



**December 1, 2025**

**Nevada Medicaid Web Announcement 3776**

**Reminder for Provider Type 17 (Special Clinics) Specialty 181 (Federally Qualified Health Center):**

**New Shadow Billing Requirements to be Implemented in January 2026**

As providers were notified in Web Announcements [3735](#) and [3774](#), new shadow billing requirements for medical and behavioral health encounters will be implemented for Federally Qualified Health Centers (FQHC) under provider type (PT) 17 (Special Clinics) specialty 181 (FQHC) on January 1, 2026. After implementation, if these shadow billing requirements are not met, then the claim could deny with error code 6500 (Required to bill with other procedure).

The shadow billing requirements will be as follows:

Medical encounter updates:

- If a medical encounter is billed with procedure codes G0466, G0467 or G0468, then at least one qualified medical code must be included on the claim as a shadow procedure code. More than one medical code can be billed under the encounter, but only one medical encounter will be paid per person per day.
- If medical codes are billed, a medical encounter code (G0466, G0467 or G0468) must also be billed.

Behavioral health encounter updates:

- If a behavioral health encounter is billed with procedure codes G0469 or G0470, then at least one qualified behavioral health code must be included on the claim as a shadow code. More than one behavioral health code can be billed under the encounter but only one behavioral encounter will be paid per person per day.
- If a behavioral health code is billed, a behavioral health encounter code (G0469 or G0470) must also be billed.

The [FQHC shadow billing code list](#) for Medical and Behavioral Health encounters will be available on the [Federally Qualified Health Center webpage](#).

Please direct any questions about the implementation of FQHC shadow billing to [medicalprograms@nvha.nv.gov](mailto:medicalprograms@nvha.nv.gov).