted, you will need to submit a new enrollment application to Nevada Medicaid. Visit the Provider Enrollment webpage for more information. |
| 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. Exception: If the individual provider originally enrolled as a “Biller” or “Performer” they would need to go into the EVS portal and request an update to both Biller and Performer. When updates are needed to the provider’s billing status, the provider must complete the update via their EVS portal. |
| 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 be able to bill for dates of service. Visit the Provider Enrollment webpage for more information. |
| 1047 | 0205 | Provider Terminated – DTL Performing | Provider should ensure that the performing National Provider Identifier (NPI) is enrolled with Nevada Medicaid for the dates of service. |
| 1048 | 0025 | Provider Terminated – DTL DOS (detail level date of service) | Indicates that the provider is not contracted with Nevada Medicaid for the dates of service listed on the claim. Providers should check their status via the OPE tool . If not contracted, you will need to submit a new enrollment application to Nevada Medicaid. Visit the Provider Enrollment webpage for more information. |

Contact Information

If 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, and press Option 2 for providers. 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 the “Resources” drop-down list, then select “Telephone Directory” and look for the telephone number of the Administration Office you would like to contact.