

471-000-513 Nebraska Medicaid RN/LPN Fee Schedule

Payment for services as outlined in this fee schedule shall be made as outlined in 471 NAC 13.

The five-digit numeric codes included in the Schedule are obtained from the Physicians' Current Procedural Terminology (CPT®). CPT® is a listing of descriptive terms and numeric identifying codes and modifiers for reporting medical services and procedures performed by physicians. This Schedule includes CPT® numeric identifying codes for reporting medical services and procedures.

CPT® codes, descriptions, and other data only are copyright 2021 American Medical Association (AMA). All Rights Reserved. CPT® is a registered trademark of the AMA. You, your employees, and agents are authorized to use CPT® only as contained in the following authorized materials internally within your organization within the United States for the sole use by yourself, employees, and agents. Use is limited to use in Medicare, Medicaid, or other programs administered by the Centers for Medicare & Medicaid Services (CMS). Applicable Federal Acquisition Regulation System/Defense Federal Acquisition Regulation Supplement (FARS/DFARS) apply.

The Schedule includes only CPT® numeric identifying codes for reporting medical services and procedures that were selected by the Nebraska Department of Health and Human Services, State of Nebraska. Any user of CPT® outside the Schedule should refer to CPT®. This publication contains the complete and most current listings of descriptive terms and numeric identifying codes and modifiers for reporting medical services and procedures.

No codes, fee schedules, basic unit values, relative value guides, guidelines, conversion factors or scales are included in any part of CPT®. The AMA assumes no liability for the data contained herein.

Maximum allowable fees are the exclusive property of the Nebraska Department of Health and Human Services and are not covered by the American Medical Association CPT® copyright. Unit values per Relative Values for Physicians, Copyright 2021, Optum360™, LLC.

Information regarding Private-Duty Nursing Services may be found in 471 NAC 13.

http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-471/Chapter-13.pdf

It is the provider's responsibility to be aware of requirements for medical necessity, prior authorization, referral management, etc.

Providers may notice a minor difference between the published payment amount on the fee schedule and the actual payment amount. The payment system uses seven decimal places in the reimbursement calculation, but the fee schedule publishes only the first two decimal places.

Procedure Code	Description	Medicaid Allowable	Units *
T1000 TD	Brief RN Service In Private-Duty Nursing Setting (1-8 Units)	\$10.89/unit (\$43.56/hour)*	15 minutes
T1000 TE	Brief LPN Service In Private-Duty Nursing Setting (1-8 Units)	\$8.17/unit (\$32.68/hour)*	15 minutes
T1002	Hourly RN Service In Private-Duty Nursing Setting	\$5.44/unit (\$21.76/hour)*	15 minutes
T1003	Hourly LPN Service In Private-Duty Nursing Setting	\$4.06 unit (\$16.24/hour)*	15 minutes
T1022 TG	Contracted Home Health Agency Services, All Services Provided under Contract Ventilator Dependent, Per day	\$1,320.50	Day
T1024	Coordinated, integrated and specialized care for children with multiple and severe disabilities in a facility based setting	\$28.72	Per encounter
T1024 TG	Coordinated, integrated and specialized care for children with multiple and severe disabilities in a facility based setting	\$32.45	Per encounter
*Hour rates are approximate and may vary, based on rounding.			
Limitations:			
	\$379.01/day - Maximum daily per diem for skilled nursing services for persons age 21 and older in a home health setting. The rate is calculated based on the average Extensive Services 2 case-mix nursing facility rates and in accordance with NE SPA ATTACHMENT 4.19-B Item 7, Page 1a.		
	\$1,320.50/day - Maximum daily per diem for skilled nursing services for persons age 21 and older who are ventilator dependent in a home health setting. The rate is calculated based on the average ventilator-dependent per diem of all Nebraska nursing facilities which are providing that service and in accordance with NE SPA ATTACHMENT 4.19-B Item 7, Page 1a..		
Center-Based Adult Day Add-On Services			
Procedure Code	Description	Medicaid Allowable	Units
S5105	Aide Service In Adult Day Service Center Setting**	\$8.43/unit	1 day

Providers may notice a minor difference between the published payment amount on the fee schedule and the actual payment amount. The payment system uses seven decimal places in the reimbursement calculation, but the fee schedule publishes only the first two decimal places.

S5105TD	RN Service In Adult Day Service Center Setting**	\$13.48/unit	1 day
**Bill only when service is not included in Adult Day Service per diem rate.			

Providers may notice a minor difference between the published payment amount on the fee schedule and the actual payment amount. The payment system uses seven decimal places in the reimbursement calculation, but the fee schedule publishes only the first two decimal places.