

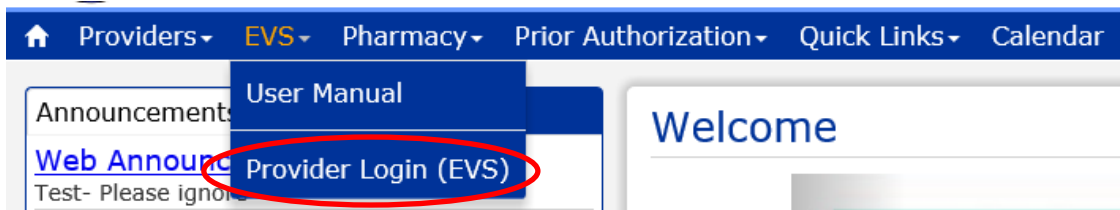
Chapter 6. Search Fee Schedule

The Nevada Medicaid and Nevada Check Up Provider Web Portal allows providers, or their delegates, the ability to search fee schedules online through the unsecured and secured areas of the Provider Portal.

6.1 Gaining access to Search Fee Schedule

To access the Search Fee Schedule page using the unsecured area of the Provider Portal:

1. Open a web browser such as Internet Explorer or Firefox.
2. Enter www.medicaid.nv.gov in the address bar.
3. The Provider Web Portal Home page opens as shown below. Then click **EVS**. The submenu displays “User Manual” or “Provider Login (EVS).”



4. Click **Provider Login (EVS)**. The EVS Home page opens.
5. Click Search Fee Schedule.

Home

Home

Provider Login ?

*User ID

Log In

[Forgot User ID?](#)
[Register Now](#)
[Where do I enter my password?](#)

Protect Your Privacy!
 Always log off and close all of your browser windows

Resources
[Search Fee Schedule](#)

What can you do in the Provider Portal

Through this secure and easy to use internet portal, healthcare providers can inquire on the status of their claims and payments, inquire on a patient's eligibility, process prior authorization requests and access Remittance Advices. In addition, healthcare providers can use this site for further access to contact information for services provided under the Nevada Medicaid program.

5. Log into the Provider Web Portal.
6. On the "My Home" page, under Resources click the "Search Fee Schedule" link to open the Search Fee Schedule page:

Nevada Department of Health and Human Services
 Division of Health Care Financing and Policy Provider Portal

[Contact Us](#) | [Logout](#)

My Home **Eligibility** **Claims** **Care Management** **File Exchange** **Resources**

[Search Providers](#) [Search Fee Schedule](#) [Downloads](#)

My Home

Provider

Name
 Provider ID
 Location ID 003

► [My Profile](#)
 ► [Manage Accounts](#)

Welcome Health Care Professional!

[Contact Us](#)

[Secure Correspondence](#)

All Claim Inquiries should be submitted to the following Address:

6.2 Terms of Agreement

When the Search Fee Schedule link is clicked on either the unsecured or secured area of the Provider Portal, the Terms of Agreement page is displayed. In order to continue to the Search Fee Schedule search page, users need to read and agree to the Terms of Agreement, and click "Submit" button.

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End User Point and Click Agreement

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* I accept ☒ I have read and agree to the Terms of Agreement

Submit

Cancel

6.3 Search Fee Schedule

The following fields are displayed on the Search Fee Schedule page:

1. Code Type
2. Procedure Code or Description
3. Service Category

The fields marked with a red * are required fields.

Search Fee Schedule

* Indicates a required field.

Select a code type, then enter the procedure code or description and provider type.

- This page is used only for Nevada Fee For Service (FFS) rates.
- The fee displayed to the user as a result of the search may not be the amount the provider receives; Information on the claim may affect actual fee amount. 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.
- Revenue code pricing for inpatient and nursing home provider types 011, 013, 019, 051, 056, 063, 065, 075, and 078 that is specific to a provider is not available through the Fee Schedule. Provider specific rates override the fee schedule. In addition, fees are not currently available for PT 064.
- Modifier and specialty do not affect ASC and ESRD bundled rates, so the modifier and specialty will not be used or displayed in the search results for these rates.

Financial Payer and Benefit Nevada Medicaid Title XIX Fee For Service

*Code Type

*Procedure Code or Description

*Service Category

Search

Reset

Note: The procedure code or description allows for wildcard searching. Enter three (3) or more asterisks and the first 13 codes will be displayed in the list for selection. Users can also enter three (3) or more characters to display items in the list that match the characters. For example, enter 992 or outpatient in the Procedure Code or Description and a list matching the characters will display.

