

**Provider Type 48 Home and Community Based Waiver for the Frail Elderly
HCBS
Reimbursement Schedule**

Updated: May 1, 2015

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 noted otherwise in Nevada Medicaid policy.

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[Modifier List](#)

Specialty	Proc	Mod	Desc	Rate
000	S5100		ADULT DAYCARE SERVICES 15MIN	1.67
000	S5102		ADULT DAY CARE PER DIEM	40.00
000	S5120		CHORE SERVICES PER 15 MIN	3.75
000	S5130		HOMAKER SERVICE NOS PER 15M	3.75
000	S5135		ADULT COMPANIONCARE PER 15M	2.00
000	S5150		UNSKILLED RESPITE CARE /15M	2.50
000	S5151		UNSKILLED RESPITECARE /DIEM	65.00
000	S5160		EMER RESPONSE SYS INSTAL&TST	45.00
000	S5161		EMER RSPNS SYS SERV PERMONTH	40.00
000	T1016		CASE MANAGEMENT	25.75
036	T1016		CASE MANAGEMENT	25.75
039	S5130		HOMAKER SERVICE NOS PER 15M	3.75
191	S5150		UNSKILLED RESPITE CARE /15M	2.50
191	S5151		UNSKILLED RESPITECARE /DIEM	65.00
199	S5120		CHORE SERVICES PER 15 MIN	3.75
202	S5160		EMER RESPONSE SYS INSTAL&TST	45.00
202	S5161		EMER RSPNS SYS SERV PERMONTH	40.00
208	S5135		ADULT COMPANIONCARE PER 15M	2.00
209	S5100		ADULT DAYCARE SERVICES 15MIN	1.67
209	S5102		ADULT DAY CARE PER DIEM	40.00
303	T1016		CASE MANAGEMENT	15.84