

Provider Type 38 Waiver for Individuals with Intellectual Disabilities

ICF/ID

Reimbursement Schedule

This schedule reflects rate data as of : 6/1/2018

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 Date
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

