



February 11, 2025

Nevada Medicaid Web Announcement 3552

Attention Dental Providers: Some Procedure Codes Updated with Correct Claim Requirement Information; Error Codes 5064 and 5065 Updated

Some dental procedure codes have been updated in the Medicaid Management Information System (MMIS) with the correct Area of the Oral Cavity (AOTOC) and Tooth Anatomy requirements according to the American Dental Association's (ADA) Dental Claim Data Recommendation, effective February 1, 2019.

Providers are reminded that claims for any dental procedure code that requires AOTOC or Tooth Anatomy information must include that information or else the claim will deny.

Refer to the [ADA Dental Claim Data Recommendation Reporting Area of the Oral Cavity and Tooth Anatomy by CDT Code](#) document on the ADA website for detailed information on the requirements for all dental procedure codes.

Additionally, error codes 5064 (Exact duplicate: dental to dental) and 5065 (Possible duplicate: dental to dental) have been updated to apply to the correct procedure codes and include the correct conditions.

With these error code updates, dental claims that denied in error with error codes 5064 or 5065 will be reprocessed automatically to adjudicate correctly and claims that paid inappropriately will be automatically reprocessed to recoup the payments. 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.