



March 9, 2026

Nevada Medicaid Web Announcement 3861

Attention Provider Type 60 (School Health Services): Ordering, Prescribing and Referring Requirements Updated

The services and supplies billable by provider type (PT) 60 (School Health Services) have been reviewed for Ordering, Prescribing and Referring (OPR) provider requirements and updated accordingly. For more information on OPR, please refer to the PT 60 Billing Guide and Medicaid Services Manual Chapter 2800.

Effective for claims with dates of service on or after March 9, 2026, the NPI of the OPR provider is required on claims for the codes listed in Table 1. Claims that do not have the NPI of the OPR provider as required will be denied with error code 1022 (Referring NPI Required) or 1027 (Ref Prov NPI Required and Not Valid).

Table 1.

Table with 4 columns and 10 rows listing various medical codes and their corresponding updated codes.

As a reminder, it is the responsibility of the billing provider to ensure that the NPI which they enter on a claim belongs to an individual provider (not an organization or group): who ordered, prescribed or referred the service being billed; is authorized to do so; and is an active Nevada Medicaid provider on the date of service. Any claims which do not conform to these requirements may deny, and if they pay in error, they are subject to recoupment. Provider Web Portal User Manual Chapter 7 (Search Provider) provides instructions on how to search the Provider Web Portal for OPR providers.

Effective for claims with dates of service on or after July 1, 2024, the NPI of the OPR provider is no longer required on the claim for the codes listed in Table 2.

Table 2.

Table with 6 columns and 2 rows listing various medical codes.

Any claims submitted by PT 60 for the codes in Table 2 that have dates of service on or after July 1, 2024, and denied with error code 1022 or 1027 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.