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.

To access the Search Fee Schedule page using the secured 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. 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:
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.

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. Provider Type
4. Modifier
5. Provider Specialty
6. Region/Age (Displays for PT 029 Home Health Agency only)

The fields marked with a red * are required fields.
Search Fee Schedule page will show the Region/Age field when searching using Provider Type 029 Home Health Agency.

**Note:** The procedure code or description, provider type, modifier and provider specialty allow for wildcard searching. Enter the appropriate number of asterisks and the first 13 codes will be displayed in the list for selection. Hover over the icon to the right of the label to determine if 2 or 3 characters are needed to display matches in a list. Enter the appropriate number of characters to display items in the list that match the characters. For example, enter ** or 01 in provider type and a list matching the characters will display.
1. **Code Type** select one of the following options:

```
*Code Type
  *Procedure Code or Description
  *Provider Type
```

2. **Procedure Code or Description**.
   By Procedure Code:
   
   Financial Payer and Benefit: Nevada Medicaid Title XIX
   *Code Type: Medical
   *Procedure Code or Description: 99201-Office/Outpatient Visit New
   *Provider Type:

   By Description of the code:
   
   Financial Payer and Benefit: Nevada Medicaid Title XIX
   *Code Type: Medical
   *Procedure Code or Description:
   *Provider Type:
   Modifier:
   Provider Specialty:

3. **Provider Type**.
   By Number:
   
   Financial Payer and Benefit: Nevada Medicaid Title XIX
   *Code Type: Medical
   *Procedure Code or Description:
   *Provider Type:
   Modifier:

   By Description:
   
   Financial Payer and Benefit: Nevada Medicaid Title XIX
   *Code Type: Medical
   *Procedure Code or Description:
   *Provider Type:
   Modifier:

**Note:** 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.
4. **Modifier.**

By Modifier:

![Modifier Image]

By Description:

![Modifier Image]

For multiple procedures performed on the same day for the same recipient using modifier 51, please note the following: the first procedure without modifier 51 is paid at 100% of the approved rate; the second procedure with modifier 51 is paid at 50% of the approved rate; the third procedure with modifier 51 is paid at 25% of the approved rate; the fourth procedure with modifier 51 is paid at 10% of the approved rate; and the fifth procedure with modifier 51 is paid at 5% of the approved rate.

5. **Provider Specialty.**

By Specialty Code:

![Specialty Code Image]

By Description:

![Specialty Description Image]

**Note:** Certain provider types will require a Provider Specialty to be entered. If it is required and not entered the following error message will be displayed, “Provider Specialty is needed when Provider Type of XXX has been entered”. 
Please note: If no Provider Specialty is required, a blank provider specialty field will return records with any specialty. If “000-NO SPECIALTY” is entered, only records for specialty code “000” will be returned.

6.4 Search Results

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

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Provider Type</th>
<th>Provider Specialty</th>
<th>Modifier</th>
<th>Fee Amount</th>
<th>Age Restrictions</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>28000-INCISION OF FOOT FASCIA</td>
<td>O20-PHYSICIAN,M.D.,OSTEOPATH</td>
<td>006-RO SPECIALTY</td>
<td>56-Preoperative Management O</td>
<td>21 &amp; age based procedure</td>
<td>1/1/2013 - 12/31/1999</td>
<td></td>
</tr>
<tr>
<td>28000-INCISION OF FOOT FASCIA</td>
<td>O20-PHYSICIAN,M.D.,OSTEOPATH</td>
<td>006-RO SPECIALTY</td>
<td>56-Preoperative Management O</td>
<td>21 &amp; age based procedure</td>
<td>1/1/2013 - 12/31/1999</td>
<td></td>
</tr>
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<td>28000-INCISION OF FOOT FASCIA</td>
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<td>1/1/2013 - 12/31/1999</td>
<td></td>
</tr>
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<td>28000-INCISION OF FOOT FASCIA</td>
<td>O20-PHYSICIAN,M.D.,OSTEOPATH</td>
<td>006-RO SPECIALTY</td>
<td>56-Preoperative Management O</td>
<td>21 &amp; age based procedure</td>
<td>1/1/2013 - 12/31/1999</td>
<td></td>
</tr>
</tbody>
</table>

**Provider Types 10 and 46**

PT 10 and PT 46 providers can search for ASC bundled rates. 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. See below

**“Provider Type 010”**

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Provider Type</th>
<th>Provider Specialty</th>
<th>Modifier</th>
<th>Fee Amount</th>
<th>Age Restrictions</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>10120-REMOVE FOREIGN BODY</td>
<td>O10-OUTPATIENT SURGERY,HOSP BASED</td>
<td></td>
<td></td>
<td>$499.50</td>
<td>1/1/1984 - 12/31/1999</td>
<td></td>
</tr>
</tbody>
</table>

EVS User Manual, Chapter 6  
Updated 07/24/2017 (pv 02/03/2016)
“Provider Type 046”

Provider Types 45 and 81

PT 45 and PT 81 providers can search for ESRD and non-ESRD rates. 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. See below.

“Provider Type 045-ESRD Facility” ESRD Rate
“Provider Type 081-Hospital Based ESRD Provider” ESRD Rate

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, 081, 084, 085, 086, 087, 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 054.
- 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 Payor and Benefit: Nevada Medicaid Title XIX Fee For Service

* Code Type: Medical

* Procedure Code or Description: 00999

* Provider Type: 081-HOSPITAL BASED ESRD PROVIDER

Modifier

Provider Specialty

Search Results

Total Records: 1

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Provider Type</th>
<th>Provider Specialty</th>
<th>Modifier</th>
<th>Fee Amount</th>
<th>Age Restrictions</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>00999-DIALYSIS PROCEDURE</td>
<td>081-HOSPITAL BASED ESRD PROVIDER</td>
<td></td>
<td></td>
<td>$277.01</td>
<td></td>
<td>1/1/2003 - 12/31/9999</td>
</tr>
</tbody>
</table>

“Provider Type 045-ESRD Facility” Non-ESRD Rate

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, 081, 084, 085, 086, 087, 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 Payor and Benefit: Nevada Medicaid Title XIX Fee For Service

* Code Type: Medical

* Procedure Code or Description: 00688-FLU VACC 4 VAL 3 YRS PLUS IM

* Provider Type: 045-ESRD FACILITY

Modifier

Provider Specialty: 000-NO SPECIALTY

Search Results

Total Records: 1

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Provider Type</th>
<th>Provider Specialty</th>
<th>Modifier</th>
<th>Fee Amount</th>
<th>Age Restrictions</th>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>00688-FLU VACC 4 VAL 3 YRS PLUS IM</td>
<td>045-ESRD FACILITY</td>
<td>000-NO SPECIALTY</td>
<td></td>
<td>$13.74</td>
<td>REGULAR</td>
<td>3/1/2014 - 6/20/2015</td>
</tr>
</tbody>
</table>
6.4 Print Preview

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

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