

**Provider Type 17, Specialty 171, Special Clinic, Methadone
Reimbursement Rates**

Updated: March 25, 2009

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.

Note:

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.

[Modifier List](#)

Procedure Code	Description	Modifier	Rate	Rate Begin Date
H0033	ORAL MED ADM DIRECT OBSERVE		\$3.94	01-Jan-80