



August 25, 2025

Nevada Medicaid Web Announcement 3703

Physician-Administered Drug (PAD) Claims That Denied With Error Code 5056 Will be Reprocessed

Previously paid Physician-Administered Drug (PAD) claims that were processed on or after July 29, 2024, and include any of the modifiers listed below have been denying in error with error code 5056 (Same procedure different modifiers same day) during reprocessing efforts.

- KO – Single Drug Unit Dose Form
- KP – First Drug of Multi Drug Unit Dose Form
- KQ – 2nd/subsequent Multi Drug Unit Dose Form
- JZ – Zero Drug Wasted

Effective August 25, 2025, error code 5056 has been updated in the Medicaid Management Information System (MMIS), and PAD claims with the above criteria will no longer deny with error code 5056.

PAD claims that were processed on or after July 29, 2024, that have these modifiers and denied with error code 5056 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.