



June 8, 2026

Nevada Medicaid Web Announcement 3937

Attention Provider Types 20 (Physician, M.D., Osteopath, D.O.), 24 (Advanced Practice Registered Nurse), 27 (Radiology and Non-Invasive Diagnostic Centers), and 77 (Physician's Assistant):

Updates to Radiation Therapy Codes

Effective January 1, 2026, changes were made to radiation therapy codes. Procedure codes 77385, 77386, and 77014 have been terminated and replaced with procedure code 77387 (Imaging Guidance for Localization of Radiation Treatment). Procedure code 77387 will now be used to bill all image guidance services.

Additionally, Healthcare Common Procedure Coding System (HCPCS) codes G6001–G6017 have been terminated and consolidated into the following Current Procedural Terminology (CPT) treatment delivery codes:

- 77402 (Delivery of Level 1 Radiation Treatment)
- 77407 (Delivery of Level 2 Radiation Treatment)
- 77412 (Delivery of Level 3 Radiation Treatment)

Effective for claims with dates of service on or after January 1, 2026, these radiation therapy codes have been opened for billing by the appropriate provider type (PT).

- 77387 is open to:
 - 20 (Physician, M.D., Osteopath, D.O.)
 - 24 (Advanced Practice Registered Nurse)
 - 27 (Radiology and Non-Invasive Diagnostic Centers)
 - 77 (Physician's Assistant)
- 77407 and 77412 are open to:
 - 20 (Physician, M.D., Osteopath, D.O.)
- 77402 is unchanged, and is open to:
 - 20 (Physician, M.D., Osteopath, D.O.)

Claims for codes 77387, 77407, and 77412 with dates of service on or after January 1, 2026, that denied with error code 4150 (Perf/Facility PT/PS restriction proc billing rule) 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.