

**Provider Type 58 Home and Community Based Services Waiver  
for Persons with Physical Disabilities  
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 : 2017

Specialty	Proc	Desc	Mod	Enhancement	Rate	Rate Begin Date
000	S5120	CHORE SERVICES; PER 15 MINUTES		DEF	3.75	07/01/2021
000	S5120	CHORE SERVICES; PER 15 MINUTES		HCB	3.75	03/01/2014
000	S5125	ATTENDANT CARE SERVICES; PER 15 MINUTES		DEF	4.63	07/01/2021
000	S5130	HOMEMAKER SERVICE, NOS; PER 15 MINUTES		DEF	3.75	07/01/2021
000	S5130	HOMEMAKER SERVICE, NOS; PER 15 MINUTES		HCB	3.75	03/01/2014
000	S5150	UNSKILLED RESPITE CARE, NOT HOSPICE; PER 15 MINUTES		HCB	3.63	07/01/2021
000	S5160	EMERGENCY RESPONSE SYSTEM; INSTALLATION AND TESTING		DEF	45	07/01/2021
000	S5161	EMERGENCY RESPONSE SYSTEM; SERVICE FEE, PER MONTH (EXCLUDES INSTALLATION AND TESTING)		DEF	40	07/01/2021
000	S5165	HOME MODIFICATIONS; PER SERVICE		DEF	3230	07/01/2021
000	S5170	HOME DELIVERED MEALS, INCLUDING PREPARATION; PER MEAL		DEF	5	07/01/2021
000	S5199	PERSONAL CARE ITEM, NOS, EACH		DEF	565	07/01/2021
000	T1016	CASE MANAGEMENT, EACH 15 MINUTES		DEF	25.75	07/01/2021
048	T2031	ASSISTED LIVING; WAIVER, PER DIEM		DEF	105	07/01/2021
048	T2031	ASSISTED LIVING; WAIVER, PER DIEM	U1	DEF	23	07/01/2021
048	T2031	ASSISTED LIVING; WAIVER, PER DIEM	U2	DEF	52	07/01/2021
048	T2031	ASSISTED LIVING; WAIVER, PER DIEM	U3	DEF	69	07/01/2021
048	T2031	ASSISTED LIVING; WAIVER, PER DIEM	U4	DEF	83	07/01/2021