Rehabilitation services are medically prescribed treatment for improving or restoring functions, which have been impaired by illness or injury or, where function has been permanently lost or reduced by illness or injury. The Comprehensive Outpatient Rehabilitation (COR) services program provides coverage for community based comprehensive medical rehabilitation programs for eligible recipients under the rehabilitative services option of the Medicaid State Plan.

**Covered services**

The COR services program may utilize administrative case-management activities to coordinate Medicaid covered rehabilitation services to assist in the transition of eligible recipients through the rehabilitation continuum. Services provided under the COR program are time-limited and include Comprehensive Day Treatment programs, Residential Rehabilitation Programs and Community Re-integration services as shown below:

**Comprehensive Day Treatment (CDT), Full day (min. 6 hours)**
- Use revenue code 0932
- One Unit – Per Diem
- Provider-specific rate

**Comprehensive Day Treatment (CDT), Half day (min. 3 hours)**
- Use revenue code 0931
- One Unit – Per Diem

**Residential Rehabilitation Program (RRP)**
- Use revenue code 0949
- One Unit – Per Diem

**RRP Therapeutic LOA**
- Use revenue code 0183
- One Unit – Per Diem
- Maximum of 2 occurrences per month

**Community Re-integration Services**
- Use revenue code 0940 and CPT code 97537
- One Unit – 15 minutes
- Maximum of 24 units per day
Non-covered services

Non-covered services include but are not limited to:

- Maintenance therapy
- Duplicative services
- Pre-admission screenings
- Habilitation services
- Pain management

Prior authorization

All services must be prior authorized.

Notes

Time spent conducting a team conference is included in the established all-inclusive rate and is not a separately billed service.

See the Nevada Medicaid Services Manual, Chapter 2400 for additional information.