



January 10, 2024

Nevada Medicaid Web Announcement 3260

Attention Provider Types 10 (Outpatient Surgery, Hospital Based) and 46 (Ambulatory Surgical Centers):

Anesthesia Procedure Codes 01937-01942 Cannot Be Billed

During the 2022 annual code update effective January 1, 2022, the anesthesia procedure codes listed below were opened in error for billing by provider types 10 (Outpatient Surgery, Hospital Based) and 46 (Ambulatory Surgical Centers). As all anesthesia codes are mapped to a surgical payment rate, PTs 10 and 46 are not allowed to bill the following procedure codes.

Procedure Code	Procedure Code Description
01937	Anesthesia drg/aspir crv/thrc
01938	Anesthesia drg/aspir lbr/sac
01939	Anesthesia nulyt agt crv/thrc
01940	Anesthesia nulyt agt lbr/sac
01941	Anesthesia neuromd/ntrvrt crv/thrc
01942	Anesthesia neuromd/ntrvrt lbr/sac

Effective with claims processed on or after January 9, 2024, the Medicaid Management Information System (MMIS) has been updated to correctly deny these procedure codes if billed by PTs 10 and 46.

Claims for the above procedure codes billed by PTs 10 and 46 with dates of service on or after January 1, 2022, through claims processed prior to January 9, 2024, that may have denied with an incorrect error code may be automatically reprocessed at a later date to deny with the correct error code. A future remittance advice will report the results of any reprocessed claims.

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.