



NEBRASKA MEDICAID ACUTE INPATIENT PSYCHIATRIC HOSPITAL RATES

Effective July 1, 2024

TIER	CLASS OF CARE	SFY2025
Tier 1 (Day 1 - Day 2) Rate	86	\$ 994.30
Tier 2 (Day 3 - Day 4) Rate	86	\$ 919.55
Tier 3 (Day 5 - Day 6) Rate	86	\$ 877.34
Tier 4 (Day 7+) Rate	86	\$ 835.60
Psych-Sub-Acute Rate	90	\$ 741.45

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 2025

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.