



August 18, 2025

Nevada Medicaid Web Announcement 3699

Attention Provider Type 60 (School Health Services): Service Limitations Added for Procedure Codes 99401, 99402, 99403, and 99404

Effective August 1, 2024, the service limitations for the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) codes below have been updated in the Medicaid Management Information System (MMIS) for provider type (PT) 60 (School Health Services) to match the limitations defined in the [Provider Type 60 Billing Guide](#). The service limitation is 1 unit per day for these codes, and claims that exceed the service limitation will deny with error code 5537 (1 unit allowed per day).

See the table below for the impacted codes.

Code	Description
99401	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes.
99402	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes.
99403	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes.
99404	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes.

Additionally, effective August 1, 2024, error code 5540 (2 units allowed per calendar year) no longer applies to code 99401 when billed by PT 60.

Claims billed by PT 60 with dates of service on or after August 1, 2024, that exceeded the service limitations for the above codes and paid in error will be reprocessed automatically. Results of the reprocessed claims will appear on a future remittance advice.

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.