

471-000-532 Nebraska Medicaid Fee-For Service Fee Schedule for Mental Health and Substance Use Services

This fee schedule lists the procedure codes and rates for mental health and substance use services. Each procedure code is listed with the Medicaid fee schedule allowable for the type of provider. Payment is the lower of the fee schedule allowable or the provider's submitted charge. The provider's submitted charge must reflect their charge to the general public.

Procedure Code Descriptions:

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For CPT procedure code descriptions, refer to the most recently published edition of the American Medical Association's Current Procedural Terminology (CPT). CPT procedure code manuals are also available through private vendors.

HCPCS procedure codes are defined by the Centers for Medicare and Medicaid Services (CMS). For HCPCS procedure code definitions, refer to the CMS web site at <http://www.cms.gov/> HCPCS procedure code manuals are available through private vendors.

NOTE: This appendix includes information for Nebraska Medicaid "Fee-for-Service" (non-managed care) codes .

Providers must be specifically enrolled with Medicaid for each type of service they provide to a Medicaid fee-for-service client.

The five-digit numeric codes included in the Schedule are obtained from the Physicians' Current Procedural Terminology, Copyright 2014, by the American Medical Association (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 which are copyrighted by the American Medical Association.

Please call the Nebraska Medicaid Inquiry Line at 1-877-255-3092 (or 402-471-9128 in Lincoln) with questions about this Fee Schedule.

CPT Code	Modifier	Description	1 MD	2 DO	22 PA	29 APRN	30 RN	36 LMHP	37 PLMHP	38 PhD CAND	39 LIMHP	57 PhD PROV	58 PLADC	64 S PhD	67 PhD	78 LADC
90791		Initial Diagnostic Interview	\$171.40	\$171.40	\$136.59	\$136.59						\$89.72		\$89.72	\$143.28	
90791	GT	Initial Diagnostic Interview (telehealth)	\$171.40	\$171.40	\$136.59	\$136.59						\$89.72		\$89.72	\$143.28	
90792		Initial Diagnostic Interview (with med services)	\$239.69	\$239.69	\$191.49	\$191.49										
90832		Individual psychotherapy - 30 min.	\$74.83	\$74.83	\$59.18	\$59.18	\$52.38	\$52.38	\$52.38	\$52.38	\$52.38	\$52.38		\$52.38	\$61.90	\$52.38
90832	U2	Individual psychotherapy - 30 min. (PRFC)	\$74.83	\$74.83	\$59.18	\$59.18		\$52.38	\$52.38	\$52.38	\$52.38	\$52.38		\$52.38	\$61.90	\$52.38
90832	U3	Individual psychotherapy - 30 min. (Day Treatment)	\$74.83	\$74.83	\$59.18	\$59.18		\$52.38	\$52.38	\$52.38	\$52.38	\$52.38		\$52.38	\$61.90	\$52.38
90832	U4	Individual psychotherapy -30 min. (IOP- Facility)	\$74.83	\$74.83	\$59.18	\$59.18		\$52.38	\$52.38	\$52.38	\$52.38	\$52.38		\$52.38	\$61.90	\$52.38
90832	U5	Individual psychotherapy - 30 min. (IOP- Home based)	\$74.83	\$74.83	\$59.18	\$59.18		\$52.38	\$52.38	\$52.38	\$52.38	\$52.38		\$52.38	\$61.90	\$52.38
90832	U6	Individual psychotherapy - 30 min. (ThGh)	\$74.83	\$74.83	\$59.18	\$59.18		\$52.38	\$52.38	\$52.38	\$52.38	\$52.38		\$52.38	\$61.90	\$52.38
90833		Individual psychotherapy - 30 min. + E/M code	\$66.73	\$66.73	\$45.33	\$45.33										
90833	GT	Individual psychotherapy - 30 min. + E/M code (telehealth)	\$66.73	\$66.73	\$45.33	\$45.33										
90833	U4	Individual psychotherapy - 30 min. (IOP- Facility) + E/M code	\$66.87	\$66.87	\$45.18	\$45.18										
90833	U5	Individual psychotherapy - 30 min. (IOP- Home based) + E/M code	\$66.87	\$66.87	\$45.18	\$45.18										
90834		Individual psychotherapy - 45 min.	\$104.59	\$104.50	\$81.35	\$81.35	\$71.84	\$71.84	\$71.84	\$71.84	\$71.84	\$71.84	\$71.84	\$71.84	\$87.69	\$71.84

