



October 4, 2023

Nevada Medicaid Web Announcement 3180

Prior Authorization Requirement Updated for Transplant and Infusion/Chemotherapy Procedure Codes

Effective with claims processed on or after October 2, 2023, the prior authorization requirement for transplant and infusion/chemotherapy procedure codes have been updated in the Medicaid Management Information System (MMIS) to match Nevada Medicaid policy.

No claims will be reprocessed automatically as these updates are go-forward changes.

The impacted provider types (PTs) are:

Provider Type	Provider Type Description
10	Outpatient Surgery, Hospital Based
12	Hospital, Outpatient
20	Physician, M.D., Osteopath, D.O.
24	Advanced Practice Registered Nurses
46	Ambulatory Surgical Centers
77	Physician's Assistant

The PA requirement has been corrected in MMIS for the following procedure codes, which require prior authorization. The impacted PTs are indicated for each procedure code.

Please note: Only procedure codes and corresponding provider types that have been updated are listed below. Procedure codes/provider types that previously had the correct PA designation in MMIS are not listed in this web announcement.

Cornea Transplant Procedure Code	Impacted Provider Type(s)
65757	PTs 20, 24, 77
65760	PTs 12, 20, 24, 77
65765	PTs 12, 20, 24, 77
65767	PTs 12, 20, 24, 77
65770	PTs 10, 12, 20, 24, 46, 77
65772	PTs 10, 12, 20, 24, 46, 77
65775	PTs 10, 12, 20, 24, 46, 77
65778	PTs 10, 12, 20, 24, 46, 77
65779	PTs 10, 12, 20, 24, 46, 77
65780	PTs 12, 20, 24, 77
65781	PTs 12, 20, 24, 77
65782	PTs 12, 20, 24, 77
65785	PTs 12, 20, 24, 77

Liver Transplant Procedure Code	Impacted Provider Type(s)
47140	PTs 20, 24, 77
47141	PTs 20, 24, 77
47142	PTs 20, 24, 77
Renal / Kidney Transplant Procedure Code	Impacted Provider Type(s)
50300	PTs 20, 24, 77
50323	PTs 20, 24, 77
50325	PTs 20, 24, 77
50327	PTs 20, 24, 77
50328	PTs 20, 24, 77
50329	PTs 20, 24, 77
50340	PTs 20, 24, 77
50360	PTs 20, 24, 77
50365	PTs 20, 24, 77
50370	PTs 20, 24, 77
50380	PTs 20, 24, 77
Infusion / Chemotherapy Procedure Code	Impacted Provider Type(s)
38240	PTs 12, 20, 24, 77
38241	PTs 12, 20, 24, 77
38242	PTs 12, 20, 24, 77
38243	PTs 10, 20, 24, 46, 77
Bone Marrow Transplant Procedure Code	Impacted Provider Type(s)
38204	PTs 12, 20, 24, 77
38207	PTs 12, 20, 24, 77
38208	PTs 12, 20, 24, 77
38209	PTs 12, 20, 24, 77
38210	PTs 12, 20, 24, 77
38211	PTs 12, 20, 24, 77
38212	PTs 12, 20, 24, 77
38213	PTs 12, 20, 24, 77
38214	PTs 12, 20, 24, 77
38215	PTs 12, 20, 24, 77
38220	PTs 12, 20, 24, 77
38221	PTs 12, 20, 24, 77
38222	PTs 10, 12, 20, 24, 46, 77
38230	PTs 12, 20, 24, 77
38232	PTs 10, 20, 24, 46, 77