Revision: HCFA-AT-81-34 (BPP)

October 1981

State/Territory: Nevada

## Citation

4.21 <u>Prohibition Against Reassignment of Provider Claims</u>

42 CFR 447.10(c) AT-78-90 46 FR 42699

Payment for Medicaid services furnished by any provider under this plan is made only in accordance with the requirements of 42 CFR 447.10.

OMB No.: 0938-0193

Effective Date: 7/1/87

Attachment 4.21-A specifies conditions under which a provider may compensate another person or entity to do his billing.

TN No. <u>87-18</u> Supersedes TN No. 82-5 Approval Date: 9/11/87