

**Provider Type 17, Specialty 198, Special Clinic, HIV  
Reimbursement Schedule**

This schedule reflects rate data as of : 4/1/2018

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
20612	Aspirate/inj ganglion cyst		26.67	1/1/2003
36415	Routine venipuncture		2.74	1/1/1985
80053	Comprehen metabolic panel		7.39	7/1/2005
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
86361	T cell absolute count		12.65	7/1/2005
86580	Tb intradermal test		13.33	1/1/1980
86703	Hiv-1/hiv-2 1 result antbdy		9.59	7/1/2005
87070	Culture othr specimn aerobic		6.02	7/1/2005
87491	Chylmd trach dna amp probe		24.53	7/1/2005
87536	Hiv-1 quant&revrse trnscrpj		59.45	7/1/2005
90471	Immunization admin		7.80	1/1/2011
90472	Immunization admin each add		7.80	1/1/2011
93000	Electrocardiogram complete		15.98	1/1/1980
96372	Ther/proph/diag inj sc/im		12.85	1/1/2009
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

Proc Code	Description	Mod	Rate	Rate Begin Date
99215	Office/outpatient visit est		71.80	1/1/1980
Q3014	TELEHEALTH FACILITY FEE		24.24	12/1/2015