



1915(i) Home and Community-Based Services (HCBS) State Plan Option – Habilitation
Specialty 315: Day Habilitation

Day Habilitation services are designed to assist individuals in acquiring, retaining and improving the self-help, socialization and adaptive skills necessary to reside successfully in home and community based settings.

References:

- For additional information, refer to: [Medicaid Services Manual \(MSM\) Chapter 100 - Medicaid Program](#) (contains important information applicable to all provider types)
- [MSM Chapter 1800 - 1915\(i\) - Home and Community Based State Plan Option Adult Day Health Care and Habilitation Service](#)
- Division of Health Care Financing and Policy (DHCFP) website at <http://dhcfnv.gov>.
- Nevada Medicaid Provider Web Portal at <https://www.medicaid.nv.gov>

The following service is covered under Specialty 315: Day Habilitation.

DAY HABILITATION

This service is targeted to individuals with Traumatic Brain Injury (TBI) or Acquired Brain Injury (ABI). Day Habilitation services are regularly scheduled activities that assist with the acquisition, retention or improvement of skills that enhance social development and develop skills in performing activities of daily living and community living. Day Habilitation services focus on enabling the participant to attain or maintain his/her maximum potential and shall be coordinated with any needed therapies such as physical, occupational or speech therapy. Meals provided as part of these services shall not constitute a “full nutritional regimen” (three meals per day).

Covered Services and Procedure Codes:

The following service is a benefit of this program only if the services are:

- 1) identified in the recipient's Plan of Care (POC) using person-centered approach, and
- 2) prior authorized by DHCFP: Day Habilitation: T2020 per diem

Service Limits

The following limit applies to this covered service:

- T2020: 1 unit per day not to exceed the maximum allowed of 6 hours

Non-Covered Services

Non-covered services include but are not limited to:

- Maintenance therapy
- Duplicative services
- Pre-admission screenings
- Pain Management

Authorization Requirements

All services must be prior authorized by DHCFP. Before submitting your claim, you must receive approval to perform the services from DHCFP. Once a recipient is approved for Day Habilitation services, DHCFP will issue an authorization number to the provider chosen by the recipient. No action is required by providers to obtain the authorization number as DHCFP will contact the provider. For questions regarding these prior authorizations, providers may contact the DHCFP by sending an email to 1915i@dhcfnv.gov.



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It is important to verify that an approved prior authorization is in place before providing services. Authorization can be verified online through the [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 Information

Provider type 55 is not required to submit an Explanation of Benefits (EOB) or denial letter from the other health care (OHC) coverage provider.

Note: PT 55 procedure code T2020 is carved out of Managed Care (MCO) and services are paid out of Fee-For-Service (FFS), although the recipients remain in Managed Care for all other services.

All claims must be submitted electronically to Nevada Medicaid. See the [Electronic Verification System \(EVS\) User Manual Chapter 3 Claims](#) and the [Health Care Claim/Encounter: Professional Encounter \(837P\) Companion Guide](#) for instructions on submitting a professional claim.

Providers must indicate a prior authorization number on the claim. When providers bill for Day Habilitation services, they will be required to include the authorization number provided by DHCFP. If the authorization number is not included, the claim will deny.