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

Note:

The Nevada Medicaid Modifier Listing contains only modifiers that affect reimbursement **rates** and is not a list of all acceptable billilng modifiers. All

Modifier	Description	Code Range	Value /Affect on Payment
22	Unusual Procedural Services	10000-99200	Additional 25%
		99500-99999	
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 is 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