



November 21, 2022

Web Announcement 2944

Attention Provider Type 20 (Physician, M.D., Osteopath, D.O.):

Limitation Error Codes 5694 and 5695 Will Apply to Claims for Procedure Code H2011

Procedure code H2011 (Crisis Intervention Service, per 15 minutes) has a current limitation of four hours per day over a 3-day period (one occurrence) without a prior authorization (PA) and a maximum of 3 occurrences over a 90-day period without a PA.

Claims for procedure code H2011 with provider type 20 (Physician, M.D., Osteopath, D.O.) as the rendering and/or billing provider that exceeded the limitation without a PA may have paid in error instead of denying with error codes 5694 (16 units allowed per day – PA override) or 5695 (3 occurrences allowed in 90 rolling days – PA override).

Effective with dates of service on or after November 21, 2022, claims for procedure code H2011 with PT 20 as the rendering and/or billing provider that exceed the limitation without a PA will deny correctly with error codes 5694 or 5695.

No claims will be automatically reprocessed as this is a go-forward system change to match Nevada Medicaid policy.