



January 5, 2024 (Updated January 22, 2024)

Nevada Medicaid Web Announcement 3256

Updates to Coverage and Limitations for Obstetric Admissions

Effective December 1, 2023, Medicaid Services Manual (MSM) Chapters 200 (Hospital Services) and 600 (Physician Services) have been updated to revise the coverage and limitations for obstetric admissions.

Elective/non-medically necessary cesarean sections (e.g., performed for the convenience of the physician or recipient) are not covered. Reference [ICD-10 Diagnosis Codes Accepted by Nevada Medicaid Supporting Medical Necessity for Cesarean Section](#) for a list of ICD-10 diagnosis codes that have already been determined to support the medical necessity for a cesarean section.

Prior authorization is required for an obstetric or newborn admission which, from date of delivery, exceeds **two** calendar days for vaginal or four calendar days for a medically necessary cesarean delivery.

Nevada Medicaid will accept as timely any authorization requests for obstetric admissions that are impacted by the above change and are for dates of service on or after December 2, 2023, through February 4, 2024. These authorization requests must be submitted no later than February 15, 2024. After February 15, 2024, all prior authorization submission timeline guidelines apply.