



**January 6, 2026**

**Nevada Medicaid Web Announcement 3813**

## **Attention Providers Who Bill Procedure Code 95165: Service Limitation Has Been Updated**

The service limitation for procedure code 95165 (Antigen Therapy Services) has been updated to 120 units per rolling year. Prior authorization (PA) may be used to exceed this limitation, but claims that exceed the limit without PA will deny with error code 5750 (120 units allowed per 1 rolling year – PA Override).

This update applies to provider type (PT) 20 (Physician, M.D., Osteopath, D.O.) for claims with dates of service on or after April 28, 2025.

This update applies to the following PTs for claims with dates of service on or after January 5, 2026:

- 12 (Hospital, Outpatient)
- 24 (Advanced Practice Registered Nurses)
- 27 (Radiology and Non-Invasive Diagnostic Centers)
- 77 (Physician's Assistant)
- 96 (Rural Emergency Hospital (REH), Outpatient)

No claims submitted by PTs 12, 24, 27, 77, or 96 will be reprocessed automatically as this is a go-forward update.

Claims submitted by only PT 20 for procedure code 95165 that had PA to exceed service limitations but were denied will be reprocessed automatically. The claims have dates of service on or after April 28, 2025. 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.