



December 18, 2023

Nevada Medicaid Web Announcement 3240

2024 Annual New Code Update

The Centers for Medicare & Medicaid Services (CMS) has provided the 2024 new codes to the Division of Health Care Financing and Policy (DHCFP). The new 2024 codes will be added to the Medicaid Management Information System (MMIS) by January 1, 2024.

For dates of service on or after January 1, 2024, when applicable, please use the appropriate new 2024 Current Procedural Terminology (CPT), Healthcare Common Procedure Coding System (HCPCS) and American Dental Association (ADA) codes.

Effective with claims processed on or after January 1, 2024, claims with 2024 codes will suspend with error code 853 (HCPCS - Annual Update - Suspend Claims) until rates and policy (limitations and prior authorization requirements) are updated in the MMIS. Claims for some codes that have earlier effective dates may also be suspending with error code 853.

During the annual code update process, prior authorization timeliness submission requirements will be bypassed for the new procedure codes that require prior authorization and providers will be allowed to submit retroactive prior authorization requests.

Additional web announcements will be posted when the rates and policy for the 2024 codes have been updated in MMIS, when the suspended claims will be released for adjudication, and when the deadline has been determined for providers to submit prior authorization requests for the new procedure codes.

Please note: When claims are reprocessed or released for adjudication, 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.