

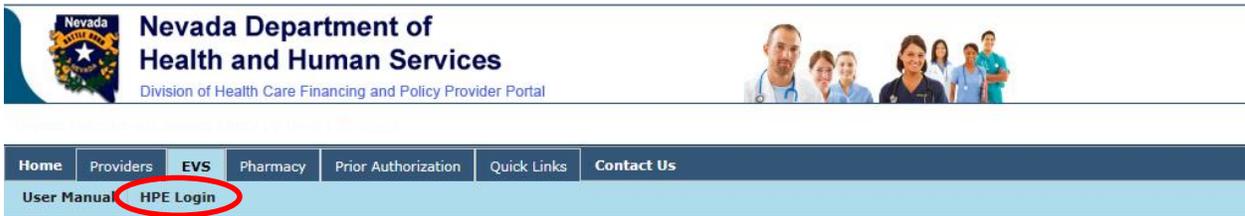
Chapter 6. Search Fee Schedule

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.

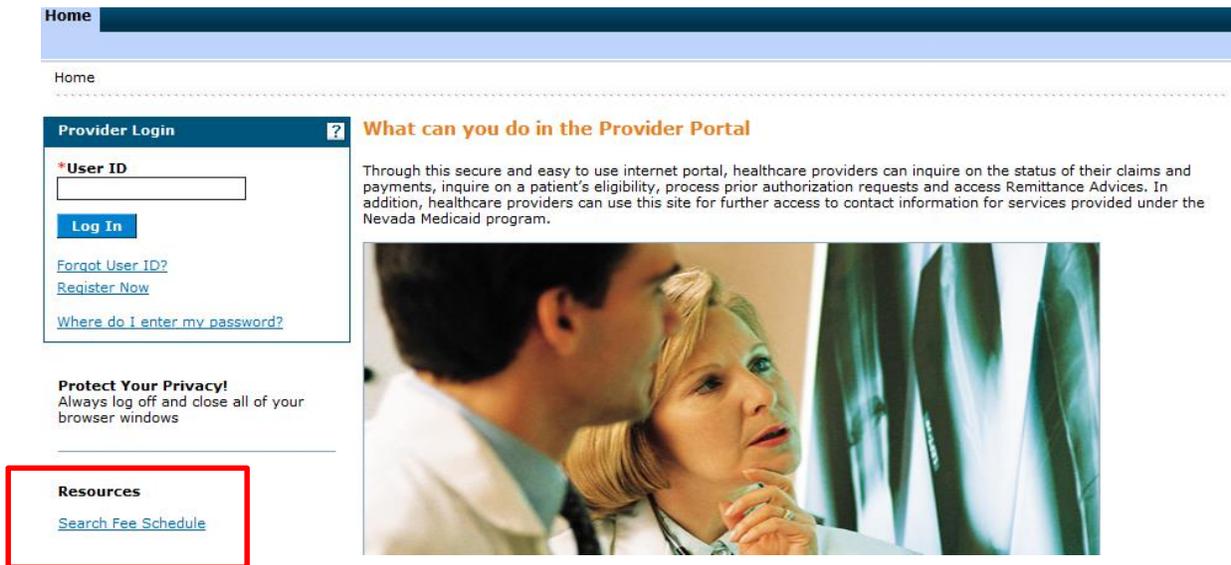
6.1 Gaining access to Search Fee Schedule

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 "HPE Login."



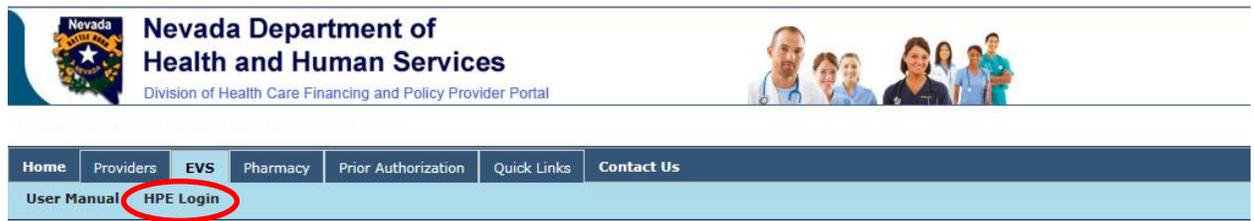
4. Click **HPE Login**. The EVS Home page opens.
5. Click Search Fee Schedule.



