

Provider Type 16
Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)
(Public)

Reimbursement Schedule

Date of last rate review: 11/2016

A rate review may or may not result in a change to the reimbursement rate.

The data 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 provided 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.

Note:

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

Prov ID	Description	Rate	Rate Begin
001602999	NV ST DV MH/DS DESERT DEV CENTER	589.40	10/01/2010
001616999	NV ST DV MH/DS SIERRA DEV CENTER	731.54	07/01/2008