

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

PROCEDURE CODE	DESCRIPTION	MEDICAID ALLOWABLE
Visits	Brief, specific service(s) (15 minute "units," up to 2 hours)	
	THERAPIES*	
G0151	Services of physical therapist, in home health setting, 15-minute unit(s), 1-8 units/visit	\$96.50/visit
G0152	Services of occupational therapist, in home health setting, 15-minute unit(s), 1-8 units/visit	\$96.50/visit
G0153	Services of speech therapist, in home health setting, 15-minute unit(s), 1-8 units/visit	\$96.50/visit

*** REMINDER: For clients age 21 and older, Medicaid does not cover therapy sessions in excess of 60 sessions per fiscal year (July 1 – June 30) for any combination of physical therapy, occupational therapy and speech therapy (471 NAC 17-004)**

SKILLED NURSING

G0154 TD	Services of skilled nurse, in home health setting, 15-minute unit(s), 1-8 units/visit	\$83.10/visit
G0154 TE	Services of skilled nurse, in home health setting, 15-minute unit(s), 1-8 units/visit	\$83.10/visit

AIDE

G0156	Services of home health aide, in home health setting, 15-minute unit(s), 1-8 units/visit	\$51.33/visit
-------	--	---------------

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

PROCEDURE CODE	DESCRIPTION	MEDICAID ALLOWABLE
Extended Hours		
	Shift-type service(s) (1-12 hours/day)	
S9123	Home health nursing service(s), Extended hours , in the home, by an RN	\$33.80/hour
S9124	Home health nursing service(s), Extended hours , in the home, by an LPN	\$23.13/hour
S9122	Home health aide service(s), Extended hours , in the home, by an aide or certified nursing assistant	\$21.00/hour
High Tech Extended Hours		
	Shift-type service(s) (1-12 hours/day)	
S9123 TG	Home health nursing service(s), Extended hours , in the home, by an RN , High-tech	\$40.72/hour
S9124 TG	Home health nursing service(s), Extended hours , in the home, by an LPN	\$29.25/hour
Nursing Care in the Home, Two Patients Served		
	Shift-type service(s) (1-12 hours/day)	
S9123 UN	Home health nursing service(s), Extended hours, in the home, by an RN, For two patients served	\$30.54/hour (per patient)
S9124 UN	Home health nursing service(s), Extended hours, in the home, by an LPN For two patients served	\$21.93/hour (per patient)

*******PAYMENT LIMITATIONS ON NEXT PAGE*******

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

PROCEDURE CODE	DESCRIPTION	MEDICAID ALLOWABLE
---------------------------	--------------------	-------------------------------

In-Home Ventilator Care Rate/Limit

T1022 TG	Authorized private-duty nursing services For persons age 21 and older, includes all home health and private-duty nursing services provided per day, 21-24hours	\$695.55/day
----------	---	--------------

Skilled Nursing Care Limit

	Per diem reimbursement for all home health and private-duty nursing services, shall not exceed the average Case-mix per diem for the Extensive Special Care 2	\$243.98/day
--	--	--------------