

Provider Type 30 and 83 Personal Care Services Reimbursement Rates

Date of last rate review: 11/2016

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

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.

Note:

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.

Current Dental Terminology, fourth edition (CDT) (including procedure codes, definitions (descriptors) and other data) is copyrighted by the American Dental Association. © 2008 American Dental Association. All rights reserved. Applicable FARS/DFARS apply.

Proc Code	Description	Mod	Rate	Rate Begin
A0160	Noner transport case worker		0.28	1/1/1980
T1019	Personal care ser per 15 min		4.25	7/1/2009