

## Provider Type 55 Home Based Habilitation Services Reimbursement Schedule

This schedule reflects rate data as of : 8/1/2018

**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.*

*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.*

Proc	Mod	Desc	Rate	Rate Begin Date
97537		Community/work reintegration	5.38	7/1/2016
T2012	U1	Habil ed waiver, per diem	220.38	12/1/2015
T2012	U2	Habil ed waiver, per diem	440.75	12/1/2015
T2033		Res, nos waiver per diem	651.00	12/1/2015