Provider Type 17, Specialty 195, Special Clinic,
Community Health Clinics - State Health Division
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 comprhensive 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 comprhensive 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.

Proc Code	Description	Mod	Rate	Rate Begin Date
11042	Deb subq tissue 20 sq cm/<		43.62	1/1/1984
36415	Routine venipuncture		2.74	1/1/1985
36416	Capillary blood draw		2.99	1/1/2003
54050	DESTRUCTION PENIS LESION(S)		45.37	1/1/1984
56501	Destroy vulva lesions sim		79.52	1/1/1987
58300	Insert intrauterine device		38.64	1/1/1982
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 ANLYZR		75.81	1/1/2017
81005	Urinalysis		1.52	7/1/2005
81025	Urine pregnancy test		4.43	7/1/2005
82270	Occult blood feces		2.27	7/1/2005
83655	Assay of lead		8.46	7/1/2005
84030	Assay of blood pku		3.85	7/1/2005
85014	Hematocrit		1.66	7/1/2005
85018	Hemoglobin		1.66	7/1/2005
86580	Tb intradermal test		13.33	1/1/1980
86592	Syphilis test non-trep qual		2.99	7/1/2005
86703	Hiv-1/hiv-2 1 result antbdy		9.59	7/1/2005
86706	Hep b surface antibody		7.51	7/1/2005
86708	HEPATITIS A TOTAL ANTIBODY		8.66	7/1/2005
86709	Hepatitis a igm antibody		7.87	7/1/2005
86803	Hepatitis c ab test		9.98	7/1/2005
87210	Smear wet mount saline/ink		2.99	7/1/2005

Proc Code	Description	Mod	Rate	Rate Begin Date
87340	HEPATITIS B SURFACE AG EIA		7.22	7/1/2005
87491	Chylmd trach dna amp probe		24.53	7/1/2005
87591	N.gonorrhoeae dna amp prob		24.53	7/1/2005
87623	Hpv low-risk types		24.53	1/1/2015
87624	Hpv high-risk types		24.53	1/1/2015
88142	Cytopath c/v thin layer		14.16	7/1/2005
88164	Cytopath tbs c/v manual		7.39	7/1/2005
90460	Im admin 1st/only component		7.80	1/1/2011
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
90675	Rabies vaccine im		91.94	1/1/1980
90676	Rabies vaccine id		47.94	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		32.40	1/1/1980
92551	Pure tone hearing test air		6.13	1/1/1980
93005	Electrocardiogram tracing		10.29	1/1/1980
96110	Developmental screen w/score		8.25	7/14/2010
96372	Ther/proph/diag inj sc/im		12.85	1/1/2009
96373	Ther/proph/diag inj ia		11.08	1/1/2009
99070	Special supplies phys/qhp		15.50	9/1/2008
99188	App topical fluoride varnish		12.30	1/1/2015
99201	Office/outpatient visit new		21.01	1/1/1980
99202	Office/outpatient visit new		38.09	1/1/1980
99203	Office/outpatient visit new		57.13	1/1/1980
99204	Office/outpatient visit new		80.99	1/1/1980
99205	Office/outpatient visit new		102.88	1/1/1980
99211	Office/outpatient visit est		12.70	1/1/1980
99212	Office/outpatient visit est		22.55	1/1/1980
99213	Office/outpatient visit est		31.30	1/1/1980
99214	Office/outpatient visit est		48.81	1/1/1980
99215	Office/outpatient visit est		71.80	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

Proc Code	Description	Mod	Rate	Rate Begin Date
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
99406	Behav chng smoking 3-10 min		8.79	10/13/2011
99407	Behav chng smoking > 10 min		17.16	10/13/2011
A4267	Male condom		0.38	1/1/1980
A4268	Female condom		0.38	1/1/1980
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
H0033	Oral med adm direct observe		3.94	1/1/2014
Q3014	TELEHEALTH FACILITY FEE		24.24	12/1/2015