



February 27, 2024

Nevada Medicaid Web Announcement 3289

Attention Provider Types 12 (Hospital, Outpatient) and 27 (Radiology and Non-invasive Diagnostic Centers):

Electrophysiological Procedure Codes Opened for Billing

The electrophysiological procedure codes listed below have been denying in error when billed by provider types (PTs) 12 (Hospital, Outpatient) and 27 (Radiology and Non-invasive Diagnostic Centers). Effective with claims processed on or after February 26, 2024, the Medicaid Management Information System (MMIS) has been updated and claims for these procedure codes billed by PTs 12 and 27 will no longer deny with error code 4801 (No billing rule for procedure).

Procedure Code	Procedure Code Description	Provider type(s) that can bill this procedure code
93644	Electrophysiology evaluation	PT 27
93653	Comprehensive EP evaluation TX SVT	PT 12 and PT 27
93654	Comprehensive EP evaluation TX VT	PT 12 and PT 27
93655	Ablate arrhythmia add on	PT 12 and PT 27
93656	Comprehensive EP evaluation ABLTJ ATR FIB	PT 12 and PT 27
93657	TX L/R ATRIAL FIB ADDL	PT 12 and PT 27

Any claims submitted by PT 12 and PT 27 for the procedure codes listed above that denied with error code 4801 will be reprocessed automatically at a later date. The impacted claims that will be reprocessed had dates of service on or after February 1, 2019, and were processed on or before February 27, 2024. 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.