



August 14, 2024

Nevada Medicaid Web Announcement 3416

Attention Provider Types 10 (Outpatient Surgery, Hospital Based), 12 (Hospital, Outpatient) and 46 (Ambulatory Surgical Centers, Freestanding):

Additional Coverage for Gender Dysphoria and Gender Incongruence

During the 82nd Legislature, Senate Bill (SB) 163 was passed which requires the Division of Health Care Financing and Policy (DHCFP) to cover medically necessary treatment related to gender dysphoria and gender incongruence.

Effective with dates of service on or after July 1, 2023, the following procedure codes can be billed by provider types (PT) 10 (Outpatient Surgery, Hospital Based) and 46 (Ambulatory Surgical Centers, Freestanding):

- 15201, 19325, 53415, 54125, 54411, 54535, 54560, 54600, 55866, 56805, 57106, 57107, 57109, 57110, 57111, 57292, 57295, 57296, 57335, 58150, 58152, 58180, 58275, 58280, 58285, 58554, 58940

Effective with dates of service on or after July 1, 2023, the following procedure codes can be billed by PT 12 (Hospital, Outpatient)

- 19303, 57295, 57296

Per SB 163, beginning with dates of service on or after September 1, 2024, prior authorization (PA) is required for the following procedure codes when services are related to gender dysphoria and gender incongruence:

- 19318, 19325, 53415, 53420, 53425, 53430, 54120, 54125, 54411, 54520, 54522, 54530, 54535, 54550, 54560, 54600, 54620, 54640, 54640, 54650, 54670, 54680, 54690, 55175, 55180, 55866, 56620, 56625, 56800, 56805, 56810, 57106, 57107, 57109, 57110, 57111, 57292, 57295, 57296, 57335, 57426, 58150, 58152, 58180, 58260, 58262, 58275, 58280, 58285, 58290, 58291, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58660, 58661, 58720, 58940

Claims without a PA will deny with error code 3001 (Prior authorization not found).

Additionally, modifier KX or condition code 45 is still required for claims for transgender individuals. See [Web Announcement 2771](#) for more information.

Claims submitted by PT 10, PT 12 and PT 46 for the following procedure codes with dates of service on or after July 1, 2023, and process dates on or before August 12, 2024, that may have denied with error codes 3340 (Service not covered by NV Medicaid), 4192 (Principal Diagnosis Gender Conflict), 4963 (Gender Restriction for Procedure Billing Rule) or 7213 (Procedure is Invalid for Patient's Sex) when the claim was submitted with the KX modifier or condition code 45 will be automatically reprocessed:

- 19303, 19316, 19318, 19325, 19340, 19342, 19350, 53415, 53420, 53425, 53430, 54120, 54125, 54400, 54401, 54405, 54406, 54408, 54410, 54411, 54415, 54416, 54417, 54520, 54522, 54530, 54535, 54550, 54560, 54600, 54620, 54640, 54650, 54660, 54670, 54680, 54690, 55175, 55180, 55866, 56620, 56625, 56800, 56805, 56810, 57106, 57107, 57109, 57110, 57111, 57291, 57292, 57295, 57296, 57335, 57426, 58150, 58152, 58180, 58260, 58262, 58275, 58280, 58285, 58290, 58291, 58541, 58542, 58543, 58544, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58660, 58661, 58720, 58940

A future remittance advice will report the result of any reprocessed claims. Please note: 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.