



October 6, 2023

Nevada Medicaid Web Announcement 3182

**Attention Provider Type 12 (Hospital, Outpatient): Error Code 5674
Applicable to Procedure Code A4410 When Limitation Is Exceeded**

Effective with dates of service on or after October 2, 2023, claims submitted by provider type 12 (Hospital, Outpatient) for procedure code A4410 (Ostomy skin barrier, with flange) will receive error code 5674 (3 units allowed per 2 rolling months - PA override) if the limitation is exceeded.

No claims will be reprocessed automatically as this update is a go-forward change.