



October 3, 2023

Nevada Medicaid Web Announcement 3178

Prior Authorization Requirements Removed for Hernia Procedure Codes

During the 2023 annual code update effective January 1, 2023, some hernia procedure codes were entered in the Medicaid Management Information System (MMIS) with prior authorization (PA) requirements. The Division of Health Care Financing and Policy (DHCFP) has determined PA is not required for the procedure codes listed below:

Procedure Code	Procedure Code Description
49591	RPR VENTRAL HERN INIT BLOCK
49592	RPR AA HRN 1ST < 3 NCR/STRN
49593	RPR AA HRN 1ST 3-10 RDC
49594	RPR AA HRN 1ST 3-10 NCR/STRN
49595	RPR AA HRN 1ST > 10 RDC
49596	RPR AA HRN 1ST > 10 NCR/STRN
49613	RPR AA HRN RCR < 3 RDC
49614	RPR AA HRN RCR < 3 NCR/STRN
49615	RPR AA HRN RCR 3-10 RDC
49616	RPR AA HRN RCR 3-10 NCR/STRN
49617	RPR AA HRN RCR > 10 RDC
49618	RPR AA HRN RCR > 10 NCR/STRN
49621	RPR PARASTOMAL HERNIA RDC
49622	RPR PARASTOMAL HRNA NCR/STRN
49623	RMVL NINFCT MESH HERNIA RPR

Effective on claims processed on or after October 2, 2023, the PA requirement has been removed from the above procedure codes and the claims will no longer deny if a prior authorization is not present.

Claims for the above procedure codes with dates of service on or after January 1, 2023, through claims processed prior to October 2, 2023, that denied if no PA was present may be automatically reprocessed at a later date. A future remittance advice will report the results of any 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.