

**Provider Type 17, Specialty 169 - Obstetrical Care Clinic, Birthing Centers
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 Code	Description	Rate	Rate Begin Date
10004	Fna bx w/o img gdn ea addl	31.15	1/1/2019
10005	Fna bx w/us gdn 1st les	52.39	1/1/2019
10006	Fna bx w/us gdn ea addl	35.68	1/1/2019
10007	Fna bx w/fluor gdn 1st les	67.39	1/1/2019
10008	Fna bx w/fluor gdn ea addl	43.94	1/1/2019
10009	Fna bx w/ct gdn 1st les	81.62	1/1/2019
10010	Fna bx w/ct gdn ea addl	59.66	1/1/2019
10011	Fna bx w/mr gdn 1st les	0.00	1/1/2019
10012	Fna bx w/mr gdn ea addl	0.00	1/1/2019
59409	Obstetrical care	957.60	7/9/2015
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
99406	BEHAV CHNG SMOKING 3-10 MIN	8.79	10/13/2011
99407	BEHAV CHNG SMOKING > 10 MIN	17.16	10/13/2011