



January 29, 2024

Nevada Medicaid Web Announcement 3268

Outpatient and Professional Claims Billed With Modifier 51 Reprocessed

Outpatient and professional claims for procedure codes 10000 through 69999 submitted by the provider types listed below paid the incorrect rate when billed with modifier 51 (Multiple procedures). The impacted claims with dates of service on or after February 1, 2019, through November 8, 2023, have been automatically reprocessed to adjudicate with the correct rate for multiple procedures.

Impacted provider types:

Provider Type	Provider Type Description
12	Hospital, Outpatient
21	Podiatrist
25	Optometrist
36	Chiropractor
76	Audiologist

Results of the reprocessed claims appear on remittance advices dated February 2, 2024. 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.