



**March 18, 2026**

**Nevada Medicaid Web Announcement 3868**

**Attention Provider Type 33 (Durable Medical Equipment, Prosthetics, Orthotics and Supplies):**

**Authorization Criteria Updated to Remove Incorrect Requirements**

The Authorization Criteria feature in the Provider Web Portal (PWP) was incorrectly stating that prior authorization (PA) was required for the catheter procedure codes below if service limitations were exceeded. PA may not be used to exceed the service limitation of 200 units per rolling month. Claims that exceed the limitation will deny with error code 5731 (200 units allowed per rolling month).

Effective March 16, 2026, the Authorization Criteria feature has been updated to no longer indicate that prior authorization (PA) is required for these codes if service limitations are exceeded.

Impacted procedure codes:

- A4351 (Straight tip urine catheter)
- A4352 (Coude [curved] tip urinary catheter)
- A4353 (Intermittent urinary catheter)