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90834	U2	Individual psychotherapy - 45 min. (PRFC)	\$104.59	\$104.59	\$81.35	\$81.35		\$71.84	\$71.84	\$71.84	\$71.84	\$71.84		\$71.84	\$87.69	\$71.84
90834	U3	Individual psychotherapy - 45 min. (Day Treatment)	\$104.59	\$104.59	\$81.35	\$81.35		\$71.84	\$71.84	\$71.84	\$71.84	\$71.84		\$71.84	\$87.69	\$71.84
90834	U4	Individual psychotherapy -45 min. (IOP- Facility)	\$104.59	\$104.59	\$81.35	\$81.35		\$71.84	\$71.84	\$71.84	\$71.84	\$71.84		\$71.84	\$87.69	\$71.84
90834	U5	Individual psychotherapy - 45 min. (IOP- Home based)	\$104.59	\$104.59	\$81.35	\$81.35		\$71.84	\$71.84	\$71.84	\$71.84	\$71.84		\$71.84	\$87.69	\$71.84
90834	U6	Individual psychotherapy - 45 min. (ThGh)	\$104.59	\$104.59	\$81.35	\$81.35		\$71.84	\$71.84	\$71.84	\$71.84	\$71.84		\$71.84	\$87.69	\$71.84
90836		Individual psychotherapy - 45 min. + E/M code	\$79.98	\$79.98	\$52.44	\$52.44										
90836	U4	Individual psychotherapy - 45 min. (IOP- Facility) + E/M code	\$80.24	\$80.24	\$51.99	\$51.99										
90836	U5	Individual psychotherapy - 45 min. (IOP- Home based) + E/M code	\$80.24	\$80.24	\$51.99	\$51.99										
90837		Individual psychotherapy - 60 min.	\$154.39	\$154.39	\$119.73	\$119.73	\$107.12	\$107.12	\$107.12	\$107.12	\$107.12	\$107.12		\$107.12	\$127.60	\$107.12
90837	U2	Individual psychotherapy - 60 min. (PRFC)	\$154.39	\$154.39	\$119.73	\$119.73		\$107.12	\$107.12	\$107.12	\$107.12	\$107.12		\$107.12	\$127.60	\$107.12
90837	U3	Individual psychotherapy - 60 min. (Day Treatment)	\$154.39	\$154.39	\$119.73	\$119.73		\$107.12	\$107.12	\$107.12	\$107.12	\$107.12		\$107.12	\$127.60	\$107.12
90837	U4	Individual psychotherapy - 60 min. (IOP- Facility)	\$154.39	\$154.39	\$119.73	\$119.73		\$107.12	\$107.12	\$107.12	\$107.12	\$107.12		\$107.12	\$127.60	\$107.12
90837	U5	Individual psychotherapy - 60 min. (IOP- Home based)	\$154.39	\$154.39	\$119.73	\$119.73		\$107.12	\$107.12	\$107.12	\$107.12	\$107.12		\$107.12	\$127.60	\$107.12
90837	U6	Individual psychotherapy - 60 min. (ThGh)	\$154.39	\$154.39	\$119.73	\$119.73		\$107.12	\$107.12	\$107.12	\$107.12	\$107.12		\$107.12	\$127.60	\$107.12

