

**Provider Type 17, Specialty 166, Special Clinic, Family Planning
Reimbursement Schedule**

This schedule reflects rate data as of : 6/1/2019

This provider type was last subject to a rate review* on : 11/2016

**Rate review refers to a comprehensive review of all the rates associated with this provider type. In 2017 the NV Legislature passed Assembly Bill 108 which, starting in 2018, requires NV Medicaid to perform a comprehensive rate review for each provider type at least once every four years. These reviews may or may not result in changes to reimbursement amounts.*

Notes:

Procedure codes with a rate of \$0.00 are reimbursed at 62% of Usual and Customary charges unless noted otherwise in Nevada Medicaid policy. "J" and "Q" codes with a rate of \$0.00 and that do not require an NDC number when billed are reimbursed at 85% of AWP unless noted otherwise in Nevada Medicaid policy. CPT codes, descriptions and other data only are copyright © 2008 American Medical Association. All rights reserved. Applicable FARS/DFARS apply. CPT is a registered trademark ® of the American Medical Association.

Proc	Desc	Mod	Rate	Rate Begin Date
11976	Remove contraceptive capsule		67.56	1/1/1992
11980	Implant hormone pellet(s)		55.09	1/1/2000
11981	Insert drug implant device		56.59	8/1/2012
55250	Removal of sperm duct(s)		173.76	1/1/1982
57170	Fitting of diaphragm/cap		34.90	1/1/1982
57452	Exam of cervix w/scope		39.63	1/1/1984
57454	Bx/curett of cervix w/scope		51.58	1/1/1984
57455	Biopsy of cervix w/scope		76.78	1/1/2003
57456	Endocerv curettage w/scope		72.04	1/1/2003
57461	Conz of cervix w/scope leep		133.37	1/1/2003
58300	Insert intrauterine device		38.64	1/1/1982
58301	Remove intrauterine device		48.86	8/1/2012
59425	Antepartum care only		365.05	1/1/1980
59426	Antepartum care only		626.07	1/1/1980
59430	Care after delivery		125.72	1/1/1980
80305	DRUG TEST PRSMV DIR OPT OBS		14.21	1/1/2017
80306	DRUG TEST PRSMV INSTRMNT		18.95	1/1/2017
80307	DRUG TEST PRSMV CHEM ANALYZR		75.81	1/1/2017
81000	Urinalysis nonauto w/scope		2.22	7/1/2005
81002	URINALYSIS NONAUTO W/O SCOPE		1.79	7/1/2005
81025	Urine pregnancy test		4.43	7/1/2005
83037	Glycosylated hb home device		7.09	6/1/2009
84156	ASSAY OF PROTEIN URINE		2.56	7/1/2005
87210	Smear wet mount saline/ink		2.99	7/1/2005
87220	Tissue exam for fungi		2.99	7/1/2005
87660	Trichomonas vagin dir probe		14.02	7/1/2005
88112	Cytopath cell enhance tech	26	66.61	1/1/2004
88112	Cytopath cell enhance tech	TC	57.88	1/1/2004

Proc	Desc	Mod	Rate	Rate Begin Date
88112	Cytopath cell enhance tech		124.49	1/1/2004
90471	Immunization admin		7.80	1/1/2011
90472	Immunization admin each add		7.80	1/1/2011
90473	Immune admin oral/nasal		7.80	1/1/2011
90474	Immune admin oral/nasal addl		7.80	1/1/2011
90581	ANTHRAX VACCINE SC OR IM		113.17	5/23/2006
90585	BCG VACCINE PERCUT		114.92	1/1/1980
90586	Bcg vaccine intravesical		148.66	5/23/2006
90675	Rabies vaccine im		91.93	1/1/1980
90676	Rabies vaccine id		67.39	1/1/1980
90690	Typhoid vaccine oral		19.26	1/1/1980
90691	Typhoid vaccine im		26.92	1/1/1980
90717	YELLOW FEVER VACCINE SUBQ		37.65	1/1/1980
90740	HEPB VACC 3 DOSE IMMUNSUP IM		73.11	1/1/1980
90747	HEPB VACC 4 DOSE IMMUNSUP IM		73.11	1/1/1980
90748	HIB-HEPB VACCINE IM		32.39	1/1/1980
99201	OFFICE/OUTPATIENT VISIT NEW		21.01	1/1/1980
99202	OFFICE/OUTPATIENT VISIT NEW		38.08	1/1/1980
99203	OFFICE/OUTPATIENT VISIT NEW		57.13	1/1/1980
99204	OFFICE/OUTPATIENT VISIT NEW		80.99	1/1/1980
99211	OFFICE/OUTPATIENT VISIT EST		12.69	1/1/1980
99212	OFFICE/OUTPATIENT VISIT EST		22.54	1/1/1980
99213	OFFICE/OUTPATIENT VISIT EST		31.30	1/1/1980
99214	OFFICE/OUTPATIENT VISIT EST		48.81	1/1/1980
99381	Init pm e/m new pat infant		59.07	5/23/2006
99382	INIT PM E/M NEW PAT 1-4 YRS		59.07	5/23/2006
99383	PREV VISIT NEW AGE 5-11		59.07	5/23/2006
99384	PREV VISIT NEW AGE 12-17		59.07	5/23/2006
99385	PREV VISIT NEW AGE 18-39		59.07	5/23/2006
99386	Prev visit new age 40-64		94.28	9/1/2018
99387	INIT PM E/M NEW PAT 65+ YRS		102.49	9/1/2018
99391	Per pm reeval est pat infant		59.07	5/23/2006
99392	PREV VISIT EST AGE 1-4		59.07	5/23/2006
99393	PREV VISIT EST AGE 5-11		59.07	5/23/2006
99394	PREV VISIT EST AGE 12-17		59.07	5/23/2006
99395	PREV VISIT EST AGE 18-39		59.07	5/23/2006
99396	Prev visit est age 40-64		78.19	9/1/2018
99397	PER PM REEVAL EST PAT 65+ YR		84.21	9/1/2018
99401	PREVENTIVE COUNSELING INDIV	FP	24.72	1/1/2008
A4266	Diaphragm		25.07	9/1/2008
A4267	Male condom		0.38	1/1/1980
A4268	Female condom		0.38	1/1/1980
A4269	Spermicide		1.13	1/1/1980
G0513	"Prolong prev svcs first 30m"		39.63	1/1/2018
G0514	"Prolong prev svcs addl 30m"		39.63	1/1/2018