

**Division of Public and Behavioral Health  
Behavioral Health Wellness, Prevention and Treatment Program  
Approved Rates List (Updated 06/08/2018)**

Code	Service Code Description	SAPTA Rate	Billable Service Levels													
			Level 0.5: Early Intervention	Level 1: Outpatient Services	Level 2.1: Intensive Outpatient Services	Level 2.5: Partial Hospitalization Services	Level 3.1: CM Low-I Residential Services	Level 1-WM: Ambulatory WM	Level 3.2-WM: CM Residential WM	Level 3.5: CM Med-I Residential Services	Level 3.7: MM High-I Inpatient Services	Level 3.7-WM: MM Inpatient WM	OBOT/Level 1 Outpatient	OBOT / Level 2.1: IOP Services	Opioid Treatment Services (Includes Level 1 OP and Level 1-WM)	Integrated Opioid Treatment & Recovery Center
99401	Preventive med counseling	\$ 38.27	X	X				X				X				
99406	Smoking and tobacco cessation counseling (3-10 Minutes)	\$ 13.59	X	X				X				X				
99407	Smoking and tobacco cessation counseling (>10 Minutes)	\$ 26.53	X	X				X				X				
99408	Alcohol and/or substance abuse screening (15-30 Minutes)	\$ 33.95	X	X				X				X				
99409	Alcohol and/or substance abuse screening (>30 Minutes)	\$ 66.14	X	X				X				X				
H0001	Alcohol and/or drug assessment (1 unit per assessment at least 30 minutes) * If a CADC-I completes the assessment, it will not be counted completed until it has been reviewed and approved by the clinical supervisor.	\$ 152.15	X	X	X	X		X				X				
H0002	Behavioral health screening to determine eligibility for admission to treatment program (1 unit per assessment at least 30 minutes)	\$ 33.57	X	X	X	X		X				X				
H0005	Alcohol and/or drug services; group counseling by a clinician (1 unit per group at least 30 minutes)	\$ 32.57		X	X			X				X		X	X	
H0007	Alcohol and/or drug services; crisis intervention (outpatient)	\$ 23.69		X	X			X				X		X	X	
H0015	Alcohol and/or drug services; intensive outpatient program (3 hours per day at least 3 days per week) (1 unit equals 1 day/visit)	\$ 153.23			X	X		X					X			
H0020	Alcohol and/or drug services; methadone administration and/or service (provision of the drug by a licensed program)	\$ 4.30		X	X			X				X		X	X	
H0034	Medication training and support; per 15 minutes	\$ 18.53		X	X							X		X	X	
H0035	Mental health partial hospitalization, treatment less than 24 hours (1 unit equals 60 minutes)	\$ 59.76		X	X			X				X		X	X	
H0038	Self-help/peer service; per 15 minutes	\$ 8.60		X	X			X				X		X	X	
H0038	Self-help/peer service; per 15 minutes; Use modifier HQ when requesting/billing for a group setting	\$ 1.72		X	X			X				X		X	X	
H0047	Alcohol and/or drug services; (State defined: individual counseling by a clinician). (1 unit per session at least 30 minutes)	\$ 63.04		X	X			X				X		X	X	
H0049	Alcohol/drug screening (1 unit per screening)	\$ 10.64	X	X	X			X				X	X	X	X	
90785	Interactive Complexity	\$ 4.80		X	X			X				X		X	X	
90791	Psychiatric diagnostic evaluation	\$ 152.15		X	X			X				X		X	X	
90792	Psychiatric diagnostic evaluation with medical services	\$ 124.11		X	X			X				X		X	X	
90832	Psychotherapy, 30 mins, with pt and/or family member	\$ 63.04		X	X			X				X		X	X	
90834	Psychotherapy, 45 mins, with pt and/or family member	\$ 80.65		X	X			X				X		X	X	
90837	Psychotherapy, 60 mins, with pt and/or family member	\$ 117.99		X	X			X				X		X	X	
90846	Family psychotherapy (without the patient present)	\$ 88.83		X	X			X				X		X	X	

