

**Provider Type 17, Specialty 166, Special Clinic, Family Planning
Reimbursement Rates**

Date of last rate review: 11/2016

A rate review may or may not result in a change to the reimbursement rate.

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.

Note:

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.

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Procedure	Description	Mod	Rate	Rate Begin Date
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 pt&/family 30 minutes		57.78	1/10/2014
90833	Psytx pt&/fam w/e&m 30 min		38.06	1/10/2014
90834	Psytx pt&/family 45 minutes		73.92	1/10/2014
90836	Psytx pt&/fam w/e&m 45 min		61.72	1/10/2014
90837	Psytx pt&/family 60 minutes		108.15	1/10/2014
90838	Psytx pt&/fam 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 patient		81.42	1/10/2014
90847	Family psytx w/patient		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
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

Procedure	Description	Mod	Rate	Rate Begin Date
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