

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

This schedule reflects rate data as of : 1/1/2018

**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.

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Procedure	Description	Mod	Rate	Rate Begin Date
11976	Remove contraceptive capsule		67.56	1/1/1992
11980	Implant hormone pellet(s)		55.09	1/1/2000
11981	Insert drug implant device		56.59	8/1/2012
55250	Removal of sperm duct(s)		173.76	1/1/1982
55450	Ligation of sperm duct		178.24	1/1/1982
57170	Fitting of diaphragm/cap		34.90	1/1/1982
57452	Exam of cervix w/scope		39.63	1/1/1984
57454	Bx/curett of cervix w/scope		51.58	1/1/1984
57455	Biopsy of cervix w/scope		76.78	1/1/2003
57456	Endocerv curettage w/scope		72.04	1/1/2003
57461	Conz of cervix w/scope leep		133.37	1/1/2003
58300	Insert intrauterine device		38.64	1/1/1982
58301	Remove intrauterine device		48.86	8/1/2012
59425	Antepartum care only		365.05	1/1/1980
59426	Antepartum care only		626.07	1/1/1980
59430	Care after delivery		125.72	1/1/1980
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
81000	Urinalysis nonauto w/scope		2.22	7/1/2005
81002	Urinalysis nonauto w/o scope		1.79	7/1/2005
81025	Urine pregnancy test		4.43	7/1/2005
83037	Glycosylated hb home device		7.09	6/1/2009
84156	Assay of protein urine		2.56	7/1/2005
87210	Smear wet mount saline/ink		2.99	7/1/2005

Procedure	Description	Mod	Rate	Rate Begin Date
87220	Tissue exam for fungi		2.99	7/1/2005
87660	Trichomonas vagin dir probe		14.02	7/1/2005
88112	Cytopath cell enhance tech	TC	57.88	1/1/2004
88112	Cytopath cell enhance tech	26	66.61	1/1/2004
88112	Cytopath cell enhance tech		124.49	1/1/2004
90471	Immunization admin		7.80	1/1/2011
90472	Immunization admin each add		7.80	1/1/2011
90473	Immune admin oral/nasal		7.80	1/1/2011
90474	Immune admin oral/nasal addl		7.80	1/1/2011
90581	ANTHRAX VACCINE SC OR IM		113.17	5/23/2006
90585	Bcg vaccine percut		114.92	1/1/1980
90586	Bcg vaccine intravesical		148.66	5/23/2006
90675	Rabies vaccine im		91.93	1/1/1980
90676	Rabies vaccine id		67.39	1/1/1980
90690	Typhoid vaccine oral		19.26	1/1/1980
90691	Typhoid vaccine im		26.92	1/1/1980
90717	YELLOW FEVER VACCINE SUBQ		37.65	1/1/1980
90740	HEPB VACC 3 DOSE IMMUNSUP IM		73.11	1/1/1980
90747	HEPB VACC 4 DOSE IMMUNSUP IM		73.11	1/1/1980
90748	HIB-HEPB VACCINE IM		32.39	1/1/1980
99201	Office/outpatient visit new		21.01	1/1/1980
99202	Office/outpatient visit new		38.08	1/1/1980
99203	Office/outpatient visit new		57.13	1/1/1980
99204	Office/outpatient visit new		80.99	1/1/1980
99211	Office/outpatient visit est		12.69	1/1/1980
99212	Office/outpatient visit est		22.54	1/1/1980
99213	Office/outpatient visit est		31.30	1/1/1980
99214	Office/outpatient visit est		48.81	1/1/1980
99381	Init pm e/m new pat infant		59.07	5/23/2006
99382	Init pm e/m new pat 1-4 yrs		59.07	5/23/2006
99383	Prev visit new age 5-11		59.07	5/23/2006
99384	Prev visit new age 12-17		59.07	5/23/2006
99385	Prev visit new age 18-39		59.07	5/23/2006
99391	Per pm reeval est pat infant		59.07	5/23/2006
99392	Prev visit est age 1-4		59.07	5/23/2006
99393	Prev visit est age 5-11		59.07	5/23/2006
99394	Prev visit est age 12-17		59.07	5/23/2006
99395	Prev visit est age 18-39		59.07	5/23/2006
99401	Preventive counseling indiv	FP	24.72	1/1/2008
A4266	Diaphragm		25.07	9/1/2008
A4267	Male condom		0.38	1/1/1980
A4268	Female condom		0.38	1/1/1980
A4269	Spermicide		1.13	1/1/1980