

Provider Type 59 Assisted Living Waiver Reimbursement Schedule

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

This provider type was last subject to a rate review* on : 07/2017

**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
036	T1016		Case management	25.75	7/1/2006
048	T2031	U1	Assist living waiver/diem	23.00	7/1/2017
048	T2031	U2	Assist living waiver/diem	52.00	7/1/2017
048	T2031	U3	Assist living waiver/diem	69.00	7/1/2017
048	T2031	U4	Assist living waiver/diem	83.00	7/1/2017
303	T1016		Case management	15.84	7/1/2006