

## Provider Type 59 Assisted Living Waiver 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 : 07/2017

*\*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
036	T1016		Case management	25.75	7/1/2006
048	T2031	U1	Assist living waiver/diem	23.00	7/1/2017
048	T2031	U2	Assist living waiver/diem	52.00	7/1/2017
048	T2031	U3	Assist living waiver/diem	69.00	7/1/2017
048	T2031	U4	Assist living waiver/diem	83.00	7/1/2017
303	T1016		Case management	15.84	7/1/2006