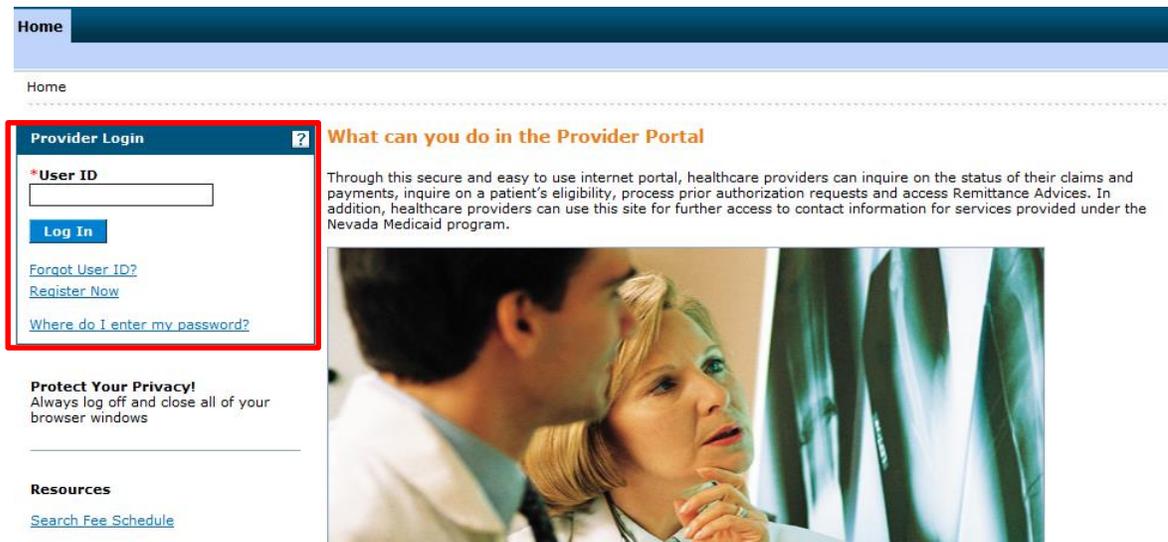
To access the Search Fee Schedule page using the secured area of the Provider Portal:

1. Open a web browser such as Internet Explorer or Firefox.
2. Enter www.medicaid.nv.gov in the address bar.

- The Provider Web Portal Home page opens as shown below. Then click **EVS**. The submenu displays "User Manual" or "HPE Login."



- Click **HPE Login**. The EVS Home page opens.



- Log into the Provider Web Portal.
- 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.

[Resources](#) > Search Fee Schedule

LICENSE FOR USE OF "CURRENT PROCEDURAL TERMINOLOGY", FOURTH EDITION ("CPT®")

End User Point and Click Agreement

CPT codes, descriptions and other data are Copyright 2009 American Medical Association. All Rights Reserved. CPT is a trademark of the American Medical Association (AMA).

You, your employees and agents are authorized to use CPT only as contained in the following authorized materials internally within your organization within the United States and for the sole use by yourself, employees and agents. Use is limited to use in Medicare, Medicaid or other programs administered by the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services and/or the State of Nevada Department of Health and Human Services, Division of Health Care Financing and Policy. You agree to take all necessary steps to insure that your employees and agents abide by the terms of this agreement.

Any use not authorized herein is prohibited, including by way of illustration and not by way of limitation, making copies of CPT for resale and/or license, transferring copies of CPT to any party not bound by this agreement, creating any modified or derivative work of CPT, or making any commercial use of CPT. License to use CPT for any use not authorized herein must be obtained through the AMA, CPT Intellectual Property Services, 515 N.State Street, Chicago, IL 60610.

Applicable FARS\DFARS Restrictions Apply to Government Use

U.S. Government Rights: This material includes CPT which is commercial technical data and/or computer data bases and/or commercial software and/or commercial computer software documentation, as applicable which were developed exclusively at private expense by the American Medical Association, 515 North State Street, Chicago, Illinois, 60610. U.S. Government rights to use, modify, reproduce, release, perform, display, or disclose these technical data and/or computer data bases and/or computer software and/or computer software documentation are subject to the limited rights restrictions of DFARS 252.227-7015(b)(2) (June 1995) and/or subject to the restrictions of DFARS 227.7202-1(a) (June 1995) and DRAFS 227.7202-3(a) (June 1995), as applicable for U.S. Department of Defense procurements and the limited rights restrictions of FAR 52.227-14 (June 1987) and/or subject to the restricted rights provisions of FAR 52.227-14 (June 1987) and FAR 52.227-19 (June 1987), as applicable, and any applicable agency FAR Supplements, for non-Department of Defense Federal procurements.

