



December 29, 2025

Nevada Medicaid Web Announcement 3802

Prior Authorization Requirements Updated for Gender Dysphoria Services

Effective on claims with dates of service on or after December 29, 2025, certain gender dysphoria services now require prior authorization (PA) when they are billed with one of the following diagnosis codes: F64.0, F64.1, F64.2, F64.8, F64.9, or Z87.890. Claims without these diagnosis codes do not require PA.

Please note, modifier KX or condition code 45 is still required for claims for transgender individuals. See [Web Announcement 2771](#) for more information.

The impacted gender dysphoria codes are:

Procedure Code	Description
54308	Reconstruction of Urethra
54312	Reconstruction of Urethra
54326	Reconstruction of Urethra
54328	Revise Penis/Urethra
54360	Penis Plastic Surgery
56441	Lysis of Labial Lesion

This update applies to the following provider types (PT):

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
96	Rural Emergency Hospital, Outpatient