

**Provider Type 17, Specialty 215 - Substance Abuse Agency Model
SAAM
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
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 ANLYZR		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 srvc		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 assmt		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
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

Proc Code	Description	Mod	Rate	Rate Begin Date
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
G0513	"Prolong prev svcs first 30m"		39.63	1/1/2018
G0514	"Prolong prev svcs addl 30m"		39.63	1/1/2018
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