

Medicaid Services Manual
Transmittal Letter

February 29, 2024

To: Custodians of Medicaid Services Manual

From: Casey Angres
Chief of Division Compliance

Subject: Medicaid Services Manual Changes
Chapter 800 – Laboratory

Background And Explanation

Revisions to Medicaid Services Manual (MSM) Chapter 800– Laboratory are being proposed to update language regarding prior authorizations and the hearing process for denials for biomarker testing.

Throughout the chapter, grammar, punctuation, and capitalization changes were made, duplications removed, acronyms used and standardized, and language reworded for clarity. Renumbering and re-arranging of sections was necessary.

Entities Financially Affected: Hospital, Outpatient Provider Type (PT 12) and Laboratory-Pathology/Clinic (PT 43)

Financial Impact on Local Government: Unknown at this time.

These changes are effective March 1, 2024.

Material Transmitted	Material Superseded
MTL OL MSM Chapter 800 – Laboratory Services	MTL 15/14 MSM Chapter 800 – Laboratory Services

Manual Section	Section Title	Background and Explanation of Policy Changes, Clarifications and Updates
803.1C(3)	Prior Authorization	Added biomarker testing for cancer.
803.1C(3)(a)		Added language about denial of coverage for biomarker testing.

DRAFT	MTL 15/14OL
DIVISION OF HEALTH CARE FINANCING AND POLICY	Section: 803
MEDICAID SERVICES MANUAL	Subject: POLICY

- g. Test performed;
 - h. Date the test was performed;
 - i. Results of the test and the date of reporting; and
 - j. Name and address of the laboratory where any specimen is referred, if applicable.
12. Ensure that there is a written report on file for laboratory and pathology services that have a professional component requiring physician interpretation, whether or not "with interpretation and report" is stated in the code description of the service provided.
 13. Maintain a quality-control program and make results of proficiency testing programs available to Nevada Medicaid or the QIO-like vendor upon request.

803.1C PRIOR AUTHORIZATION

The ordering physician must obtain prior authorization for the following services, except for Medicare/Medicaid dual eligible recipients who are still eligible for Medicare benefits:

1. Genotype and phenotype assay testing for recipients with chronic HIV infection prior to initiation of highly active antiretroviral therapy.
2. Laboratory tests referred by a physician office laboratory directly to an out of state laboratory.
3. **Laboratory tests used for biomarker testing for cancer.**
 - a. **A recipient of Medicaid or provider of health care may appeal a denial of coverage for biomarker testing in accordance with Chapter 3100 of the Medicaid Services Manual.**