

**Provider Type 45 - End Stage Renal Disease Facility**  
**Provider Type 81 - Hospital Based End Stage Renal Disease**  
**Reimbursement Schedule**

This schedule reflects rate data as of : 6/1/2019

**This provider type was last subject to a rate review\* on : 01/2019**

*\*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. 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
90945	Dialysis one evaluation	ERE	121.85	1/1/2019
90999	Dialysis procedure	ERD	284.32	1/1/2019