



**September 2, 2025**

**Nevada Medicaid Web Announcement 3708**

## **ICD-10-CM Emergency Diagnosis Codes and ICD-10 Diagnosis Codes for Medically Necessary Cesarean Sections Updated**

Claims for Emergency Medical Only (EMO) and Medically Necessary Cesarean Section services that were billed with one of the ICD-10 codes listed below as the primary diagnosis code have been denying in error because the codes were not entered in the Medicaid Management Information System (MMIS). Effective June 1, 2024, the ICD-10 codes have been entered in the MMIS, and claims will no longer deny.

- O34.211 - Maternal care for low transverse scar from previous cesarean delivery
- O34.212 - Maternal care for vertical scar from previous cesarean delivery
- O34.218 - Maternal care for other type scar from previous cesarean delivery
- O34.219 - Maternal care for unspecified type scar from previous cesarean delivery
- O75.82 - Onset (spontaneous) of labor after 37 completed weeks of gestation but before 39 completed weeks gestation, with delivery by (planned) cesarean section

Complete lists of all the diagnosis codes accepted by Nevada Medicaid for these services are available on the [Prior Authorization Procedure and Diagnosis Reference Lists](#) page.

Claims submitted with any of the above codes as the primary diagnosis code with dates of services on or after June 1, 2024, that denied with error code 4224 (No inpatient PA for non-emergent non-citizen SVCS) will be reprocessed automatically. 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.