

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

Procedure Code	Description	Medicaid Allowable	Units *
T1000 TD	Brief RN Service In Private-Duty Nursing Setting (1-8 Units)	9.96/unit (\$39.84/hour)*	15 minutes
T1000 TE	Brief LPN Service In Private-Duty Nursing Setting (1-8 Units)	\$7.47/unit (\$29.88/hour)*	15 minutes
T1002	Hourly RN Service In Private-Duty Nursing Setting	\$4.97/unit (\$19.88/hour)*	15 minutes
T1003	Hourly LPN Service In Private-Duty Nursing Setting	\$3.71unit (\$14.84/hour)*	15 minutes
T1024	Coordinated, integrated and specialized care for children with multiple and severe disabilities in a facility based setting	\$26.25/Unit	Hourly
T1024 TG	Coordinated, integrated and specialized care for children with multiple and severe disabilities in a facility based setting	\$29.66/Unit	Hourly
*Hour rates are approximate and may vary, based on rounding.			
Limitations:			
	\$234.86/day - Daily payment limit on skilled nursing services for persons age 21 and older in a home health setting.		
	\$743.29/day - Daily payment limit on skilled nursing services for persons age 21 and older who are ventilator dependent in a home health setting.		
Center-Based Adult Day Add-On Services			
Procedure Code	Description	Medicaid Allowable	Units
S5105 TD	RN Service In Adult Day Service Center Setting**	\$12.33/unit	1 day
S5105	Aide Service In Adult Day Service Center Setting**	\$7.71/unit	1 day
**Bill only when service is not included in Adult Day Service per diem rate.			

