

## CY2026 INDIAN HEALTH SERVICES RATES

EFFECTIVE JANUARY 1, 2026

Provider Name	Provider Type	Provider Specialty	Provider Number	OP Rate	IP Per Diem
Omaha Tribe of Nebraska	26	70	100253620-01	\$826.00	X
Omaha Tribe of Nebraska-Carl T. Curtis Health Education Center	26	70	470550261-26	\$826.00	X
Pine Ridge IHS Hospital – South Dakota	25	70	460439437-00	\$826.00	\$5,707.00
Ponca Health Services	26	26	100262669-07	\$826.00	X
Ponca Tribe of Nebraska	26	26	100252029-00	\$826.00	X
Ponca Tribe of Nebraska	26	26	100262669-08	\$826.00	X
Ponca Tribe of Nebraska	26	70	100262669-09	\$826.00	X
Ponca Tribe of Nebraska-Fred Leroy Health and Wellness Center	26	70	470744117-01	\$826.00	X
Ponca Tribe of Nebraska-Ponca Hills Health and Wellness Center	26	70	100262608-00	\$826.00	X
Rosebud Indian Health Services IHS Hospital - South Dakota	25	70	460439434-00	\$826.00	\$5,707.00
Santee Health Center	26	70	470533471-10	\$826.00	X
Twelve Clans Unity Hospital	25	70	100267404-06	\$826.00	\$5,707.00
Wagner Indian Health Service HIS Hospital-South Dakota	25	70	100266202-00	\$826.00	\$5,707.00
White Cloud Health Center, LLC-Kansas	25	70	100267810-00	\$826.00	\$5,707.00
Winnebago Comprehensive Healthcare	26	26	100267404-07	\$826.00	X
Winnebago Tribe	26	26	100265785-01	\$826.00	X
Winnebago Tribe of Nebraska	26	26	100267404-04	\$826.00	X
Winnebago Tribe of Nebraska	26	70	100267404-00 100267404-05	\$826.00	X

Special Codes		
T1015	Clinic Visit/Encounter, All-Inclusive	\$826.00
T1015 SE	Clinic Visit/Encounter, All-Inclusive	\$826.00

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.