

PROVIDER BULLETIN

No. 07-17

July 1, 2007

TO: Private Duty Nurses

FROM: Gaylene R. Jeffries, RN,BA, Administrator I
Medicaid and Long Term Care
Nebraska Health and Human Services System

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

Please share this information with administrative, clinical and billing staff.

For questions about this Provider Bulletin please contact:
Gay Jeffries at 402-471-9415
Gaylene.jeffries@hhss.ne.gov

471-000-513 NEBRASKA MEDICAID RN/LPN FEE SCHEDULE

The following fee schedule is used to determine payment rates for services provided on or after July 1, 2007:

CODE	DESCRIPTION	MEDICAID ALLOWABLE
<u>LPN Services:</u>		
T1000 TE	Private duty/independent nursing service(s) - licensed, up to 15 minutes.	\$6.82 unit (\$27.28/hr)
T1003	LPN/LVN services, up to 15 minutes.	\$3.39 unit (\$13.56/hr)
<u>RN Services:</u>		
T1000 TD	Private duty/independent nursing service(s) - licensed, up to 15 minutes.	\$9.08 unit (\$36.22/hr)
T1002	RN Services, up to 15 minutes.	\$4.53 unit (\$18.12/hr)
<u>In-Home Ventilator Care</u>		
T1022 TG	Contracted private duty nurse services For persons age 21 and older, all services Provided under contract, per day 21-24hours	\$687.21
<u>Skilled Nursing Cap</u>		
	Per diem reimbursement for all other in-home Nursing services, shall not exceed the average Case-mix per diem for the Extensive Special Care 2	\$230.35
<u>Center-Based Day Care Services:</u>		
S5105 TD	Day care services, center-based; services not included in program fee, per diem	\$11.24 day (RN service)
S5105	Day care services, center-based; services not included in program fee, per diem	\$ 7.01 day (Aide service)

471-000-513 NEBRASKA MEDICAID RN/LPN FEE SCHEDULE

Contracted Medical Day Care Services:

For services provided under contract where the medical day care 'encounter' is defined as 'per hour' or 'full day' care:

CODE	DESCRIPTION	MEDICAID ALLOWABLE
T1024	Evaluation and treatment by an integrated specialty team contracted to provide Coordinated care to multiple and severely Handicapped children, per encounter.	\$24.02/unit
T1024 TG	Evaluation and treatment by an integrated specialty team contracted to provide Coordinated care to multiple and severely Handicapped children, per encounter.	\$27.29/unit (High Tech)

For services provided under contract where the medical day care 'encounter' is defined as '4 hours' of care:

CODE	DESCRIPTION	MEDICAID ALLOWABLE
T1024	Evaluation and treatment by an integrated specialty team contracted to provide Coordinated care to multiple and severely Handicapped children, per encounter.	\$82.36/encounter
T1024 TG	Evaluation and treatment by an integrated specialty team contracted to provide Coordinated care to multiple and severely Handicapped children, per encounter.	\$99.49/encounter (High Tech)