



**May 20, 2025**

**Nevada Medicaid Web Announcement 3636**

## **Attention Provider Type 64 (Hospice): Service Limitations Added in the Medicaid Management Information System (MMIS) for Hospice Revenue Codes**

Claims submitted by provider type (PT) 64 (Hospice) for certain hospice revenue codes were paying in error because the service limitations were not entered in the Medicaid Management Information System (MMIS).

The following service limitations have been entered in the MMIS for the impacted hospice revenue codes, effective February 1, 2019:

- 1 unit per day for the codes below. Claims that exceed the service limitation will deny with error code 5654 (1 unit allowed per day).
  - 0650 (Hospice Services – General)
  - 0651 (Hospice Services – Routine Home Care)
  - 0655 (Hospice Services – Inpatient Respite Care)
  - 0656 (Hospice Services – General Inpatient Care)
- A maximum of 24 hours per day for code 0652 (Hospice Services – Continuous Home Care). If more than 24 units are billed on a claim, the claim detail line will post error code 5611 (24 units allowed per day) and allow only 24 units.

Claims submitted by PT 64 for the revenue codes listed above that exceeded the service limitation and paid in error will be reprocessed automatically. The impacted claims have dates of service on or after February 1, 2019. Results of the reprocessed claims will appear on a future remittance advice.

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.