



**November 6, 2024**

**Nevada Medicaid Web Announcement 3475**

## **Attention All Providers: Drug-Related Procedure Codes Open for Billing**

Some non-covered procedure codes for prescribed drugs are now covered by Nevada Medicaid with various effective dates. The following procedure codes have been updated in the Medicaid Management Information System (MMIS) with the effective date listed and are now payable:

<b>Procedure Code</b>	<b>Effective Date</b>
J9380	Dates of service on or after July 1, 2023
90587, 90619, 90625, 90694, 90697, 90738, J0879, Q0221, Q2038, Q2053, Q2054, Q2056, Q5125, S0013, S0088, S0122, S0148, S0156, S0190, S1091, S5010, S5012, S5550, S5551, S5552, S5553, S5561, S5566, S5570, S5571	Dates of service on or after November 1, 2023
90589, 90623, 90683	Dates of service on or after January 1, 2024
Q0224	Dates of service on or after March 22, 2024
J0177, J0209, J0577, J0578, J0589, J0650, J0651, J0652, J1010, J1202, J1203, J1323, J1434, J2277, J2782, J2801, J2919, J3055, J3424, J7165, J7354, J9073, J9074, J9075, J9248, J9376, Q5133	Dates of service on or after April 1, 2024
J0211, J0687, J0872, J0911, J1597, J1598, J1748, J2183, J2246, J2267, J2373, J2468, J2470, J2471, J3247, J3263, J3393, J3394, J7171, J7355, J8611, J8612	Dates of service on or after July 1, 2024

Additionally, effective December 1, 2024, the codes below will require prior authorization (PA). Claims submitted for these codes without PA will be denied with error code 3001 (Prior Authorization not found).

- Q5127 (Injection, Stimufend, 0.5 MG)
- Q5128 (Injection, Cimerli, 0.1 MG)
- Q5129 (Injection, Vegzelma, 10 MG)
- Q5130 (Injection, Fynetra, 0.5 MG)

Any claims submitted for the procedure codes listed in the table above that denied will be reprocessed automatically. Details of the reprocessed claims will be available on a future remittance advice message. Results of 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.