

**Provider Type 48 Home and Community Based Services Waiver for the Frail Elderly  
Reimbursement Schedule  
Division of Healthcare Financing and Policy (DHCFP)**

\*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.

This schedule reflects rate data as of : **09/2021**

**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.

This provider type was last subject to a rate review\* on : **2016**

Proc	Desc	Mod	Enhancement	Rate	Rate Begin Date
S5100	DAY CARE SERVICES, ADULT; PER 15 MINUTES		HCB	\$1.75	07/01/2021
S5102	DAY CARE SERVICES, ADULT; PER DIEM		HCB	\$42.00	07/01/2021
S5120	CHORE SERVICES; PER 15 MINUTES		DEF	\$3.75	07/01/2021
S5130	HOMEMAKER SERVICE, NOS; PER 15 MINUTES		DEF	\$3.75	07/01/2021
S5135	COMPANION CARE, ADULT (E.G., IADL/ADL); PER 15 MINUTES		DEF	\$2.00	07/01/2021
S5150	UNSKILLED RESPITE CARE, NOT HOSPICE; PER 15 MINUTES		DEF	\$2.50	07/01/2021
S5151	UNSKILLED RESPITE CARE, NOT HOSPICE; PER DIEM		DEF	\$65.00	07/01/2021
S5160	EMERGENCY RESPONSE SYSTEM; INSTALLATION AND TESTING		DEF	\$45.00	07/01/2021
S5161	EMERGENCY RESPONSE SYSTEM; SERVICE FEE, PER MONTH (EXCLUDES		DEF	\$40.00	07/01/2021
T1016	INSTALLATION AND TESTING)		DEF	\$25.75	07/01/2021
	CASE MANAGEMENT, EACH 15 MINUTES				