



April 13, 2026

Nevada Medicaid Web Announcement 3892

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

Billing Instructions for Inpatient Hospital Care Including Critical Care

Effective for claims processed on or after February 25, 2026, Current Terminology Procedure (CPT) codes 99252–99255 may not be billed on the same day for the same recipient by providers of the same billing group and rendering provider specialty. Claims submitted by providers in the same billing group and specialty must bill procedure code 99291 and 99292. This scenario is allowed only if critical care is necessary.

These billing instructions also apply to procedure codes 99221, 99222, 99223, 99231, 99232, and 99233. Claims for these codes with the above criteria will also deny with error code 5081 (IP visit same billing prov same day not allowed).

Refer to the [PT 20, 24, 77 Billing Guide](#) for detailed information about billing inpatient hospital care services.

Code descriptions:

Procedure Code	Description
99252	Initial inpatient or observation consultation for a new or established patient requiring a medically appropriate history/examination and straightforward medical decision-making (35 minutes)
99253	Initial inpatient or observation consultation for a new or established patient, involving a low level of medical decision-making (45 minutes)
99254	Initial inpatient or observation consultation for a new or established patient that requires a medically appropriate history and/or examination and a moderate level of medical decision-making (MDM) (60 minutes)
99255	High-level inpatient or observation consultations for new or established patients, requiring a comprehensive history, examination, and high-level medical decision-making (MDM) (80 minutes)
99291	Critical care service provided for first 30-74 minutes
99292	Add-on code used to report each additional 30 minutes of critical care services provided beyond the initial 74 minutes