

Provider Type 17, Specialty 183, Special Clinic, Comprehensive Outpatient Rehab Facilities 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
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
94621	CARDIOPULM EXERCISE TESTING	TC	19.92	1/1/1980
94621	CARDIOPULM EXERCISE TESTING	26	43.34	1/1/1980
94621	CARDIOPULM EXERCISE TESTING		63.04	1/1/1980
94640	Airway inhalation treatment		17.29	1/1/1980
94668	Chest wall manipulation		17.51	1/1/1980
97010	Hot or cold packs therapy		2.41	1/1/1980
97012	Mechanical traction therapy		8.20	7/1/2006
97014	Electric stimulation therapy		8.48	7/1/2006
97016	Vasopneumatic device therapy		7.35	7/1/2006
97018	Paraffin bath therapy		4.28	7/1/2006
97022	Whirlpool therapy		9.85	1/1/1980
97024	Diathermy eg microwave		2.70	7/1/2006
97026	Infrared therapy		2.70	7/1/2006
97028	Ultraviolet therapy		3.36	7/1/2006
97032	Electrical stimulation		10.51	1/1/1980
97033	Electric current therapy		8.91	7/1/2006
97034	Contrast bath therapy		8.00	7/1/2006
97035	Ultrasound therapy		6.79	1/1/1980
97036	Hydrotherapy		14.05	7/1/2006
97110	Therapeutic exercises		16.42	1/1/1980
97112	Neuromuscular reeducation		17.07	1/1/1980
97161	PT EVAL LOW COMPLEX 20 MIN		50.23	1/1/2017

Proc Code	Description	Mod	Rate	Rate Begin Date
97162	PT EVAL MOD COMPLEX 30 MIN		50.23	1/1/2017
97163	PT EVAL HIGH COMPLEX 45 MIN		50.23	1/1/2017
97164	PT RE-EVAL EST PLAN CARE		34.18	1/1/2017
97165	OT EVAL LOW COMPLEX 30 MIN		48.65	1/1/2017
97166	OT EVAL MOD COMPLEX 45 MIN		48.65	1/1/2017
97167	OT EVAL HIGH COMPLEX 60 MIN		48.65	1/1/2017
97168	OT RE-EVAL EST PLAN CARE		32.18	1/1/2017
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
Q3014	TELEHEALTH FACILITY FEE		24.24	12/1/2015