



March 6, 2024

Nevada Medicaid Web Announcement 3298 (Updated May 8, 2024)

Attention Provider Types 12 (Hospital, Outpatient) and 43 (Laboratory, Pathology Clinical): Biomarker Testing Procedure Codes Update

During the 82nd Nevada Legislative Session (2023), Assembly Bill (AB) 155 passed requiring the Division of Health Care Financing and Policy (DHCFP) to cover additional biomarker testing for diagnosis, treatment, management and monitoring of cancer.

Effective with dates of service on or after October 1, 2023, the following procedure codes can be billed by provider types 12 (Hospital, Outpatient) and 43 (Laboratory, Pathology Clinical):

- 81210, 81235, 81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81301, 81317, 81318, 81319, 86300 and 86304

Beginning with dates of service on or after March 1, 2024, prior authorization is required for the above procedure codes. Claims without a PA will deny with error code 3001 (Prior authorization not found). Please see [Web Announcement 3267](#) regarding the prior authorization requirements.

The following procedure codes are no longer billable by Nevada Medicaid providers:

- 81212, 81215, 81217, 81228, 81229, 81349, 81512, 81513, 81522.

Claims submitted by PT 12 and PT 43 for the following Biomarker Testing procedure codes with dates of service on or after October 1, 2023, and process dates on or before March 5, 2024, will be automatically reprocessed:

- Claims for procedure codes 81210, 81235, 81292, 81293, 81294, 81295, 81296, 81297, 81298, 81299, 81300, 81301, 81317, 81318, 81319, 86300 and 86304 that denied with error code 3340 (Service not covered by NV Medicaid).
- Claims for procedure codes 81212, 81215, 81217, 81228, 81229, 81349, 81512, 81513, 81522 that paid.

(Update: See remittance advices dated May 10, 2024, for results of the reprocessed claims.)

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.