



January 22, 2025 (February 21, 2025)

Nevada Medicaid Web Announcement 3536

Professional and Outpatient Claims with Add-On Codes that Denied or Paid in Error Will be Reprocessed

Some professional and outpatient claims with add-on codes have denied with error code 6511 (Add-on code billed without primary code) when billed with a primary procedure code or paid in error when billed without a primary procedure code.

Effective January 21, 2025, the Medicaid Management Information System (MMIS) has been updated so that claims no longer deny with error code 6511 when billed with a payable primary procedure code and no longer pay in error when billed without a primary procedure code.

The following add-on codes were impacted:

10004	10006	10008	10010	10012	11103
11105	11107	20932	20933	20934	33866
38900	76979	76983	95984	96113	96121

Claims for the above procedure codes that were submitted with a payable primary procedure code and denied with error code 6511 or submitted without a primary procedure code and paid in error will be reprocessed automatically. The impacted claims have dates of service on or after February 1, 2019. 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.