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90838		Individual psychotherapy - 60 min. + E/M code	\$114.94	\$114.94	\$103.44	\$103.44										
90838	U4	Individual psychotherapy - 60 min. (IOP- Facility) + E/M code	\$114.32	\$114.32	\$100.60	\$100.60										
90838	U5	Individual psychotherapy - 60 min. (IOP- Home based) + E/M code	\$114.32	\$114.32	\$110.60	\$100.60										
90839		Individual psychotherapy - Crisis (1st hour)	\$127.27	\$127.27	\$101.82	\$101.82	\$87.82	\$87.82	\$84.00		\$87.82	\$100.54	\$84.00	\$100.54	\$105.63	\$87.82
90840		Individual psychotherapy - Crisis (additional 30 min./ add to 90839)	\$51.89	\$51.89	\$41.51	\$41.51	\$37.36	\$37.36	\$35.80		\$40.99	\$40.99	\$35.80	\$40.99	\$43.07	\$37.36
90846		Family psychotherapy (w/o client present) - office	\$118.10	\$118.10	\$85.10	\$85.10	\$85.10	\$85.10	\$83.36		\$85.10	\$92.05		\$92.05	\$95.52	\$85.10
90846	U2	Family psychotherapy (w/o client present) - PRFC	\$118.10	\$118.10	\$85.10	\$85.10		\$85.10	\$83.36	\$85.10	\$85.10	\$92.05		\$92.05	\$95.52	\$85.10
90846	U3	Family psychotherapy (w/o client present) - Day Treatment	\$118.10	\$118.10	\$85.10	\$85.10		\$85.10	\$83.36	\$85.10	\$85.10	\$92.05		\$92.05	\$95.52	\$85.10
90846	U4	Family psychotherapy (w/o client present) - IOP - Facility based	\$118.10	\$118.10	\$85.10	\$85.10		\$85.10	\$83.36	\$85.10	\$85.10	\$92.05		\$92.05	\$95.52	\$85.10
90846	U5	Family psychotherapy (w/o client present) - IOP - Home based	\$118.10	\$118.10	\$85.10	\$85.10		\$85.10	\$83.36	\$85.10	\$85.10	\$92.05		\$92.05	\$95.52	\$85.10
90846	HA	Family psychotherapy (w/o client present) Home based	\$118.10	\$118.10	\$85.10	\$85.10		\$85.10	\$83.36	\$85.10	\$85.10	\$92.05		\$92.05	\$95.52	\$85.10
90846	U6	Family psychotherapy (w/o client present) - ThGh	\$118.10	\$118.10	\$85.10	\$85.10		\$85.10	\$83.36	\$85.10	\$85.10	\$92.05		\$92.05	\$95.52	\$85.10

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90847		Family psychotherapy (with client present)	\$125.04	\$125.04	\$98.99	\$98.99	\$86.84	\$86.84	\$83.36		\$86.84	\$97.26		\$97.26	\$102.47	\$86.84
90847	ET	Family psychotherapy (with client present) - Crisis	\$125.04	\$125.04	\$98.99	\$98.99	\$86.84	\$86.84	\$83.36		\$86.84	\$97.26		\$97.26	\$102.47	\$86.84
90847	HA	Family psychotherapy (with client present) - Home based	\$126.78	\$126.78	\$102.47	\$102.47		\$90.31	\$85.10	\$85.10	\$90.31	\$100.73		\$100.73	\$105.94	
90847	U2	Family psychotherapy (with client present) - PRFC	\$125.04	\$125.04	\$98.99	\$98.99		\$86.84	\$86.84	\$83.36	\$86.84	\$97.26		\$97.26	\$102.47	\$86.24
90847	U3	Family psychotherapy (with client present) - Day Treatment	\$125.04	\$125.04	\$98.99	\$98.99	\$86.84	\$86.84	\$86.84	\$83.36	\$86.84	\$97.26		\$97.26	\$102.47	\$86.84
90847	U4	Family psychotherapy (with client present) - IOP - Facility based	\$125.04	\$125.04	\$98.99	\$98.99		\$86.84	\$83.36	\$86.84	\$86.84	\$97.26		\$97.26	\$102.47	\$86.84
90847	U5	Family psychotherapy (with client present) - IOP - Home based	\$125.04	\$125.04	\$98.99	\$98.99		\$86.84	\$83.36	\$86.84	\$86.84	\$97.26		\$97.26	\$102.47	\$86.84
90847	U6	Family psychotherapy (with client present) - ThGh	\$125.04	\$125.04	\$98.99	\$98.99		\$86.84	\$83.36	\$86.84	\$86.84	\$97.26		\$97.26	\$102.47	\$86.84
90847	U7	Parent Child Interaction Therapy (PCIT)	\$125.04	\$125.04	\$98.99	\$98.99	\$86.84	\$86.84	\$83.36		\$86.84	\$97.26		\$97.26	\$102.47	
90847	U8	Child-Parent Psychotherapy (CPP)	\$125.04	\$125.04	\$98.99	\$98.99	\$86.84	\$86.84	\$83.36		\$86.84	\$97.26		\$97.26	\$102.47	
90853		Group psychotherapy	\$37.69	\$37.69	\$30.22	\$30.22	\$25.86	\$25.86	\$24.92		\$25.86	\$29.91		\$29.91	\$31.46	\$25.86
90853	U2	Group psychotherapy - PRFC	\$37.69	\$37.69	\$30.22	\$30.22		\$25.86	\$25.23	\$25.86	\$25.86	\$29.91		\$29.91	\$31.46	\$25.86
90853	U3	Group psychotherapy - Day Treatment	\$37.69	\$37.69	\$30.22	\$30.22	\$25.86	\$25.86	\$24.92	\$25.86	\$25.86	\$29.91		\$29.91	\$31.46	\$25.86
90853	U4	Group psychotherapy - IOP - Facility based	\$37.69	\$37.69	\$30.22	\$30.22	\$25.86	\$25.86	\$24.92	\$25.86	\$25.86	\$29.91		\$29.91	\$31.46	\$25.86
90853	U6	Group psychotherapy - ThGh	\$37.69	\$37.69	\$30.22	\$30.22		\$25.86	\$25.23	\$25.86	\$25.86	\$29.91		\$29.91	\$31.46	\$25.86

