



December 1, 2025

Nevada Medicaid Web Announcement 3778

Updates to Prior Authorization Requirements for Various Procedure Codes

Effective for claims with dates of service on or after December 1, 2025, prior authorization (PA) requirements have been removed for the following procedure codes when billed by certain provider types (PT).

Procedure Code	Description	Applicable PT
66989	Extracapsular Cataract Removal with Insertion of Intraocular Lens Prosthesis	10, 12, 20, 24, 46, 77, 96
D5751	Indirect Reline of Complete Mandibular Denture	20/170
17108	Destruction Of Skin Lesions	12, 96
21026	Excision Of Facial Bone(S)	10, 12, 20, 24, 46, 77, 96
21029	Contour Of Face Bone Lesion	10, 12, 20, 24, 46, 77, 96
28341	Resection Enlarged Toe	10, 12, 20, 21, 24, 46, 77, 96
28899	Unlisted Procedure, Foot/Toes	12, 20, 24, 77, 96
32999	Unlisted Procedure, Lungs & Pleura	12, 20, 24, 77, 96
43252	EGD Optical Endomicroscopy	10, 20, 24, 46, 77
47379	Unlisted Laparoscopic Procedure on Liver	12, 20, 24, 77, 96
48999	Unlisted Procedure, Pancreas	12, 20, 24, 77, 96
54163	Repair Of Circumcision	10, 12, 20, 24, 46, 77, 96
54304	Revision Of Penis	12, 20, 24, 77, 96

Descriptions of the impacted PTs:

Provider Type	Description
10	Outpatient Surgery, Hospital Based
12	Hospital, Outpatient
20	Physician, M.D., Osteopath, D.O.
20 specialty 170	Maxillofacial Surgery
21	Podiatrist
24	Advanced Practice Registered Nurses
46	Ambulatory Surgical Centers
77	Physician's Assistant
96	Rural Emergency Hospital, Outpatient