

**Provider Type 17, Specialty 196, Special Clinic,
Early Intervention
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
100010	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
92605	Ex for nonspeech device rx		61.16	12/1/2012
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
Q3014	TELEHEALTH FACILITY FEE		24.24	12/1/2015