

**Provider Type 17, Specialty 195, Special Clinic,
Community Health Clinics - State Health Division
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	Mod	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
11042	Deb subq tissue 20 sq cm/<		43.62	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
58300	Insert intrauterine device		38.64	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 ANALYZR		75.81	1/1/2017
81005	Urinalysis		1.52	7/1/2005
81025	Urine pregnancy test		4.43	7/1/2005
82270	Occult blood feces		2.27	7/1/2005
83655	Assay of lead		8.46	7/1/2005
84030	ASSAY OF BLOOD PKU		3.85	7/1/2005
85014	Hematocrit		1.66	7/1/2005
85018	Hemoglobin		1.66	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

Proc Code	Description	Mod	Rate	Rate Begin Date
86706	Hep b surface antibody		7.51	7/1/2005
86708	HEPATITIS A TOTAL ANTIBODY		8.66	7/1/2005
86709	Hepatitis a igm antibody		7.87	7/1/2005
86803	Hepatitis c ab test		9.98	7/1/2005
87210	Smear wet mount saline/ink		2.99	7/1/2005
87340	HEPATITIS B SURFACE AG EIA		7.22	7/1/2005
87491	Chylmd trach dna amp probe		24.53	7/1/2005
87591	N.gonorrhoeae dna amp prob		24.53	7/1/2005
87623	Hpv low-risk types		24.53	1/1/2015
87624	Hpv high-risk types		24.53	1/1/2015
88142	Cytopath c/v thin layer		14.16	7/1/2005
88164	Cytopath tbs c/v manual		7.39	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
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
92551	Pure tone hearing test air		6.13	1/1/1980
93005	Electrocardiogram tracing		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
96373	THER/PROPH/DIAG INJ IA		11.08	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

Proc Code	Description	Mod	Rate	Rate Begin Date
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		79.19	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
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
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
H0033	Oral med adm direct observe		3.94	1/1/2014
Q3014	TELEHEALTH FACILITY FEE		24.24	12/1/2015