

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

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

PLEASE NOTE: RATES DO NOT REFLECT AN INCREASE FROM THE PREVIOUS FEE SCHEDULE AS THERE WERE NO RATE INCREASE APPROPRIATIONS FOR THIS STATE FISCAL YEAR

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 and Skilled Nursing Services may be found in 471 NAC 9.

<https://rules.nebraska.gov/rules?agencyId=37&titleId=226>

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

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.

Procedure Code	Description	Medicaid Allowable	Units *
T1000 TD	Brief RN Service In Private-Duty Nursing Setting (1-8 Units)	\$11.23/unit (\$44.92/hour)*	15 minutes
T1000 TE	Brief LPN Service In Private-Duty Nursing Setting (1-8 Units)	\$8.43/unit (\$33.72/hour)*	15 minutes
T1002	RN Service In Private-Duty Nursing Setting	\$5.61/unit (\$22.44/hour)*	15 minutes
T1003	LPN Service In Private-Duty Nursing Setting	\$4.19/unit (\$16.76/hour)*	15 minutes
T1022 TG	Contracted Home Health Agency Services, All Services Provided under Contract, Per day	\$1,339.70**	Day
T1024	Coordinated, integrated, and specialized care for children with multiple and severe disabilities in a facility-based setting	\$29.58	Per encounter
T1024 TG	Eval and treat by an integrated, specialty team contracted to provide coord care to multiple or severely handicapped children, per encounter (complex)	\$33.42	Per encounter

***Hour rates are approximate and may vary, based on rounding.**

Limitations:

****\$498.06/day** - Maximum daily per diem for skilled nursing services for persons aged 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.

****\$1,339.70/day** - Maximum daily per diem for skilled nursing services for persons aged 21 and older who are ventilator dependent in a home health setting. The rate is calculated based on 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..

Center-Based Adult Day Add-On Services

Procedure Code	Description	Medicaid Allowable	Units
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S5105	Aide Service In Adult Day Service Center Setting***	\$8.68/unit	1 day
S5105TD	RN Service In Adult Day Service Center Setting***	\$13.91/unit	1 day
***Bill only when service is not included in Adult Day Service per diem rate.			

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