Provider Bulletin 26-22

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To:	All Providers Participating in the Nebraska Medicaid Program
From:	Jeremy Brunssen, Interim Director
Date:	November 20, 2026
Re:	Mental Health and Substance Abuse Practitioner Rate Changes

This provider bulletin is being issued to notify Nebraska Medicaid providers of upcoming changes to Mental Health and Substance Abuse (MHSA) practitioner rates **effective for dates of service on and after January 1, 2027.**

Medicaid payment rates are periodically reviewed for market comparison with other payer sources, such as Medicare and other State Medicaid Agencies. Per Code of Federal Regulations (CFR) 447.200, payments for services are expected to be consistent with efficiency, economy and quality of care. Additionally, the department is evaluating Medicaid payment rates to ensure they are in alignment with regionally competitive levels. Nebraska Medicaid completed a rate analysis of MHSA practitioner services against both Medicare and regional Medicaid markets. The rate analysis concluded that Nebraska MHSA practitioner rates for the services below are not aligned with federal or state expectations.

To ensure reimbursement rates remain sustainable for the state and in compliance with established federal standards, the following MHSA service rates will be adjusted as follows:

CPT/HCPCS	Description	Revised Fee Schedule Rate (100% of Medicare)
90791	Psychiatric diagnostic evaluation	$169.51
90792	Psychiatric diagnostic evaluation with medical services	$194.12
90832	Psychotherapy, 30 minutes	$84.04
90833	Psychotherapy, 30 minutes with E/M service	$78.35
90834	Psychotherapy, 45 minutes	$111.35
90836	Psychotherapy, 45 minutes with E/M service	$99.39
90837	Psychotherapy, 60 minutes	$163.50
90838	Psychotherapy, 60 minutes with E/M service	$131.26
90846	Family psychotherapy, without patient	$104.23
90847	Family psychotherapy, with patient	$108.11
90853	Group psychotherapy	$29.60
H0001	Alcohol and/or drug assessment	$135.61

H0001 is not covered by Medicare. The revised rate is equal to 80% of the 90791 Medicare rate.

Procedure codes 90791 and H0001, when billed with a 52 modifier for reduced services, will be reimbursed at 50% of the established fee schedule rate applicable per service rendering provider type.

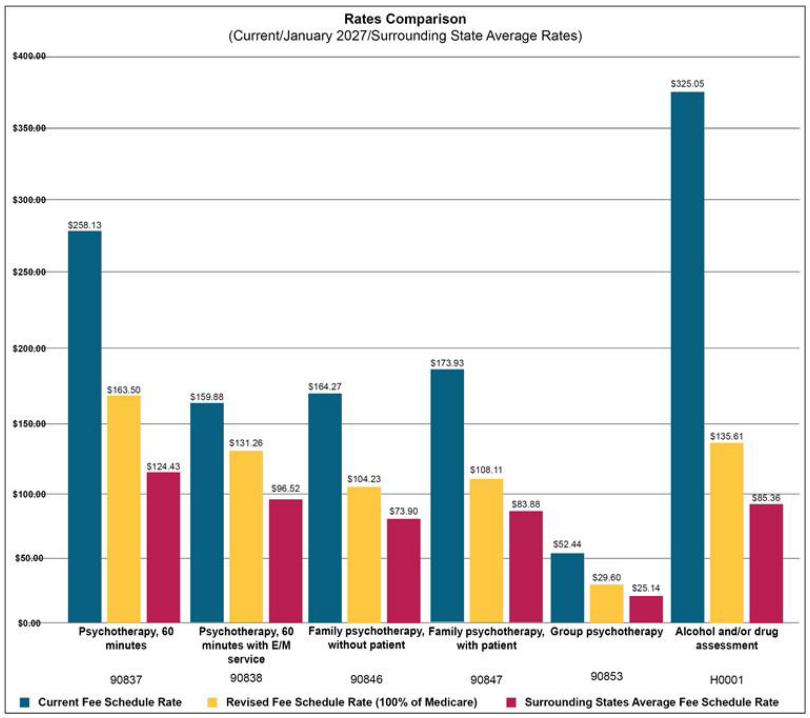
Medicaid will also be updating the following individual rendering provider type rate scaling percentages for the services listed above. These percentages are derived from Medicare, where applicable, to provide consistency with Medicare as the primary basis of these rate updates.

