

**Provider Type 17, Specialty 183, Special Clinic, Comprehensive Outpatient Rehab Facilities  
Reimbursement Schedule**

This schedule reflects rate data as of : 4/1/2019

**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