



**January 22, 2025**

**Nevada Medicaid Web Announcement 3536**

## **Professional and Outpatient Claims with Add-On Codes that Denied in Error Will be Reprocessed**

Some professional and outpatient claims for primary procedure codes billed with add-on procedure codes have denied in error with error code 6511 (Add-on code billed without primary code). Effective January 21, 2025, error code 6511 has been updated in the Medicaid Management Information System (MMIS), and claims for the following add-on procedure codes will no longer deny with error code 6511 when billed with a payable primary procedure code:

10004	10006	10008	10010	10012	11103
11105	11107	20932	20933	20934	33866
38900	76979	76983	95984	96113	96121

Claims with dates of service from January 1, 2019, through January 21, 2025, for the above procedure codes that were submitted with a payable primary procedure code and denied with error code 6511 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.