



February 28, 2024

Nevada Medicaid Web Announcement 3290

Updates to Coverage and Limitations for Obstetric Admissions and Elective/Non-Medically Necessary Cesarean Sections

Updates to [Web Announcement 3256](#): Effective with dates of service on or after December 1, 2023, the coverage policies for obstetric admissions and for non-medically necessary cesarean sections have been updated as follows.

- Vaginal deliveries with a hospital stay of two days or less and cesarean section deliveries with a hospital stay of four days or less do not require prior authorization.
- Elective/non-medically necessary cesarean sections (e.g., performed for the convenience of the physician or recipient) are not covered. Reference [ICD-10 Diagnosis Codes Accepted by Nevada Medicaid Supporting Medical Necessity for Cesarean Section](#) for a list of ICD-10 diagnosis codes that have already been determined to support the medical necessity for a cesarean section.

Effective with claims with dates of service on or after December 1, 2023:

- Claims for obstetric deliveries will deny with the following new error codes if the limitation is exceeded:
 - Error code 5732 (2 units allowed per delivery - PA override) (Applies to revenue codes 112, 122, 132, 142 and 152)
 - Error code 5733 (2 units allowed per delivery - PA override) (Applies to Revenue Codes 170, 171 and 172)
- Claims for non-medically necessary cesarean sections will deny with the following error code:
 - Error code 4222 (Review C-section for medical necessity)

Claims for vaginal or C-section deliveries with dates of service on or after December 1, 2023, through claims processed on or before February 27, 2024, that paid in error may be reprocessed automatically at a later date. 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.