

**Provider Type 17, Specialty 183, Special Clinic, Comprehensive Outpatient Rehab Facilities
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 |
| 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 |
| 94621 | CARDIOPULM EXERCISE TESTING | 26 | 43.34 | 1/1/1980 |
| 94621 | CARDIOPULM EXERCISE TESTING | TC | 19.92 | 1/1/1980 |
| 94621 | CARDIOPULM EXERCISE TESTING | | 63.04 | 1/1/1980 |
| 94640 | Airway inhalation treatment | | 17.29 | 1/1/1980 |
| 94668 | Chest wall manipulation | | 17.51 | 1/1/1980 |
| 97010 | Hot or cold packs therapy | | 2.41 | 1/1/1980 |
| 97012 | Mechanical traction therapy | | 8.20 | 7/1/2006 |
| 97014 | ELECTRIC STIMULATION THERAPY | | 8.48 | 7/1/2006 |
| 97016 | Vasopneumatic device therapy | | 7.35 | 7/1/2006 |
| 97018 | Paraffin bath therapy | | 4.28 | 7/1/2006 |
| 97022 | Whirlpool therapy | | 9.85 | 1/1/1980 |
| 97024 | Diathermy eg microwave | | 2.70 | 7/1/2006 |
| 97026 | Infrared therapy | | 2.70 | 7/1/2006 |
| 97028 | Ultraviolet therapy | | 3.36 | 7/1/2006 |
| 97032 | ELECTRICAL STIMULATION | | 10.51 | 1/1/1980 |
| 97033 | ELECTRIC CURRENT THERAPY | | 8.91 | 7/1/2006 |

| Proc Code | Description | Mod | Rate | Rate Begin Date |
|-----------|-----------------------------|-----|--------|-----------------|
| 97034 | CONTRAST BATH THERAPY | | 8.00 | 7/1/2006 |
| 97035 | ULTRASOUND THERAPY | | 6.79 | 1/1/1980 |
| 97036 | HYDROTHERAPY | | 14.05 | 7/1/2006 |
| 97110 | THERAPEUTIC EXERCISES | | 16.42 | 1/1/1980 |
| 97112 | NEUROMUSCULAR REEDUCATION | | 17.07 | 1/1/1980 |
| 97161 | PT EVAL LOW COMPLEX 20 MIN | | 50.23 | 1/1/2017 |
| 97162 | PT EVAL MOD COMPLEX 30 MIN | | 50.23 | 1/1/2017 |
| 97163 | PT EVAL HIGH COMPLEX 45 MIN | | 50.23 | 1/1/2017 |
| 97164 | PT RE-EVAL EST PLAN CARE | | 34.18 | 1/1/2017 |
| 97165 | OT EVAL LOW COMPLEX 30 MIN | | 48.65 | 1/1/2017 |
| 97166 | OT EVAL MOD COMPLEX 45 MIN | | 48.65 | 1/1/2017 |
| 97167 | OT EVAL HIGH COMPLEX 60 MIN | | 48.65 | 1/1/2017 |
| 97168 | OT RE-EVAL EST PLAN CARE | | 32.18 | 1/1/2017 |
| 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 |
| Q3014 | TELEHEALTH FACILITY FEE | | 24.24 | 12/1/2015 |