

## Provider Type 55 Home Based Habilitation Services 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.*

*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.*

Proc	Mod	Desc	Rate	Rate Begin Date
97537		COMMUNITY/WORK REINTEGRATION	5.38	7/1/2016
T2012	U1	Habil ed waiver, per diem	220.38	12/1/2015
T2012	U2	Habil ed waiver, per diem	440.75	12/1/2015
T2033		Res, nos waiver per diem	651.00	12/1/2015