



February 27, 2026

Nevada Medicaid Web Announcement 3851

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

Procedure Codes C1767 and C1778 Opened for Billing

Vagus Nerve Stimulation (VNS) Therapy Devices

During the 83rd Nevada Legislative Session (2025), Assembly Bill (AB) 284 was passed which allows providers to bill vagus nerve stimulation (VNS) therapy devices separately when surgery is approved for a diagnosis of refractory epilepsy.

Effective for claims with dates of service on or after March 1, 2026, procedure codes **C1767** (Generator, Neurostimulator (implantable), Non-Rechargeable) and **C1778** (Lead, Neurostimulator (implantable)) are opened for billing by provider types (PT) 10 (Outpatient Surgery, Hospital Based), 12 (Hospital, Outpatient), and 46 (Ambulatory Surgical Centers).

Claims for these procedure codes must include one of the following diagnosis codes for refractory epilepsy: G40.011, G40.019, G40.111, G40.119, G40.211, G40.219, G40.833, G40.834, G40.C11, G40.C19, or Z45.42.

Surgical Codes Billable by PTs 10, 12, and 46

The surgery codes listed below are open for billing by PTs 10 and 46, and effective for claims with dates of service on or after March 1, 2026, the codes are also open for billing by PT 12.

- 61885 (Insertion of brain neurostimulator pulse device with connection to single electrode array)
- 64568 (Insertion of cranial nerve neurostimulator electrode and generator)
- 64569 (Revision of cranial nerve neurostimulator electrodes)
- 64570 (Removal of cranial nerve neurostimulator electrodes)

For PTs 10, 12, and 46, approved prior authorization (PA) is required for these surgery codes for the submission of claims for C1767 and C1778; if there is no approved PA for the surgery, the claim for the devices will not process correctly and will be denied.

The rate for surgery will be updated for PTs 10 and 46 to offset the new reimbursement structure on a future date, and claims will be reprocessed after the Medicaid Management Information System (MMIS) is updated.

Acquisition Cost Invoice

The VNS device will be reimbursed at 82% of Acquisition Cost.

An Acquisition Cost Invoice must be submitted with claims for codes C1767 and C1778 that follow these requirements:

- Includes basic cost of the goods.
- Identifies the manufacturer providing the item (name, address, etc.), invoice number, date, identification of the equipment.

- Identifies the provider (name, address, NPI, etc.) submitting the invoice.
- Must be no more than six months (180 days old) from the date of service.
- An invoice with an altered price or date will not be accepted.

Questions regarding the policy for VNS therapy services, contact the Medical & Dental Benefits Coverage Unit inbox, medicalprograms@nvha.nv.gov.

Questions regarding the submission of prior authorizations and claims for VNS therapy services, contact Nevada Medicaid's Quality Improvement Organization (QIO)-like vendor, Gainwell Technologies.