February 19, 2025

Nevada Medicaid Web Announcement 3556

Attention Provider Type 20 (Physician, M.D., Osteopath, D.O.):

Error Code 5081 Updated and Claims That Paid in Error Will Be Reprocessed

Claims submitted by provider type (PT) 20 (Physician, M.D., Osteopath, D.O.) for inpatient hospital care have been paying in error when the initial and subsequent claims have different rendering providers within the same billing group and are submitted for the same recipient on the same day. The subsequent claims should deny with error code 5081 (IP visit same prov specialty same day not allowed) unless it is considered an emergency situation and additional care is documented.

Effective February 18, 2025, error code 5081 has been updated in the Medicaid Management Information System (MMIS), and claims meeting the above criteria will deny correctly with error code 5081 if it is not considered an emergency situation.

To document an emergency situation, the claim must be billed with one of the following modifiers:

Modifier	Description
25	Significant, Separately Identifiable Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional on the Same Day of the Procedure or Other Service
59	Distinct procedural service
XE	Separate encounter, a service that is distinct because it occurred during a separate encounter
XP	Separate practitioner, a service that is distinct because it was performed by a different practitioner
XS	Separate structure, a service that is distinct because it was performed on a separate organ/structure
XU	Unusual nonoverlapping service, the use of a service that is distinct because it does not overlap usual components of the main service
24	Unrelated Evaluation and Management Service by the Same Physician or Other Qualified Health Care Professional During a Postoperative Period
58	Staged or Related Procedure or Service by the Same Physician or Other Qualified Health Care Professional During the Postoperative Period
FT	Unrelated evaluation and management (E/M) visit on the same day as another E/M visit or during a global procedure (preoperative, postoperative period, or on the same day as the procedure, as applicable). (Report when an E/M visit is furnished within the global period but is unrelated, or when one or more additional E/M visits furnished on the same day are unrelated)
X4	Episodic/focused services: for reporting services by clinicians who provide focused care on particular types of treatment limited to a defined period and circumstance; the patient has a problem, acute or chronic, that will be treated with surgery, radiation, or some other type of generally time-limited intervention; reporting clinician service examples include, but are not limited to, the orthopedic surgeon performing a knee replacement and seeing the patient through the postoperative period

Claims with dates of service on or after February 20, 2024, that paid in error 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.