

**Provider Type 17, Specialty 215 - Substance Abuse Agency Model
SAAM
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
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
90785	Psytx complex interactive		4.40	1/10/2014
90791	Psych diagnostic evaluation		139.46	1/10/2014
90792	Psych diag eval w/med srvcs		113.76	1/10/2014
90832	PSYTX W PT 30 MINUTES		57.78	1/10/2014
90833	PSYTX W PT W E/M 30 MIN		38.06	1/10/2014
90834	PSYTX W PT 45 MINUTES		73.92	1/10/2014
90836	PSYTX W PT W E/M 45 MIN		61.72	1/10/2014
90837	PSYTX W PT 60 MINUTES		108.15	1/10/2014
90838	PSYTX W PT W E/M 60 MIN		99.49	1/10/2014
90839	Psytx crisis initial 60 min		112.55	1/10/2014
90840	Psytx crisis ea addl 30 min		56.27	1/10/2014
90846	FAMILY PSYTX W/O PT 50 MIN		81.42	1/10/2014
90847	FAMILY PSYTX W/PT 50 MIN		97.85	1/10/2014
90849	Multiple family group psytx		28.53	1/10/2014
90853	Group psychotherapy		29.85	1/10/2014
96127	Brief emotional/behav asmt		3.40	1/1/2015
99201	Office/outpatient visit new		29.54	1/10/2014
99202	Office/outpatient visit new		53.54	1/10/2014
99203	Office/outpatient visit new		80.31	1/10/2014
99204	Office/outpatient visit new		113.85	1/10/2014
99205	Office/outpatient visit new		144.62	1/10/2014

Proc Code	Description	Mod	Rate	Rate Begin Date
99211	Office/outpatient visit est		17.85	1/10/2014
99212	Office/outpatient visit est		31.69	1/10/2014
99213	Office/outpatient visit est		44.00	1/10/2014
99214	Office/outpatient visit est		68.62	1/10/2014
99215	Office/outpatient visit est		100.93	1/10/2014
99217	OBSERVATION CARE DISCHARGE		55.69	1/10/2014
99218	INITIAL OBSERVATION CARE		55.69	1/10/2014
99219	INITIAL OBSERVATION CARE		93.23	1/10/2014
99220	INITIAL OBSERVATION CARE		130.46	1/10/2014
99401	Preventive counseling indiv		35.08	1/10/2014
99406	Behav chng smoking 3-10 min		12.46	1/10/2014
99407	Behav chng smoking > 10 min		24.32	1/10/2014
99408	Audit/dast 15-30 min		31.12	1/10/2014
99409	Audit/dast over 30 min		60.62	1/10/2014
H0001	Alcohol and/or drug assess		139.46	1/10/2014
H0002	Alcohol and/or drug screenin		30.77	1/10/2014
H0005	Alcohol and/or drug services		29.85	1/10/2014
H0007	Alcohol and/or drug services		21.71	1/10/2014
H0015	Alcohol and/or drug services		140.45	1/10/2014
H0020	Alcohol and/or drug services		3.94	1/10/2014
H0034	Med trng & support per 15min		16.98	1/10/2014
H0035	Mh partial hosp tx under 24h		54.78	1/10/2014
H0038	Self-help/peer svc per 15min	HQ	1.58	1/10/2014
H0038	Self-help/peer svc per 15min		7.88	1/10/2014
H0047	Alcohol/drug abuse svc nos		57.78	1/10/2014
H0049	Alcohol/drug screening		9.75	1/10/2014