



Waiver for Individuals with Intellectual and Developmental Disabilities

References

For additional information, refer to:

- MSM Chapter 100 (contains important information applicable to all provider types).
- [Medicaid Services Manual \(MSM\), Chapter 2100](#)
- Nevada Medicaid provider web portal at <https://www.medicaid.nv.gov>
- ADSD website at <http://adsd.nv.gov>

Contact ADSD

Contact information for the ADSD regional offices is provided on the Aging and Disability Services website at: <http://adsd.nv.gov>

Covered services and procedure codes:

The following services are benefits of this waiver program only if the services are 1) identified in the recipient's Individual Support Plan (ISP), and 2) prior authorized by ADSD:

- Career Planning: T2019
- Counseling Services: S5190 (Individual) / S5190 U1 (Group)
- Day Habilitation: T2020
- Non-Medical Transportation: T2003
- Nursing Services: S9123 for RN Private Duty / S9123 U2 (Rural) / S9124 for LPN Private Duty / S9124 U2 (Rural) / S0281 for Comprehensive Medical Community Support Services / T1001 Evaluation / T1002 RN Services / T1002 U2 (Rural) / T1003 for Direct Skilled Services / T1003 TN (Rural)
- Nutrition Therapy (Initial assessment): 97802 / 97802 TN (Rural)
- Nutrition Therapy (Re-assessment): 97803 and 97803 TN (Rural)
- Prevocational Services: T2014
- Residential Support Management: T2017
- Residential Support Services: T2017 / T2017 UJ for Sleep Staff
- Supported Employment: T2018
- Waiver Service specifically for Behavioral Consultation, Training and Intervention: T2025 HN (Bachelor's Degree) / T2025 HO (Master's Degree)

In addition to waiver services, recipients eligible under this waiver program are also eligible for full Medicaid benefits.

Service limits

The following limits apply to covered services:

- S5190: \$1500 per fiscal year
- S9123: 8 hours per month
- S9124: 8 hours per month
- T2003: \$100 per month
- T2019: 240 hours annually
- T2025: \$5200 per rolling year
- 97802 and 97803: \$1300 per rolling year



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Prior authorization

Each recipient is assigned an ADSD Service Coordinator who is responsible for developing his or her Individual Support Plan (ISP).

A copy of the approved prior authorization must be kept in the recipient's file.

It is important to verify that an approved prior authorization is in place before providing services. This can be verified online through the Electronic Verification System (EVS), by calling the Automated Response System (ARS) at (800) 942-6511 or by utilizing a swipe card system. Each method is described in Chapter 3 of the Billing Manual on the Nevada Medicaid provider web portal at www.medicaid.nv.gov.

Authorization does not guarantee payment of a claim. Payment is contingent upon eligibility, available benefits, contractual terms, limitations, exclusions, coordination of benefits and other terms and conditions set forth by the benefit program.

Billing instructions

Providers must submit their invoices to ADSD.

Do not submit invoices to Nevada Medicaid.

ADSD claims submitted to Nevada Medicaid must meet the requirements stated in the claim billing instructions in the Electronic Verification System (EVS) Chapter 3 Claims and the Transaction 837P Professional claim companion guide, which are posted on the Nevada Medicaid provider web portal at www.medicaid.nv.gov.

Effective with claims processed on or after December 21, 2015, provider type 38 is no longer required to submit an EOB or denial letter from the other health care (OHC) coverage provider.

Hospice and waiver services

Recipients enrolled in a hospice program may be eligible for waiver services if the service:

- Allows the recipient to remain in the community, and
- Is palliative or basic self-care, and
- Is not covered under the hospice program.

Refer to [MSM Chapter 3200](#) for complete information on Nevada Medicaid's hospice program.