90847	Family psychotherapy (conjoint therapy) (with patient present)	\$ 106.75		X	X	X				X	X	X	
90849	Multiple-family group psychotherapy	\$ 31.13		X	X	X				X	X	X	
90853	Group psychotherapy (other than of a multiple-family group)	\$ 32.57		X	X	X				X	X	X	
90839	Psychotherapy for Crisis first 60 mins	\$ 122.80		X	X	X				X	X	X	
90840	Psychotherapy for Crisis each additional 30 mins	\$ 61.39		X	X	X				X	X	X	
90833	Psychotherapy, 30 mins, with pt and/or family member when performed with an E/M service.	\$ 41.52		X	X	X				X	X	X	
90836	Psychotherapy, 45 mins, with pt and/or family member when performed with an E/M service.	\$ 67.34		X	X	X				X	X	X	
90838	Psychotherapy, 60 mins, with pt and/or family member when performed with an E/M service.	\$ 108.54		X	X	X				X	X	X	
99201	Office or other outpatient visit for the E/M of a NEW PT, which requires 3 components: a problem focused history, a problem focused exam, and straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. 10 mins face-to-face.	\$ 32.23		X	X	X				X	X	X	
99202	Office or other outpatient visit for the E/M of a NEW PT, which requires 3 components: a problem focused history, a problem focused exam, and straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low to moderate severity. 20 mins face-to-face.	\$ 58.41		X	X	X				X	X	X	
99203	Office or other outpatient visit for the E/M of a NEW PT, which requires 3 components: a problem focused history, a problem focused exam, and medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. 30 mins face-to-face.	\$ 87.62		X	X	X				X	X	X	
99204	Office or other outpatient visit for the E/M of a NEW PT, which requires 3 components: a problem focused history, a problem focused exam, and medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. 45 mins face-to-face.	\$ 124.21		X	X	X				X	X	X	
99205	Office or other outpatient visit for the E/M of a NEW PT, which requires 3 components: a problem focused history, a problem focused examination, and medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. 60 mins face-to-face.	\$ 125.05		X	X	X				X	X	X	
99211	Office or other outpatient visit for the E/M of an ESTABLISHED patient, that may not require the presence of a physician or other qualified healthcare professional. Usually, the presenting problems are minimal. Typically, 5 minutes are spent performing or supervising these services.	\$ 19.47		X	X	X				X	X	X	

99212	Office or other outpatient visit for the E/M of an ESTABLISHED patient, which requires at least 2 of these 3 key components: a problem focused history, a problem focused examination, and straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the patient's problem(s) and/or family's needs. Usually, problem(s) are self limited or minor. Typically, 10 minutes face-to-face.	\$ 34.57	X	X	X						X	X	X
99213	Office or other outpatient visit for the E/M of an ESTABLISHED patient, which requires at least 2 of these 3 key components: a problem focused history, a problem focused examination, and medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the patient's problem(s) and/or family's needs. Usually, problem(s) are low to moderate severity. Typically, 15 minutes face-to-face.	\$ 48.00	X	X	X						X	X	X
99214	Office or other outpatient visit for the E/M of an ESTABLISHED patient, which requires at least 2 of these 3 key components: a problem focused history, a problem focused examination, and medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the patient's problem(s) and/or family's needs. Usually, problem(s) are of moderate to high severity. Typically, 25 minutes face-to-face.	\$ 74.86	X	X	X						X	X	X
99215	Office or other outpatient visit for the E/M of an ESTABLISHED patient, which requires at least 2 of these 3 key components: a problem focused history, a problem focused examination, and medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the patient's problem(s) and/or family's needs. Usually, problem(s) are of moderate to high severity. Typically, 40 minutes face-to-face.	\$ 110.11	X	X	X						X	X	X
99218	Initial Observation Care, per day, for the E/M of a patient which requires these 3 key components: a detailed or comprehensive history, a detailed or comprehensive examination, and medical decision making that is straightforward or of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's or family's needs. Usually, the problem(s) requiring admission to "observation status" are of low severity. Typically, 30 minutes are spent at the bedside and on the patient's hospital floor or unit.	\$ 60.76	X	X	X						X	X	X
99219	Initial Observation Care, per day, for the E/M of a patient which requires these 3 key components: a detailed or comprehensive history, a detailed or comprehensive examination, and medical decision making moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's or family's needs. Usually, the problem(s) requiring admission to "observation status" are of moderate severity. Typically, 50 minutes are spent at the bedside and on the patient's hospital floor or unit.	\$ 101.71	X	X	X						X	X	X
99220	Initial Observation Care, per day, for the E/M of a patient which requires these 3 key components: a detailed or comprehensive history, a detailed or comprehensive examination, and medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's or family's needs. Usually, the problem(s) requiring admission to "observation status" are of high severity. Typically, 70 minutes are spent at the bedside and on the patient's hospital floor or unit.	\$ 142.33	X	X	X						X	X	X
31R	Residential Treatment (Level 3.1)	\$ 87.28		X	X	X							



