

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