

Nevada Medicaid Modifier Listing

Applies to the following provider types: 10 (modifier 51 only) 12, 17(all specialties except 180, 181, 182), 20, 21, 22, 24, 25, 26, 27, 34, 36, 41, 43 (mods 22, 26 and TC only), 45, 46 (modifier 51 only) 72, 74, 76, 77

Note:

The Nevada Medicaid Modifier Listing contains only modifiers that affect reimbursement **rates** and is not a list of all acceptable billing modifiers. All HIPAA-compliant modifiers are accepted by Nevada Medicaid

Modifier	Description	Code Range	Value/Affect on Payment
22	Unusual Procedural Services	10000-99200 99500-99999	Additional 25%
26	Professional Component	10000-99999	Rates determined by code. See fee schedule.
50	Bilateral Procedure	10000-69999	Additional 50%
51	Multiple Procedures	10000-69999	First procedure: 100% of total rate Second procedure: 50% of total rate Third procedure: 25% of total rate Fourth procedure: 10% of total rate Fifth procedure: 5% of total rate
54	Surgical Care Only	10000-69999	70% of the total rate
55	Postoperative Management Only	10000-69999	30% of the total rate
56	Preoperative Management Only	10000-69999	10% of the total rate
62	Two surgeons	10000-69999	Additional 50% (fee is split between co-surgeons, each get 75% of the total rate)
80	Assistant surgeon	10000-69999	20% of the total rate
81	Minimum assistant surgeon	10000-69999	20% of the total rate
82	Assistant surgeon (when qualified resident surgeon not available)	10000-69999	20% of the total rate
AS	Assistance at Surgery (Nurse Practitioner, or Clinical Nurse Specialist, or Physician Assistant)	10000-69999	20% of the total rate
TC	Technical Component	10000-99999	Rates determined by code. See fee schedule.