

Provider Type 38 Waiver for Individuals with Intellectual Disabilities and Related Conditions ICF/ID Reimbursement Schedule

This schedule reflects rate data as of : **4/1/2018**

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.

This provider type was last subject to a rate review* on : 11/2016

*Rate review refers to a comprehensive review of all the rates associated with this provider type. In 2017 the NV Legislature passed Assembly Bill 108 which, starting in 2018, requires NV Medicaid to perform a comprehensive rate review for each provider type at least once every four years. These reviews may or may not result in changes to reimbursement amounts.

Notes:

Procedure codes with a rate of \$0.00 are reimbursed at 62% of Usual and Customary charges 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.

Specialty	Proc	Mod	Desc	Rate	Rate Begin
000	96152	HN	Intervene hlth/behave indiv	18.46	10/1/2008
000	96152	HO	Intervene hlth/behave indiv	21.23	10/1/2008
000	97802		Medical nutrition indiv in	14.04	4/1/2016
000	97802	TN	Medical nutrition indiv in	16.37	4/1/2016
000	97803		Med nutrition indiv subseq	14.02	4/1/2016
000	97803	TN	Med nutrition indiv subseq	16.36	4/1/2016
000	S0281		Medical home, maintenance	9.18	12/1/2015
000	S5190		Wellness assessment by nonph	25.57	12/1/2015
000	S5190	U1	Wellness assessment by nonph	6.39	12/1/2015
000	S9123		Nursing care in home rn	36.73	10/1/2008
000	S9123	TV	Nursing care in home rn	55.10	10/1/2008
000	S9123	U1	Nursing care in home rn	64.28	12/1/2015
000	S9123	U2	Nursing care in home rn	42.85	12/1/2015
000	S9124		Nursing care, in the home; b	27.28	10/1/2008
000	S9124	TV	Nursing care, in the home; b	40.92	10/1/2008
000	S9124	U1	Nursing care, in the home; b	47.76	12/1/2015
000	S9124	U2	Nursing care, in the home; b	31.84	12/1/2015
000	T1001		Nursing assessment/evaluatn	128.68	4/1/2016
000	T1002		Rn services up to 15 minutes	11.87	1/1/2016
000	T1002	TV	Rn services up to 15 minutes	17.81	1/1/2016
000	T1002	U1	Rn services up to 15 minutes	20.78	1/1/2016
000	T1002	U2	Rn services up to 15 minutes	13.85	1/1/2016
000	T1003		LPN/LVN SERVICES UP TO 15MIN	8.84	7/1/2015

000	T1003	TN	LPN/LVN SERVICES UP TO 15MIN	10.32	12/1/2015
000	T1003	TV	LPN/LVN SERVICES UP TO 15MIN	13.26	7/1/2015
000	T1003	U1	LPN/LVN SERVICES UP TO 15MIN	15.48	12/1/2015
000	T2003		N-et; encounter/trip	50.00	10/1/2008
000	T2014		Habil prevoc waiver, per d	153.53	8/1/2016
000	T2017		Habil res waiver 15 min	6.25	1/1/1980
000	T2017	UJ	Habil res waiver 15 min	3.12	10/1/2008
000	T2018		Habil sup empl waiver/diem	153.53	8/1/2016
000	T2019		Habil sup empl waiver 15min	7.81	4/1/2016
000	T2020		Day habil waiver per diem	153.53	8/1/2016
000	T2024	HN	Serv asmnt/care plan waiver	18.46	4/1/2016
000	T2024	HO	Serv asmnt/care plan waiver	21.23	4/1/2016
211	T2020		Day habil waiver per diem	153.53	8/1/2016
212	T2014		Habil prevoc waiver, per d	153.53	8/1/2016
214	T2018		Habil sup empl waiver/diem	153.53	8/1/2016
215	S5190		Wellness assessment by nonph	25.57	12/1/2015
215	S5190	U1	Wellness assessment by nonph	6.39	12/1/2015
216	T2017		Habil res waiver 15 min	6.25	7/1/2003
216	T2017	UJ	Habil res waiver 15 min	3.12	5/1/2015