



**May 20, 2024**

**Nevada Medicaid Web Announcement 3356**

**Attention Provider Type 12 (Hospital, Outpatient):**

**Update on Claims for Procedure Code 98940**

Outpatient claims submitted by provider type 12 (Hospital, Outpatient) for procedure code 98940 (Chiropractic Manipulative Treatment (CMT); Spinal, 1-2 Regions) with dates of service on or after October 30, 2023, may have paid in error. Error code 5595 (4 units allowed per rolling year - PA override) should deny claims for procedure code 98940 if the billing provider exceeded the limitation.

Effective on claims with dates of service on or after May 20, 2024, error code 5595 has been configured correctly in the Medicaid Management Information System (MMIS) to apply to the billing provider instead of the rendering provider.

Any claims submitted by PT 12 for procedure code 98940 with dates of service on or after October 30, 2023, that exceeded 4 units within a rolling year (forward or backward) and paid with no prior authorization will be reprocessed automatically, if needed. Results of the reprocessed claims will appear on a future remittance advice.

When claims are reprocessed, please be aware that all system and clinical claim editor edits are applicable. As a result, there may be no additional payment, and other claim denials may be received. Providers have the right to appeal denied claims, including those denied upon reprocessing. Please refer to [Medicaid Services Manual Chapter 100](#) and the [Billing Manual](#) for information concerning the claim appeal process and time frames.