

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

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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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