Procedure Code or Description.

By Procedure Code:

Search Fee Schedule

* Indicates a required field.

Select a code type, then enter the procedure code or description and provider type.

- This page is used only for Nevada Fee For Service (FFS) rates.
- The fee displayed to the user as a result of the search may not be the amount the provider receives; Information on the claim may affect actual fee amount. 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.
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Financial Payer and Benefit

Nevada Medicaid Title XIX Fee For Service

*Code Type

Procedure

*Procedure Code or Description

992

*Service Category

99201-Office/outpatient visit new
99202-Office/outpatient visit new
99203-Office/outpatient visit new
99204-Office/outpatient visit new
99205-Office/outpatient visit new
99211-Office/outpatient visit est
99212-Office/outpatient visit est
99213-Office/outpatient visit est
99214-Office/outpatient visit est
99215-Office/outpatient visit est

Search

Reset

Current Procedural Terminology (CPT) and Current American Dental Association (ADA), respectively, are posted herein.

CPT is a registered trademark of the American Medical Association (AMA) and the ADA. The information is not contained on this website and on documents.

** 62 matches found. Select entry or refine search text. **

Other FARS/DFARS apply.

By Description of the code:

Search Fee Schedule

* Indicates a required field.

Select a code type, then enter the procedure code or description and provider type.

- This page is used only for Nevada Fee For Service (FFS) rates.
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Financial Payer and Benefit

Nevada Medicaid Title XIX Fee For Service

*Code Type

Procedure

*Procedure Code or Description

outpatient

*Service Category

99201-Office/outpatient visit new
99202-Office/outpatient visit new
99203-Office/outpatient visit new
99204-Office/outpatient visit new
99205-Office/outpatient visit new
99211-Office/outpatient visit est
99212-Office/outpatient visit est
99213-Office/outpatient visit est
99214-Office/outpatient visit est
99215-Office/outpatient visit est

Search

Reset

Current Procedural Terminology (CPT) and Current American Dental Association (ADA), respectively, are posted herein.

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** 11 matches found. Select entry or refine search text. **

Other FARS/DFARS apply.

6.4 Search Results

After all of the search criteria has been entered, click “Search” button to display the search results.

Search Fee Schedule ?

*** Indicates a required field.**

Select a code type, then enter the procedure code or description and provider type.

- This page is used only for Nevada Fee For Service (FFS) rates.
- The fee displayed to the user as a result of the search may not be the amount the provider receives; Information on the claim may affect actual fee amount. 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.
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- Modifier and specialty do not affect ASC and ESRD bundled rates, so the modifier and specialty will not be used or displayed in the search results for these rates.

Financial Payer and Benefit Nevada Medicaid Title XIX Fee For Service

***Code Type** Procedure

***Procedure Code or Description** 28008-Incision of foot fascia

***Service Category** Practitioner Services

Search

Reset

Search Results

Total Records: 3

Procedure	Provider Type	Provider Specialty	Modifier	Fee Amount	Age Restrictions	Effective Date ▼
28008-Incision of foot fascia	20-Physician, M.D., Osteopath, D.O.	000-No Specialty		\$293.84	REGULAR	7/1/2015 - 12/31/2299
28008-Incision of foot fascia	24-Advanced Practitioner Registered Nurse (APRN)	000-No Specialty		\$182.49	REGULAR	7/1/2015 - 12/31/2299
28008-Incision of foot fascia	77-Physician Assistant	000-No Specialty		\$182.49	REGULAR	7/1/2015 - 12/31/2299

If multiple rows are returned, the search results can be sorted by:

- Provider Specialty
- Modifier
- Fee Amount
- Age Restrictions
- Effective date

The example below is sorted by Fee Amount:

Search Fee Schedule



* Indicates a required field.

Select a code type, then enter the procedure code or description and provider type.

- This page is used only for Nevada Fee For Service (FFS) rates.
- The fee displayed to the user as a result of the search may not be the amount the provider receives; Information on the claim may affect actual fee amount. 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.
- Revenue code pricing for inpatient and nursing home provider types 011, 013, 019, 051, 056, 063, 065, 075, and 078 that is specific to a provider is not available through the Fee Schedule. Provider specific rates override the fee schedule. In addition, fees are not currently available for PT 064.
- Modifier and specialty do not affect ASC and ESRD bundled rates, so the modifier and specialty will not be used or displayed in the search results for these rates.

