

Date: 05/12/09

# Web Announcement 259

## Important Notice Regarding Certain Procedure Codes and Prior Authorization Requirements Effective May 1, 2009

As previously mentioned in Web Announcement 253, the Division of Health Care Financing and Policy (DHCFP) has determined that changes to certain procedure codes will promote the use of uniform language to describe medical, surgical and diagnostic services and provide fiscal savings for Nevada Medicaid/Nevada Check Up. The following changes are effective with dates of service on and after May 1, 2009.

- A prior authorization (PA) is now required for procedure codes 76499 (Radiographic Procedure), 84999 (Clinical Chemistry Test), 94799 (Pulmonary Service/Procedure) and A4641 (Radiopharm DX Agent NOC).
- Procedure code A4649 (Surgical Supplies) now requires a PA only when billed by provider type 33 (Durable Medical Equipment, Prosthetics, Orthotics and Disposable Medical Supplies).
- Procedure code L8499 (Unlisted Procedure For Miscellaneous Prosthetic Services) is no longer covered for provider type 33. Code L8499 is covered for provider types 12, 17, 20, 21, 24, 25, 34, 36, 72, 74 and 77 and it continues to require a PA.