

Quick Reference Guide

Error 4021 - No CVG Rule for Procedure – Not covered under Member’s Current Benefit

Error 4021 indicates that no active coverage rule exists for the submitted procedure code. The claim’s From/To Date of Service (FDOS/TDOS) is compared against the rule effective dates to determine if the member’s benefit plan covers the procedure code.

Explanation of Benefits (EOB)

An associated EOB code will appear with this error. It confirms the procedure code is not covered under the member’s current benefit plan:

EOB	Description
0698	The procedure code is not covered under Member’s current benefit plan.
4023	The procedure code is not covered under Member’s QMB benefit plan.
4024	The procedure code is not covered under Member’s SLMB benefit plan.
4025	The procedure code is not covered under Member’s QWDI benefit plan.
4026	The procedure code is not covered under Member’s QI1 benefit plan.
4027	The procedure code is not covered under Member’s HMW benefit plan.
4028	The procedure code is not covered under Member’s FPW benefit plan.

The error shows that the Member’s benefit plan does not cover the procedure.

- Verify the member’s benefit plan for coverage of the procedure.
- For dual-eligible members (Medicare and Medicaid), this error often occurs due to plan restrictions.
- Refer to the Member Plans section below for details.

Member Plans with Limits

The following benefit plans have limited benefits:

Coverage	Coverage Description	Coverage Level
029 - Family Planning Waiver	Covers women & men of childbearing age (13 - 44) at 185% of poverty who do not otherwise qualify for Medicaid. Effective 01/01/2014, MAGI-equivalent limit = 194% FPL. Females and males age 13-44. Benefits are limited to family planning benefits only.	Benefits are limited to family planning benefits only
031 - Qualified Medicare Beneficiary (QMB)	Income limit of 100% FPL, no asset test. Must be entitled to Medicare Part A and/or B to qualify. There is no retroactive Medicaid for this aid category; Eligibility starts the month after approval. Aged (65 or over), blind, and disabled individuals. Medicare cost sharing services only: payment of Medicare Part A & B premiums, deductibles & co-insurance charges.	Medicare cost sharing services only: payment of Medicare Part A & B premiums, deductibles & co-insurance charges
035 - Qualified Working Disabled Individual (QWDI)	Participants must have Medicare. Income under 200% of FPL. Resource limits: \$4,000 individual/\$6,000 couple. Disabled (under age 65). Payment of Medicare Part A premium only.	Payment of Medicare Part A premium only
051 - Specified Low-Income Medicare Beneficiary (SLMB)	Specified Low Income Medicare Beneficiaries (SLMB) - Income limit between 100% - 120% FPL, no assets test. Must have Medicare Part A. Not fully eligible/Medicaid pays Medicare Part B premium only. Aged (65 or over), blind and disabled individuals. Payment of Medicare Part B premium only.	Payment of Medicare Part B premium only
054 - Qualified Individual (QI)	Income limit between 120% -135% FPL, no asset test. Must have Medicare Part A. Not fully eligible. Aged (65 or over), blind and disabled individuals. Medicaid pays Medicare Part B premium only.	Payment of Medicare Part B premium only
Coverage	Coverage Description	Coverage Level

How to Read Error 4021 – No Coverage Rule for Procedure

<p>045 – PLAD Healthier MS Waiver - no Medicare</p>	<p>Covers up to 5,500 individuals in any month with income up to 135% of poverty who are aged or disabled and are not eligible for Medicare. Resource test of \$4,000 for an individual, \$6,000 for a couple. Disabled/aged individuals without Medicare. Benefits do not include long term care services, including Home and Community Based Services (HCBS) waiver services, or maternity and newborn care services.</p>	<p>Medical Benefits, including Vision Services; however, benefits do not include long term care services, including HCBS waiver services, or maternity and newborn care services.</p>
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To see a complete list of all benefit plans and coverages, please visit https://medicaid.ms.gov/wp-content/uploads/2025/07/20250630_PRP-101_Member_Coverage_Description_Job_Aid_v0.2.pdf

For a complete listing of covered procedure codes and rates: <https://medicaid.ms.gov/providers/fee-schedules-and-rates/>

Change History

The following change history log contains a record of changes made to this document:

Version #	Published/ Revised	Author	Section/Nature of Change
0.1	12/4/2025	Gainwell	Initial publication
1	02/18/2026	Gainwell	Updated per DOM Feedback