Financial Payer and Benefit Nevada Medicaid Title XIX Fee For Service

***Code Type** Procedure ▼

***Procedure Code or Description** 28008-Incision of foot fascia

***Service Category** Practitioner Services ▼

Search

Reset

Search Results

Total Records: 3

Procedure	Provider Type	Provider Specialty	Modifier	Fee Amount ▲	Age Restrictions	Effective Date
28008-Incision of foot fascia	24-Advanced Practitioner Registered Nurse (APRN)	000-No Specialty		\$182.49	REGULAR	7/1/2015 - 12/31/2299
28008-Incision of foot fascia	77-Physician Assistant	000-No Specialty		\$182.49	REGULAR	7/1/2015 - 12/31/2299
28008-Incision of foot fascia	20-Physician, M.D., Osteopath, D.O.	000-No Specialty		\$293.84	REGULAR	7/1/2015 - 12/31/2299

6.4 Print Preview

Click on the Print Preview button to open a new window to print the search Results

Print Preview

Search Fee Schedule

* Indicates a required field.

Select a code type, then enter the procedure code or description and provider type.

- This page is used only for Nevada Fee For Service (FFS) rates.
- The fee displayed to the user as a result of the search may not be the amount the provider receives; Information on the claim may affect actual fee amount. 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.
- Revenue code pricing for inpatient and nursing home provider types 011, 013, 019, 051, 056, 063, 065, 075, and 078 that is specific to a provider is not available through the Fee Schedule. Provider specific rates override the fee schedule. In addition, fees are not currently available for PT 064.
- Modifier and specialty do not affect ASC and ESRD bundled rates, so the modifier and specialty will not be used or displayed in the search results for these rates.

Financial Payer and Benefit Nevada Medicaid Title XIX Fee For Service

***Code Type** Procedure

***Procedure Code or Description** 77003-FLUOROGUIDE FOR SPINE INJECT

***Service Category** Medical-Radiology

Search **Reset**

Search Results

Total Records: 3

Procedure	Provider Type	Provider Specialty	Modifier	Fee Amount	Age Restrictions	Effective Date
77003-FLUOROGUIDE FOR SPINE INJECT	27-Radiology and Non-Invasive Diagnostic Centers	000-No Specialty		\$94.91	REGULAR	1/1/2017 - 12/31/2299
77003-FLUOROGUIDE FOR SPINE INJECT	27-Radiology and Non-Invasive Diagnostic Centers	000-No Specialty	26-Professional Component	\$31.40	REGULAR	1/1/2017 - 12/31/2299
77003-FLUOROGUIDE FOR SPINE INJECT	27-Radiology and Non-Invasive Diagnostic Centers	000-No Specialty	TC-Technical component	\$63.51	REGULAR	1/1/2017 - 12/31/2299

1. Click **Print** to print
2. Click **Close** to close the window

Print

Search Fee Schedule

* This page is used only for Nevada Fee For Service (FFS) rates.

The fee displayed to the user as a result of the search may not be the amount the provider receives; Information on the claim may affect actual fee amount. 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.

Revenue code pricing for inpatient and nursing home provider types 011, 013, 019, 051, 056, 063, 065, 075, and 078 that is specific to a provider is not available through the Fee Schedule. Provider specific rates override the fee schedule. In addition, fees are not currently available for PT 064.

Modifier and specialty do not affect ASC and ESRD bundled rates, so the modifier and specialty will not be used or displayed in the search results for these rates.

Financial Payer and Benefit Nevada Medicaid Title XIX Fee For Service

Code Type Procedure

Procedure Code or Description 77003-FLUOROGUIDE FOR SPINE INJECT

Service Category _

Print **Close**

Search Results

Total Records: 3

Procedure	Provider Type	Provider Specialty	Modifier	Fee Amount	Age Restrictions	Effective Date
77003-FLUOROGUIDE FOR SPINE INJECT	27-Radiology and Non-Invasive Diagnostic Centers	000-No Specialty		\$94.91	REGULAR	1/1/2017 - 12/31/2299
77003-FLUOROGUIDE FOR SPINE INJECT	27-Radiology and Non-Invasive Diagnostic Centers	000-No Specialty	26-Professional Component	\$31.40	REGULAR	1/1/2017 - 12/31/2299
77003-FLUOROGUIDE FOR SPINE INJECT	27-Radiology and Non-Invasive Diagnostic Centers	000-No Specialty	TC-Technical component	\$63.51	REGULAR	1/1/2017 - 12/31/2299