Proc Code	Description	Mod	Rate	Rate Begin Date
99211	Office/outpatient visit est		17.85	1/10/2014
99212	Office/outpatient visit est		31.69	1/10/2014
99213	Office/outpatient visit est		44.00	1/10/2014
99214	Office/outpatient visit est		68.62	1/10/2014
99215	Office/outpatient visit est		100.93	1/10/2014
99217	OBSERVATION CARE DISCHARGE		55.69	1/10/2014
99218	INITIAL OBSERVATION CARE		55.69	1/10/2014
99219	INITIAL OBSERVATION CARE		93.23	1/10/2014
99220	INITIAL OBSERVATION CARE		130.46	1/10/2014
99401	Preventive counseling indiv		35.08	1/10/2014
99406	Behav chng smoking 3-10 min		12.46	1/10/2014
99407	Behav chng smoking > 10 min		24.32	1/10/2014
99408	Audit/dast 15-30 min		31.12	1/10/2014
99409	Audit/dast over 30 min		60.62	1/10/2014
G0513	"Prolong prev svcs first 30m"		39.63	1/1/2018
G0514	"Prolong prev svcs addl 30m"		39.63	1/1/2018
H0001	Alcohol and/or drug assess		139.46	1/10/2014
H0002	Alcohol and/or drug screenin		30.77	1/10/2014
H0005	Alcohol and/or drug services		29.85	1/10/2014
H0007	Alcohol and/or drug services		21.71	1/10/2014
H0015	Alcohol and/or drug services		140.45	1/10/2014
H0020	Alcohol and/or drug services		3.94	1/10/2014
H0034	Med trng & support per 15min		16.98	1/10/2014
H0035	Mh partial hosp tx under 24h		54.78	1/10/2014
H0038	Self-help/peer svc per 15min	HQ	1.58	1/10/2014
H0038	Self-help/peer svc per 15min		7.88	1/10/2014
H0047	Alcohol/drug abuse svc nos		57.78	1/10/2014
H0049	Alcohol/drug screening		9.75	1/10/2014

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

This schedule reflects rate data as of : 6/1/2018

**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. 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
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
90785	Psytx complex interactive		4.40	1/10/2014
90791	Psych diagnostic evaluation		139.46	1/10/2014
90792	Psych diag eval w/med srvcs		113.76	1/10/2014
90832	PSYTX W PT 30 MINUTES		57.78	1/10/2014
90833	PSYTX W PT W E/M 30 MIN		38.06	1/10/2014
90834	PSYTX W PT 45 MINUTES		73.92	1/10/2014
90836	PSYTX W PT W E/M 45 MIN		61.72	1/10/2014
90837	PSYTX W PT 60 MINUTES		108.15	1/10/2014
90838	PSYTX W PT W E/M 60 MIN		99.49	1/10/2014
90839	Psytx crisis initial 60 min		112.55	1/10/2014
90840	Psytx crisis ea addl 30 min		56.27	1/10/2014
90846	FAMILY PSYTX W/O PT 50 MIN		81.42	1/10/2014
90847	FAMILY PSYTX W/PT 50 MIN		97.85	1/10/2014
90849	Multiple family group psytx		28.53	1/10/2014
90853	Group psychotherapy		29.85	1/10/2014
96127	Brief emotional/behav assmt		3.40	1/1/2015
99201	Office/outpatient visit new		29.54	1/10/2014
99202	Office/outpatient visit new		53.54	1/10/2014
99203	Office/outpatient visit new		80.31	1/10/2014
99204	Office/outpatient visit new		113.85	1/10/2014
99205	Office/outpatient visit new		144.62	1/10/2014