

# Provider Type 38 Waiver for Individuals with Intellectual Disabilities

## ICF/ID

### Reimbursement Schedule

This schedule reflects rate data as of : 6/1/2019

**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. 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.*

Specialty	Proc	Mod	Desc	Rate	Rate Begin Date
000	96152	HN	INTERVENE HLTH/BEHAVE INDIV	18.46	10/1/2008
000	96152	HO	INTERVENE HLTH/BEHAVE INDIV	21.23	10/1/2008
000	97802	TN	MEDICAL NUTRITION INDIV IN	16.37	4/1/2016
000	97802		MEDICAL NUTRITION INDIV IN	14.04	4/1/2016
000	97803	TN	MED NUTRITION INDIV SUBSEQ	16.36	4/1/2016
000	97803		MED NUTRITION INDIV SUBSEQ	14.02	4/1/2016
000	S0281		Medical home, maintenance	9.18	12/1/2015
000	S5190	U1	Wellness assessment by nonph	6.39	12/1/2015
000	S5190		Wellness assessment by nonph	25.57	12/1/2015
000	S9123		Nursing care in home rn	36.73	10/1/2008
000	S9123	U1	Nursing care in home rn	64.28	12/1/2015
000	S9123	U2	Nursing care in home rn	42.85	12/1/2015
000	S9124		Nursing care, in the home; b	27.28	10/1/2008
000	S9124	U1	Nursing care, in the home; b	47.76	12/1/2015
000	S9124	U2	Nursing care, in the home; b	31.84	12/1/2015
000	T1001		Nursing assessment/evaluatn	128.68	4/1/2016
000	T1002	U1	Rn services up to 15 minutes	20.78	1/1/2016
000	T1002	U2	Rn services up to 15 minutes	13.85	1/1/2016
000	T1002		Rn services up to 15 minutes	11.87	1/1/2016
000	T1003	TN	LPN/LVN SERVICES UP TO 15MIN	10.32	12/1/2015
000	T1003	U1	LPN/LVN SERVICES UP TO 15MIN	15.48	12/1/2015
000	T1003		LPN/LVN SERVICES UP TO 15MIN	8.84	7/1/2015
000	T2003		N-et; encounter/trip	50.00	10/1/2008
000	T2014		Habil prevoc waiver, per d	153.53	8/1/2016
000	T2017		Habil res waiver 15 min	6.25	1/1/1980
000	T2017	UJ	Habil res waiver 15 min	3.12	10/1/2008

000	T2018		Habil sup empl waiver/diem	153.53	8/1/2016
000	T2019		Habil sup empl waiver 15min	7.81	4/1/2016
000	T2020		Day habil waiver per diem	153.53	8/1/2016
000	T2024	HN	Serv asmnt/care plan waiver	18.46	4/1/2016
000	T2024	HO	Serv asmnt/care plan waiver	21.23	4/1/2016
211	T2020		Day habil waiver per diem	153.53	8/1/2016
212	T2014		Habil prevoc waiver, per d	153.53	8/1/2016
214	T2018		Habil sup empl waiver/diem	153.53	8/1/2016
215	S5190	U1	Wellness assessment by nonph	6.39	12/1/2015
215	S5190		Wellness assessment by nonph	25.57	12/1/2015
216	T2017	UJ	Habil res waiver 15 min	3.12	5/1/2015
216	T2017		Habil res waiver 15 min	6.25	7/1/2003