



August 11, 2025

Nevada Medicaid Web Announcement 3694

Attention Provider Type 17 (Special Clinics) Specialties 180 (Rural Health Clinics), 181 (Federally Qualified Health Centers), and 182 (Indian Health Services, Urban Indian Organizations):

Long-Acting Reversible Contraception (LARC) Updates

Update to [Web Announcement 3585](#) and [Web Announcement 3624](#): Modifier 25 must be used when billing a medical encounter in conjunction with a Long-Acting Reversible Contraception (LARC), non-Physician Administered Drug (PAD) service. Claims submitted with encounter code G0466, G0467, or G0468 and non-PAD LARC code 58300, 58301, 11981, 11982, or 11983, will deny with error code 7216 (No separate reimbursement for visit procedure) if modifier 25 is not included on the encounter code.

For PAD-related codes (J7296, J7297, J7298, J7300, J7307) and non-PAD LARC codes (58300, 58301, 11981, 11982, 11983), providers are instructed to bill their usual and customary amounts for each code. Codes billed at lesser amounts will pay at the lesser amount. For example, claims with a billed amount of \$0.00 for a LARC service will be paid \$0.00.

Claims with dates of service from January 1, 2024, through March 18, 2025, with the incorrect billed amount for a LARC service have been reprocessed automatically. Claims with dates of service after March 18, 2025, are required to bill the appropriate dollar amount for LARC services, or the claim will not pay.

The results of reprocessed claims appear on the remittance advice dated August 1, 2025. 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.