May 28, 2019

Announcement 1904

Instructions for 2019 Procedure Codes Requiring Prior Authorization

The following 2019 procedure codes require a prior authorization for claim adjudication:

2019 Procedure Code	Procedure Code Description
10009	Fine needle aspiration biopsy, including CT guidance; first lesion
10010	Fine needle aspiration biopsy, including CT guidance; each additional lesion
10011	Fine needle aspiration biopsy, including MR guidance; first lesion
10012	Fine needle aspiration biopsy, including MR guidance; each additional lesion
76391	Magnetic resonance (e.g., vibration) elastography
77046	Magnetic resonance imaging, breast, without contrast material; unilateral
77047	Magnetic resonance imaging, breast, without contrast material; biilateral
77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection, when performed; unilateral
77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection, when performed; bilateral
81163	BRCA1, BRCA2 (e.g., hereditary breast and ovarian cancer) gene analysis; full sequence analysis
81164	BRCA1, BRCA2 (e.g., hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis
81165	BRCA1 (e.g., hereditary breast and ovarian cancer) gene analysis; full sequence analysis
81166	BRCA1 (e.g., hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis
81167	BRCA2 (e.g., hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis
95836	Electrocorticogram from an implanted brain neurostimulator pulse generator/transmitter, including recording, with interpretation and written report
D9944	Occlusal guard - hard appliance, full arch
D9945	Occlusal guard - soft appliance, full arch
D9946	Occlusal guard - hard appliance, partial arch
E0447	Portable oxygen contents, liquid, 1 month's supply = 1 unit, prescribed amount at rest or nighttime exceeds 4 liters per minute
E0467	Home ventilator, multi-function respiratory device, also performs any or all of the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation, includes all accessories, components and supplies for all functions

2019 Procedure Code	Procedure Code Description
V5171	Hearing aid, contralateral routing device, monoaural, in the ear (ITE)
V5172	Hearing aid, contralateral routing device, monoaural, in the canal (ITC)
V5181	Hearing aid, contralateral routing device, monoaural, behind the ear (BTE)
V5211	Hearing aid, contralateral routing system, binaural, ITE/ITE
V5212	Hearing aid, contralateral routing system, binaural, ITE/ITC
V5213	Hearing aid, contralateral routing system, binaural, ITE/BTE
V5214	Hearing aid, contralateral routing system, binaural, ITC/ITC
V5215	Hearing aid, contralateral routing system, binaural, ITC/BTE
V5221	Hearing aid, contralateral routing system, binaural, BTE/BTE

Providers may request prior authorizations for dates of service which were due between January 1, 2019, and March 19, 2019, outside of timeliness, from May 28, 2019, until June 27, 2019.

Providers who have a prior authorization on any of the following discontinued codes, for dates of service from January 1, 2019, through March 19, 2019, may submit a data correction form to Nevada Medicaid asking that the prior authorization be moved to the new corresponding 2019 code. To make this request, use the Prior Authorization Data Correction form (FA-29) and submit it through the Provider Web Portal.

2019 Procedure Code	Discontinued Procedure Code
77046	77058
77047	77059
77048	77058
77049	77059
81163	81211
81164	81213
81165	81214
81166	81214
D9944	D9940
D9945	D9940
D9946	D9940

Claims Instructions: For claims outside of timely filing as a result of needing to obtain prior authorization within the 30-day period referenced in this web announcement, please submit the claim via Direct Data Entry on the Provider Web Portal and include an attachment with a reference to this Web Announcement 1904.