

471-000-509 Nebraska Medicaid Home Health Agency Fee Schedule

Payment for services as outlined in this fee schedule shall be made as outlined in 471 NAC 9.

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.

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Information regarding Home Health Agencies Services may be found in 471 NAC 9.

[http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health\\_and\\_Human\\_Services\\_System/Title-471/Chapter-09.pdf](http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-471/Chapter-09.pdf)

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

<b>Procedure Code</b>	<b>Description</b>	<b>Medicaid Allowable</b>	<b>Units of Service*</b>
G0151	Brief physical therapy service in home health setting (1-8 units)	\$113.02/visit	15 minutes
G0152	Brief occupational therapy service in home health setting (1-8 units)	\$113.02/visit	15 minutes

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.

G0153	Brief speech-language pathology service in home health setting (1-8 units)	\$113.02/visit	15 minutes
G0156	Brief Aide service in home health setting (1-8 units)	\$60.11/visit	15 minutes
G0299	Direct Skilled Nursing Services of a Registered Nurse (RN) in the Home Health or Hospice Setting, each 15 minutes	\$97.32/visit	15 minutes
G0300	Direct Skilled Nursing Services of a Licensed Practical Nurse (LPN) in a Home Health Setting Each 15 minutes (not payable for hospice)	\$97.32/visit	15 minutes
S9122	Hourly Aide service in home health setting	\$24.59/hourly	1 hour
S9123	Hourly RN service in home health setting	\$39.58/hourly	1 hour
S9124	Hourly LPN service in home health setting	\$32.24/hourly	1 hour
S9123TG	Hourly RN service in home health setting for high tech service	\$47.66/hourly	1 hour
S9124TG	Hourly LPN service in home health setting for high tech service	\$42.98/hourly	1 hour
S9123UN	Hourly RN service in home health setting for 2 client at the same time	\$35.75/hourly	1 hour
S9124UN	Hourly LPN service in home health setting for 2 clients at the same time	\$25.69/hourly	1 hour
T1022TG	Daily nursing service for ventilator dependent clients 21 and older in home health setting	\$1,320.50	1 day

**\*Bill only for the number of units actually provided.**

**Limitations:**

For clients age 21 and older, Medicaid does not cover therapy sessions in excess of 60 session per fiscal year (July 1-June 30) for any combination of physical therapy, occupational therapy and speech therapy (471 NAC 14, 23).

**\$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

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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..