

471-000-509 Nebraska Medicaid Home Health Agency Fee Schedule

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

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.

CPT® codes, descriptions, and other data only are copyright 2023 American Medical Association (AMA). All Rights Reserved. CPT® is a registered trademark of the AMA. You, your employees, and agents are authorized to use CPT® only as contained in the following authorized materials internally within your organization within the United States for the sole use by yourself, employees, and agents. Use is limited to use in Medicare, Medicaid, or other programs administered by the Centers for Medicare & Medicaid Services (CMS). Applicable Federal Acquisition Regulation System/Defense Federal Acquisition Regulation Supplement (FARS/DFARS) apply.

The Schedule includes only CPT® numeric identifying codes for reporting medical services and procedures that were selected by the Nebraska Department of Health and Human Services, State of Nebraska. Any user of CPT® outside the Schedule should refer to CPT®. This publication contains the complete and most current listings of descriptive terms and numeric identifying codes and modifiers for reporting medical services and procedures.

No codes, fee schedules, basic unit values, relative value guides, guidelines, conversion factors or scales are included in any part of CPT®. The AMA assumes no liability for the data contained herein.

Maximum allowable fees are the exclusive property of the Nebraska Department of Health and Human Services and are not covered by the American Medical Association CPT® copyright. Unit values per Relative Values for Physicians, Copyright 2023, Optum360™, LLC.

Information regarding Home Health Agencies Services may be found in 471 NAC 9.

http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-471/Chapter-09.pdf

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

Procedure Code	Description	Medicaid Allowable	Units of Service*
G0151	Brief physical therapy service in home health setting (1-8 units)	\$116.38/visit	15 minutes
G0152	Brief occupational therapy service in home health setting (1-8 units)	\$116.38/visit	15 minutes

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.

G0153	Brief speech-language pathology service in home health setting (1-8 units)	\$116.38/visit	15 minutes
G0156	Brief Aide service in home health setting (1-8 units)	\$61.89/visit	15 minutes
G0299	Direct Skilled Nursing Services of a Registered Nurse (RN) in the Home Health or Hospice Setting, each 15 minutes	\$100.21/visit	15 minutes
G0300	Direct Skilled Nursing Services of a Licensed Practical Nurse (LPN) in a Home Health Setting Each 15 minutes (not payable for hospice)	\$100.21/visit	15 minutes
S9122	Hourly Aide service in home health setting	\$25.32/hourly	1 hour
S9123	Hourly RN service in home health setting	\$40.75/hourly	1 hour
S9124	Hourly LPN service in home health setting	\$33.20/hourly	1 hour
S9123TG	Hourly RN service in home health setting for high tech service	\$49.08/hourly	1 hour
S9124TG	Hourly LPN service in home health setting for high tech service	\$44.25/hourly	1 hour
S9123UN	Hourly RN service in home health setting for 2 clients at the same time	\$36.82/hourly	1 hour
S9124UN	Hourly LPN service in home health setting for 2 clients at the same time	\$26.45/hourly	1 hour
T1022TG	Daily nursing service for ventilator dependent clients 21 and older in home health setting	\$1,188.30	1 day
*Bill only for the number of units actually provided.			
Limitations:			
For clients aged 21 and older, Medicaid does not cover therapy sessions in excess of 60 session per fiscal year (July1-June 30) for any combination of physical therapy, occupational therapy and speech therapy (471 NAC 14, 23).			
\$577.66/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.			

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.

\$1,188.30/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.