



February 13, 2026

Nevada Medicaid Web Announcement 3841

2026 Annual New Code Update

Update to [Web Announcement 3788](#): The 2026 new codes have been added to the Medicaid Management Information System (MMIS) effective with dates of service on or after January 1, 2026. The corresponding rates are in the process of being updated.

For dates of service on or after January 1, 2026, when applicable, please use the appropriate new 2026 Current Procedural Terminology (CPT), Healthcare Common Procedure Coding System (HCPCS) and American Dental Association (ADA) codes.

Claims processed on or after January 1, 2026, with 2026 codes will suspend with error code 853 (HCPCS - Annual Update - Suspend Claims) until rates and policy (limitations and prior authorization requirements) are updated in the MMIS. Claims for some codes that have earlier effective dates may also be suspending with error code 853.

During the annual code update process, prior authorization timeliness submission requirements will be bypassed for the new procedure codes that require prior authorization, and providers will be allowed to submit retroactive prior authorization requests.

An additional web announcement will be posted when the rates and policy for the 2026 codes have been updated in MMIS, and when the suspended claims are released for adjudication.

When claims are reprocessed or released for adjudication, 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.