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99244		Office Consultation outpatient (comprehensive - moderate complexity)	\$99.29	\$99.29	\$83.84	\$83.84										
99245		Office Consultation outpatient (comprehensive - high complexity)	\$98.82	\$98.82	\$83.84	\$83.84										
99251		Inpatient Consultation (focused)	\$50.71	\$50.71	\$43.02	\$43.02										
99252		Inpatient Consultation (expanded)	\$63.12	\$63.12	\$53.90	\$53.90										
99253		Inpatient Consultation (detailed)	\$90.62	\$90.62	\$77.03	\$77.03										
99254		Inpatient Consultation (comprehensive - moderate complexity)	\$106.68	\$106.68	\$91.01	\$91.01										
99255		Inpatient Consultation (comprehensive - high complexity)	\$121.35	\$121.35	\$102.44	\$102.44										
99307		Evaluation Management Nursing Facility 10 min.	\$31.31	\$31.31	\$26.57	\$26.57										
99308		Evaluation Management Nursing Facility 15 min.	\$49.48	\$49.48	\$42.06	\$42.06										
99309		Evaluation Management Nursing Facility 25 min.	\$67.71	\$67.71	\$57.56	\$57.56										
99310		Evaluation Management Nursing Facility 35 min.	\$91.00	\$91.00	\$77.36	\$77.36										
H0001		Substance Use Assessment	\$226.46	\$226.46	\$188.72	\$188.72		\$188.72			\$188.72	\$220.80		\$220.80	\$226.46	\$188.72
H0001	52	Substance Use Assessment - Addendum	\$67.50	\$67.50	\$67.50	\$67.50		\$67.50			\$67.50	\$66.15		\$66.15	\$67.50	\$67.50

CODE	MOD	DESCRIPTION	10 Hospital	12 Hosp Clinic	13 Prof Clinic	14 Home Health	35 MH Home Health	41 Assert Comm	44 Comm Suppt	45 Day Rehab	46 Res Rehab	47 Sub Use Center	77 Day Treat	79 Treat Crisis	81 ThGh	86 PRFC	87 PRTF
H2013	UC	Psychiatric Residential Treatment Facility (PRTF) Hospital- Based: TLD: ICD-Med/Surg (per diem)	\$407.16														
H2014		Intensive Outpatient (IOP) - Direct Care Staff (rate per 15 min.)		\$7.25	\$7.25												
H2015	HE	Community Support Services - mental health - (MRO) (rate per 15 min.)							\$21.21								
H2017		Day Rehabilitation Services - (MRO) - minimum 12 units - (rate per 15 min.)								\$2.32							
H2018		Day Rehabilitation Services - full day - (MRO) - (per diem)								\$55.51							
H2018	HK	Secure Residential Rehabilitation Services - (MRO) - (per diem)									\$344.34						
H2018	TG	Residential Rehabilitation Services - (MRO) - (per diem)									\$113.54						
H2020		Therapeutic Group Home (ThGH) (per diem)													\$162.38		
H2020	UA	Therapeutic Group Home (ThGH): TLD: Home (per diem)													\$162.38		
H2020	UB	Therapeutic Group Home (ThGH): TLD: ICD-Psych (per diem)													\$162.38		
H2020	UC	Therapeutic Group Home (ThGH): TLD: ICD-Med/Surg (per diem)													\$162.38		
H2027		Day Treatment - Direct Care Staff (rate per 15 min unit)											\$11.23				