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

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 ?

* 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

1 *Code Type

2 *Procedure Code or Description

3 *Provider Type

4 Modifier

5 Provider Specialty

Search Fee Schedule page will show the Region/Age field when searching using Provider Type 029 Home Health Agency.

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

*Provider Type

Modifier

Provider Specialty

6 Region/Age

- REGULAR
- Pediatric (age 0-21)
- Pediatric (age 0-21) - RURAL
- RURAL
- URBAN
- Pediatric (age 0-21) - URBAN

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
*Procedure Code or Description
*Provider Type

By Description of the code:

Financial Payer and Benefit Nevada Medicaid Title XIX

*Code Type
*Procedure Code or Description
*Provider Type
Modifier
Provider Specialty

3. **Provider Type.**

By Number:

Financial Payer and Benefit Nevada Medicaid Title XIX

*Code Type
*Procedure Code or Description
*Provider Type
Modifier

By Description:

Financial Payer and Benefit Nevada Medicaid Title XIX

*Code Type
*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

Provider Specialty

By Description:

Modifier

Provider Specialty

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:

Provider Specialty

By Description:

Provider Specialty

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".

Error
 Provider Specialty is needed when Provider Type of 017 has been entered.

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 029, 046, 064. Fees for ASC or ESRD codes that pay at bundled rates are not available but can be obtained from <https://www.medicaid.nv.gov/providers/BillingInfo.aspx>.

Financial Payer and Benefit Nevada Medicaid Title XIX Fee For Service

*Code Type

*Procedure Code or Description

*Provider Type

Modifier

Provider Specialty

Provider Specialty is needed when Provider Type of 017 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.

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

*Provider Type

Modifier

Provider Specialty

Search Results

Total Records: 40

Procedure	Provider Type	Provider Specialty	Modifier	Fee Amount	Age Restrictions	Effective Date ▼
28008-INCISION OF FOOT FASCIA	020-PHYSICIAN,M.D.,OSTEOPATH	000-NO SPECIALTY	22-Unusual Procedural Serv	\$367.30	REGULAR	7/1/2015 - 12/31/9999
28008-INCISION OF FOOT FASCIA	020-PHYSICIAN,M.D.,OSTEOPATH	000-NO SPECIALTY	50-Bilateral Procedure	\$440.76	REGULAR	7/1/2015 - 12/31/9999
28008-INCISION OF FOOT FASCIA	020-PHYSICIAN,M.D.,OSTEOPATH	000-NO SPECIALTY	54-Surgical Care Only	\$205.68	REGULAR	7/1/2015 - 12/31/9999

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:

*Code Type

*Procedure Code or Description

*Provider Type

Modifier

Provider Specialty

Search Results Total Records: 30

Procedure	Provider Type	Provider Specialty	Modifier	Fee Amount	Age Restrictions	Effective Date
28008-INCISION OF FOOT FASCIA	020-PHYSICIAN,M.D.,OSTEOPATH	000-NO SPECIALTY	56-Preoperative Management O	\$42.64	Default rate	1/1/1984 - 12/31/9999
28008-INCISION OF FOOT FASCIA	020-PHYSICIAN,M.D.,OSTEOPATH	000-NO SPECIALTY	56-Preoperative Management O	\$55.43	< 21 & age based procedure	7/1/2013 - 12/31/9999
28008-INCISION OF FOOT FASCIA	020-PHYSICIAN,M.D.,OSTEOPATH	000-NO SPECIALTY	56-Preoperative Management O	\$72.48	< 21 & age based procedure	1/1/1984 - 9/7/2008
28008-INCISION OF FOOT FASCIA	020-PHYSICIAN,M.D.,OSTEOPATH	000-NO SPECIALTY	81-Minimum Assistant Surgeon	\$85.28	Default rate	1/1/1984 - 12/31/9999
28008-INCISION OF FOOT FASCIA	020-PHYSICIAN,M.D.,OSTEOPATH	000-NO SPECIALTY	80-Assistant Surgeon	\$85.28	Default rate	1/1/1984 - 12/31/9999
28008-INCISION OF FOOT FASCIA	020-PHYSICIAN,M.D.,OSTEOPATH	000-NO SPECIALTY	82-Assistant Surgeon (when q)	\$85.28	Default rate	1/1/1984 - 12/31/9999
28008-INCISION OF FOOT FASCIA	020-PHYSICIAN,M.D.,OSTEOPATH	000-NO SPECIALTY	80-Assistant Surgeon	\$110.86	< 21 & age based procedure	7/1/2013 - 12/31/9999
28008-INCISION OF FOOT FASCIA	020-PHYSICIAN,M.D.,OSTEOPATH	000-NO SPECIALTY	81-Minimum Assistant Surgeon	\$110.86	< 21 & age based procedure	7/1/2013 - 12/31/9999
28008-INCISION OF FOOT FASCIA	020-PHYSICIAN,M.D.,OSTEOPATH	000-NO SPECIALTY	82-Assistant Surgeon (when q)	\$110.86	< 21 & age based procedure	7/1/2013 - 12/31/9999
28008-INCISION OF FOOT FASCIA	020-PHYSICIAN,M.D.,OSTEOPATH	000-NO SPECIALTY	55-Postoperative Management	\$127.92	Default rate	1/1/1984 - 12/31/9999

