



December 21, 2012

Announcement 546

Rates Set for Specific Codes Billed by Provider Types 12, 17, 20, 21, 24, 27, 34, 43, 72, 74, 76 and 77

Effective with dates of service on or after December 1, 2012, claims for the procedure codes in the table below will be reimbursed at a set rate; the codes will no longer pay at a percentage of the billed charge. For reimbursement rates, contact the DHC FP Rates Unit at (775) 684-3763.

Affected Provider Type	Applicable Procedure Codes
12	72291, 86960, 90646, 90654, 90670, 92558, 92605, 92606, 93229
17	90646, 90654, 90670, 90940, 92605, 92606, 93229
20	33981, 33982, 33983, 72291, 77013, 77022, 86960, 90646, 90654, 90670, 90867, 90868, 92605, 92606, 93229
21	90646, 92605, 92606
24	33981, 33982, 33983, 86960, 90646, 90654, 90670, 90867, 90868, 92605, 92606, 93229
27	72291, 77013, 77022
34	92605, 92606
43	86960
72	86960, 90646, 92605, 92606
74	86960, 90646, 90670, 92605, 92606
76	92558
77	33981, 33982, 33983, 86960, 90646, 90654, 90670, 90867, 90868, 92605, 92606, 93229