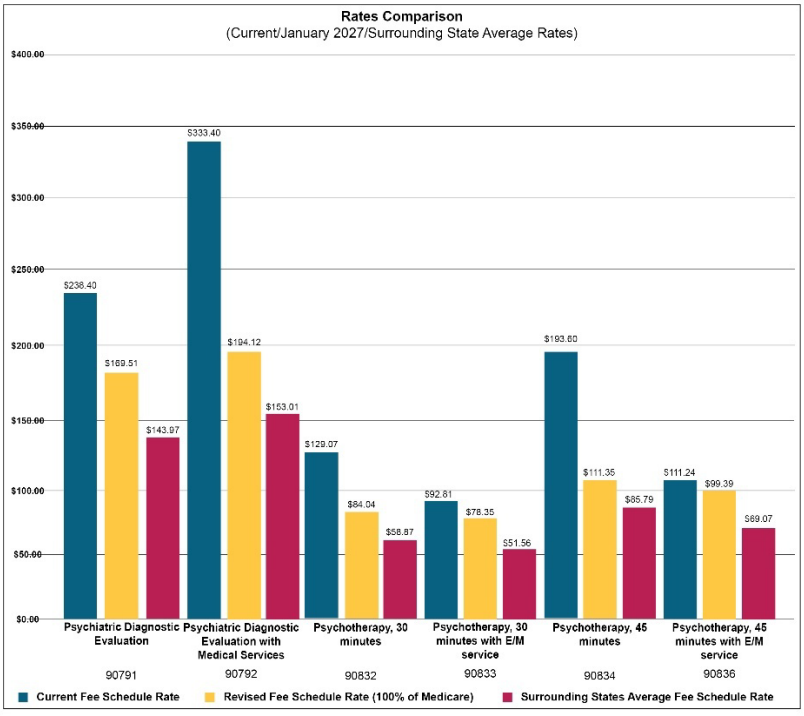
For example: Medicaid reimbursement for Psychotherapy, 30 minutes (90832) for the following provider types will occur as follows:

- Physician/MD - $84.04 (100% of base allowable)
- LIMHP - $63.03 (75% of base allowable)

NE Provider Type	Provider Description	NE % of Medicare Rate
1	Physician, Doctor of Medicine (MD)	100%
2	Physician, Doctor of Osteopathic Medicine (DO)	100%
22	Physician Assistant (PA)	85%
29	Advanced Practice Registered Nurse (APRN)	85%
36	Licensed Mental Health Practitioner (LMHP)	75%
37	Provisional LMHP / Master's Level Equivalent (PLMHP)	65%
37	PLMHP, Medicare Locality Rate	65%
38	PhD Intern	65%
39	Licensed Independent Mental Health Practitioner (LIMHP)	75%
54	Psychological Assistant/Associate	55%
57	Provisionally Licensed PhD	90%
57	Provisionally Licensed PhD, Medicare Locality Rate	90%
58	Provisional Alcohol and Drug Counselor (PLADC)	60%
64	Special Licensed PhD	90%
67	Licensed Psychologist (PhD)	100%
78	Licensed Alcohol and Drug Counselor (LADC)	65%

Please see the tables below for a summary of the fee schedule updates, as referenced in this provider bulletin. The tables display the current Medicaid rate, the new rate established for Medicaid effective January 1, 2027, and the average of surrounding state Medicaid program rates.





Procedure Code	Description	Current Fee Schedule Rate	Revised Fee Schedule Rate (100% of Medicare)	Surrounding States Average Fee Schedule Rate
90791	Psychiatric diagnostic evaluation	$0.00	$0.00	$0.00
90792	Psychiatric diagnostic evaluation with medical services	$0.00	$0.00	$0.00
90832	Psychotherapy, 30 minutes	$0.00	$0.00	$0.00
90833	Psychotherapy, 30 minutes with E/Mservice	$0.00	$0.00	$0.00
90834	Psychotherapy, 45 minutes	$0.00	$0.00	$0.00
90836	Psychotherapy, 45 minutes with E/Mservice	$0.00	$0.00	$0.00
90837	Psychotherapy, 60 minutes	$0.00	$0.00	$0.00
90838	Psychotherapy, 60 minutes with E/Mservice	$0.00	$0.00	$0.00
90846	Family psychotherapy, without patient	$0.00	$0.00	$0.00
90847	Family psychotherapy, with patient	$0.00	$0.00	$0.00
90853	Group psychotherapy	$0.00	$0.00	$0.00
H0001	Alcohol and/or drug assessment	$325.05	$135.61	$85.36

For questions regarding this provider bulletin, please contact DHHS.MLTCExperience@nebraska.gov.

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