

Provider Type 57 Waiver for Elderly in Adult Residential Care Reimbursement Schedule

Date of last rate review: 1/2017

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 noted otherwise in Nevada Medicaid policy.

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Specialty	Proc	Mod	Desc	Rate	Rate Begin
000	S5126	U1	Attendant care service /diem	20.00	1/1/2004
000	S5126	U2	Attendant care service /diem	45.00	1/1/2004
000	S5126	U3	Attendant care service /diem	60.00	1/1/2004
000	T1016		Case management	25.75	7/1/2005
036	T1016		Case management	25.75	7/1/2005
207	S5126	U1	Attendant care service /diem	20.00	10/1/2003
207	S5126	U2	Attendant care service /diem	45.00	10/1/2003
207	S5126	U3	Attendant care service /diem	60.00	10/1/2003
303	T1016		Case management	15.84	3/1/2008