1 2 ...

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”

Financial Payer and Benefit

*Code Type

*Procedure Code or Description

*Provider Type

Modifier

Provider Specialty

Search Results Total Records: 1

Procedure	Provider Type	Provider Specialty	Modifier	Fee Amount	Age Restrictions	Effective Date
10120-REMOVE FOREIGN BODY	010-OUTPATIENT SURGERY,HOSP BASED			\$499.50		1/1/1980 - 12/31/9999

“Provider Type 046”

Financial Payer and Benefit Nevada Medicaid Title XIX Fee For Service

*Code Type

*Procedure Code or Description

*Provider Type

Modifier

Provider Specialty

Search Results Total Records: 4

Procedure	Provider Type	Provider Specialty	Modifier	Fee Amount	Age Restrictions	Effective Date ▼
10120-REMOVE FOREIGN BODY	046-AMBULATORY SURGICAL CENTERS			\$399.60		7/1/2013 - 12/31/9999

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

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

*Provider Type

Modifier

Provider Specialty

Search Results Total Records: 1

Procedure	Provider Type	Provider Specialty	Modifier	Fee Amount	Age Restrictions	Effective Date ▼
90999-DIALYSIS PROCEDURE	045-ESRD FACILITY			\$277.91		1/1/2003 - 12/31/9999

“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, 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**

***Provider Type**

Modifier

Provider Specialty

Search Results

Total Records: 1

Procedure	Provider Type	Provider Specialty	Modifier	Fee Amount	Age Restrictions	Effective Date ▼
90999-DIALYSIS PROCEDURE	081-HOSPITAL BASED ESRD PROVIDER			\$277.91		1/1/2003 - 12/31/9999

“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, 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**

***Provider Type**

Modifier

Provider Specialty

Search Results

Total Records: 1

Procedure	Provider Type	Provider Specialty	Modifier	Fee Amount	Age Restrictions	Effective Date ▼
90688-FLU VACC 4 VAL 3 YRS PLUS IM	045-ESRD FACILITY	000-NO SPECIALTY		\$13.74	REGULAR	3/1/2014 - 6/30/2015

6.4 Print Preview

Click on the Print Preview button to open a new window to print 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.
- 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** Medical

***Procedure Code or Description**

***Provider Type**

Modifier

Provider Specialty

Search Results

Total Records: 1

Procedure	Provider Type	Provider Specialty	Modifier	Fee Amount	Age Restrictions	Effective Date ▼
10120-REMOVE FOREIGN BODY	010-OUTPATIENT SURGERY,HOSP BASED			\$499.50		1/1/1980 - 12/31/9999

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

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 Medical

Procedure Code or Description 10120-REMOVE FOREIGN BODY

Provider Type 010-OUTPATIENT SURGERY,HOSP BASED

Modifier _

Provider Specialty _

Search Results

Total Records: 1

Procedure	Provider Type	Provider Specialty	Modifier	Fee Amount	Age Restrictions	Effective Date
10120-REMOVE FOREIGN BODY	010-OUTPATIENT SURGERY,HOSP BASED			\$499.50		1/1/1980 - 12/31/9999