



January 9, 2024

Nevada Medicaid Web Announcement 3259

Claims for Mammography Procedure Codes 77063 and 77067 Submitted With Modifiers TC or 26 That Denied In Error Have Been Reprocessed

Update to [Web Announcement 3136](#): Claims for Current Procedural Terminology (CPT) codes 77063 (Screening 3d breast mammography) and 77067 (Screening mammography) submitted with modifiers TC (Technical component) or 26 (Professional component) that denied in error with error code 5692 (1 unit allowed per rolling year - PA override) have been reprocessed automatically. The impacted claims had dates of service on or after July 31, 2023, and were processed prior to November 14, 2023.

Results of the reprocessed claims appear on remittance advices dated January 12, 2024. 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.