



April 3, 2023

Nevada Medicaid Web Announcement 3043

Procedure Code 99215 Limitations and Prior Authorization Requirements

The service limitations for procedure code 99215 (Office Established Patient Visit, 40-54 minutes) are as follows:

- On claims with dates of service on or after February 1, 2019, through July 31, 2022: A recipient is allowed 2 units per 12 rolling months by a single provider.
- On claims with dates of service on or after August 1, 2022: A recipient is allowed 2 units per 12 rolling months by a provider or providers with the same provider type and specialty.

A prior authorization is required to exceed both of the above limitations. An example of the second limitation is: If a claim is submitted for procedure code 99215, and two claims for 99215 for the same recipient have been paid to a provider or providers with the same provider type and specialty within 12 rolling months, then the third claim will need to have a prior authorization, or it will deny with error code 5574 (2 units allowed per 12 rolling months-PA override).

The above limitations do not apply when procedure code 99215 is billed with modifier U5 or an opioid addiction diagnosis code.