



January 22, 2025 (Updated March 21, 2025)

Nevada Medicaid Web Announcement 3537

Attention Provider Type 77 (Physician's Assistant): Rate Updates Implemented

During the 82nd Nevada Legislative Session (2023), Senate Bill (SB) 504 passed requiring provider type (PT) 77 (Physician's Assistant) to be reimbursed at the same rates as physicians for certain diagnosis codes. Effective January 1, 2024, the following diagnosis codes have been updated in the Medicaid Management Information System (MMIS):

- Human immunodeficiency virus (HIV)
 - B20 (Human immunodeficiency virus [HIV] disease)
 - B9735 (HIV 2 as the cause of diseases classified elsewhere)
 - Z21 (Asymptomatic human immunodeficiency virus infection status)
- Hepatitis C Virus (HCV)
 - B18.2 (Chronic viral hepatitis C)

When submitting claims for the above diagnosis codes, the claim detail line must point to the applicable diagnosis code in order to receive the new rate.

Claims submitted by PT 77 for the above codes with dates of service with dates of service on or after January 1, 2024, that paid the incorrect rates will be reprocessed automatically. 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.