

Provider Type 58 Home and Community Based Services Waiver for Persons with Physical Disabilities Reimbursement Schedule

This schedule reflects rate data as of : 1/1/2018

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 : 11/2016

**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.

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Specialty	Proc	Mod	Desc	Rate	Rate Begin
000	S5120		Chore services per 15 min	3.75	3/1/2014
000	S5125		Attendant care service /15m	4.63	7/1/2006
000	S5130		Homaker service nos per 15m	3.75	3/1/2014
000	S5150		Unskilled respite care /15m	3.63	1/1/1980
000	S5160		Emer response sys instal&tst	45.00	1/1/1980
000	S5161		Emer rspns sys serv permonth	40.00	1/1/1980
000	S5165		Home modifications per serv	3230.00	1/1/1980
000	S5170		Homedelivered prepared meal	5.00	1/1/1980
000	S5199		Personal care item nos each	565.00	1/1/1980
000	T2031		Assist living waiver/diem	105.00	1/1/1980
036	T1016		Case management	25.75	3/1/2008
039	S5130		Homaker service nos per 15m	3.75	3/1/2014
048	T2031		Assist living waiver/diem	105.00	10/1/2003
189	S5125		Attendant care service /15m	4.63	7/1/2006
303	T1016		Case management	15.84	3/1/2008