

**Provider Type 17, Specialty 174, Special Clinic, Public Health
Reimbursement Schedule**

This schedule reflects rate data as of : 6/1/2018

The information contained in the schedule is made available to provide information and is not a guarantee by the State or the Department or its employees as to the present accuracy of the information contained herein. For example, coverage as well as an actual rate may have been revised or updated and may no longer be the same as posted on the website.

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	Mod	Rate	Rate Begin Date
11981	Insert drug implant device		56.59	1/1/2002
11982	Remove drug implant device		68.05	1/1/2002
11983	Remove/insert drug implant		126.14	1/1/2002
17003	Destruct premalg les 2-14		5.98	1/1/1998
17110	Destruct b9 lesion 1-14		24.18	1/1/1984
36415	Routine venipuncture		2.74	1/1/1985
36416	Capillary blood draw		2.99	1/1/2003
54050	DESTRUCTION PENIS LESION(S)		45.37	1/1/1984
56501	Destroy vulva lesions sim		79.52	1/1/1987
56605	Biopsy of vulva/perineum		43.87	1/1/1993
57452	Exam of cervix w/scope		39.63	1/1/1984
57454	Bx/curett of cervix w/scope		51.85	1/1/1984
57455	Biopsy of cervix w/scope		76.78	1/1/2003
57456	Endocerv curettage w/scope		72.04	1/1/2003
57460	Bx of cervix w/scope leep		110.19	1/1/1993
57461	Conz of cervix w/scope leep		133.37	1/1/2003
57500	Biopsy of cervix		40.38	1/1/1984
57505	Endocervical curettage		67.31	1/1/1984
57510	Cauterization of cervix		95.98	1/1/1985
57511	Cryocautery of cervix		73.04	1/1/1985
57513	Laser surgery of cervix		96.22	1/1/1984
57520	Conization of cervix		189.46	1/1/1984
57522	Conization of cervix		163.79	1/1/1995
57800	Dilation of cervical canal		30.91	1/1/1984

Proc Code	Description	Mod	Rate	Rate Begin Date
58100	Biopsy of uterus lining		60.08	1/1/1984
58110	Bx done w/colposcopy add-on		29.76	1/1/2015
58300	Insert intrauterine device		38.64	1/1/1982
58301	Remove intrauterine device		48.86	1/1/1982
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 ANLYZR		75.81	1/1/2017
81000	Urinalysis nonauto w/scope		2.22	7/1/2005
81001	Urinalysis auto w/scope		2.22	7/1/2005
81002	Urinalysis nonauto w/o scope		1.79	7/1/2005
81003	Urinalysis auto w/o scope		1.58	7/1/2005
81005	Urinalysis		1.52	7/1/2005
81007	Urine screen for bacteria		0.68	7/1/2005
81015	Microscopic exam of urine		2.12	7/1/2005
81020	Urinalysis glass test		2.58	7/1/2005
81025	Urine pregnancy test		4.43	7/1/2005
81050	Urinalysis volume measure		2.10	7/1/2005
82009	Test for acetone/ketones		3.16	7/1/2005
82270	Occult blood feces		2.27	7/1/2005
82947	Assay glucose blood quant		2.75	7/1/2005
82948	Reagent strip/blood glucose		2.22	7/1/2005
82950	Glucose test		3.32	7/1/2005
83655	Assay of lead		8.46	7/1/2005
85014	Hematocrit		1.66	7/1/2005
85018	Hemoglobin		1.66	7/1/2005
86318	Immunoassay infectious agent		9.05	7/1/2005
86580	Tb intradermal test		13.33	1/1/1980
86592	Syphilis test non-trep qual		2.99	7/1/2005
86703	Hiv-1/hiv-2 1 result antbdy		9.59	7/1/2005
86787	Varicella-zoster antibody		9.00	7/1/2005
86803	Hepatitis c ab test		9.98	7/1/2005
87116	Mycobacteria culture		7.56	7/1/2005
87210	Smear wet mount saline/ink		2.99	7/1/2005
87339	H PYLORI AG EIA		8.39	7/1/2005
87340	HEPATITIS B SURFACE AG EIA		7.22	7/1/2005
87341	HEPATITIS B SURFACE AG EIA		7.22	7/1/2005
87350	HEPATITIS BE AG EIA		8.06	7/1/2005
87380	HEPATITIS DELTA AG EIA		11.48	7/1/2005
87590	N.gonorrhoeae dna dir prob		14.02	7/1/2005
87591	N.gonorrhoeae dna amp prob		24.53	7/1/2005
90460	Im admin 1st/only component		7.80	1/1/2011
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

Proc Code	Description	Mod	Rate	Rate Begin Date
90654	Flu vacc iiv3 no preserv id		18.60	12/1/2012
90675	Rabies vaccine im		91.94	1/1/1980
90676	Rabies vaccine id		47.94	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		32.40	1/1/1980
92552	Pure tone audiometry air		10.29	1/1/1980
96110	Developmental screen w/score		8.25	7/14/2010
96372	Ther/proph/diag inj sc/im		12.85	1/1/2009
99070	Special supplies phys/qhp		15.50	9/1/2008
99188	App topical fluoride varnish		12.30	1/1/2015
99201	Office/outpatient visit new		21.01	1/1/1980
99202	Office/outpatient visit new		38.09	1/1/1980
99203	Office/outpatient visit new		57.13	1/1/1980
99204	Office/outpatient visit new		80.99	1/1/1980
99205	Office/outpatient visit new		102.88	1/1/1980
99211	Office/outpatient visit est		12.70	1/1/1980
99212	Office/outpatient visit est		22.55	1/1/1980
99213	Office/outpatient visit est		31.30	1/1/1980
99214	Office/outpatient visit est		48.81	1/1/1980
99215	Office/outpatient visit est		71.80	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
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
99401	Preventive counseling indiv	FP	24.72	1/1/2008
99406	Behav chng smoking 3-10 min		8.79	10/13/2011
99407	Behav chng smoking > 10 min		17.16	10/13/2011
A4267	Male condom		0.38	1/1/1980
A4268	Female condom		0.38	1/1/1980
G0101	Ca screen;pelvic/breast exam	TS	35.99	1/1/1998
G0101	Ca screen;pelvic/breast exam		35.99	1/1/1998
G0102	Prostate ca screening; dre		12.75	1/1/2008
G0108	Diab manage trn per indiv		30.89	1/1/1980
G0109	Diab manage trn ind/group		17.82	1/1/1980
G0447	Behavior counsel obesity 15m		16.55	11/29/2011

Proc Code	Description	Mod	Rate	Rate Begin Date
G0480	DRUG TEST DEF 1-7 CLASSES		75.94	1/1/2016
G0481	ABLE TO IDDEF 8-14 CLASSES		116.84	1/1/2016
G0482	DRUG TEST DEF 15-21 CLASSES		157.72	1/1/2016
G0483	DRUG TEST DEF 22+ CLASSES		204.46	1/1/2016
G0513	"Prolong prev svcs first 30m"		39.63	1/1/2018
G0514	"Prolong prev svcs addl 30m"		39.63	1/1/2018
Q0091	Obtaining screen pap smear		19.74	9/1/2003
Q3014	TELEHEALTH FACILITY FEE		24.24	12/1/2015