

**Provider Type 17, Specialty 215 - Substance Abuse Agency Model
SAAM
Reimbursement Rates**

Updated: May 1, 2015

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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[Modifier List](#)

Proc Code	Description	Mod	Rate
90785	Psytx complex interactive		4.40
90791	Psych diagnostic evaluation		139.46
90792	Psych diag eval w/med srvc		113.76
90832	Psytx pt&/family 30 minutes		57.78
90833	Psytx pt&/fam w/e&m 30 min		38.06
90834	Psytx pt&/family 45 minutes		73.92
90836	Psytx pt&/fam w/e&m 45 min		61.72
90837	Psytx pt&/family 60 minutes		108.15
90838	Psytx pt&/fam w/e&m 60 min		99.49
90839	Psytx crisis initial 60 min		112.55
90840	Psytx crisis ea addl 30 min		56.27
90846	FAMILY PSYTX W/O PATIENT		81.42
90847	FAMILY PSYTX W/PATIENT		97.85
90849	MULTIPLE FAMILY GROUP PSYTX		28.53
90853	GROUP PSYCHOTHERAPY		29.85
96127	Brief emotional/behav assmt		3.40
99201	OFFICE/OUTPATIENT VISIT NEW		29.54
99202	OFFICE/OUTPATIENT VISIT NEW		53.54
99203	OFFICE/OUTPATIENT VISIT NEW		80.31
99204	OFFICE/OUTPATIENT VISIT NEW		113.85
99205	OFFICE/OUTPATIENT VISIT NEW		144.62
99211	OFFICE/OUTPATIENT VISIT EST		17.85
99212	OFFICE/OUTPATIENT VISIT EST		31.69

Proc Code	Description	Mod	Rate
99213	OFFICE/OUTPATIENT VISIT EST		44.00
99214	OFFICE/OUTPATIENT VISIT EST		68.62
99215	OFFICE/OUTPATIENT VISIT EST		100.93
99217	OBSERVATION CARE DISCHARGE		55.69
99218	INITIAL OBSERVATION CARE		55.69
99219	INITIAL OBSERVATION CARE		93.23
99220	INITIAL OBSERVATION CARE		130.46
99401	PREVENTIVE COUNSELING INDIV		35.08
99406	BEHAV CHNG SMOKING 3-10 MIN		12.46
99407	BEHAV CHNG SMOKING > 10 MIN		24.32
99408	AUDIT/DAST 15-30 MIN		31.12
99409	AUDIT/DAST OVER 30 MIN		60.62
H0001	ALCOHOL AND/OR DRUG ASSESS		139.46
H0002	ALCOHOL AND/OR DRUG SCREENIN		30.77
H0005	ALCOHOL AND/OR DRUG SERVICES		29.85
H0007	ALCOHOL AND/OR DRUG SERVICES		21.71
H0015	ALCOHOL AND/OR DRUG SERVICES		140.45
H0020	ALCOHOL AND/OR DRUG SERVICES		3.94
H0034	MED TRNG & SUPPORT PER 15MIN		16.98
H0035	MH PARTIAL HOSP TX UNDER 24H		54.78
H0038	SELF-HELP/PEER SVC PER 15MIN	HQ	1.58
H0038	SELF-HELP/PEER SVC PER 15MIN		7.88
H0047	ALCOHOL/DRUG ABUSE SVC NOS		57.78
H0049	ALCOHOL/DRUG SCREENING		9.75