

**WPS Medicare
Nebraska REVISED Mental Health Fee Schedule
Effective July 1, 2008 - December 31, 2008**

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NOTE	PROCEDURE	MOD	PAR AMOUNT	NON-PAR AMOUNT	LIMITING CHARGE
	90804		61.55	58.47	67.24
#	90804		53.79	51.10	58.77
	90805		68.21	64.80	74.52
#	90805		60.45	57.43	66.04
	90806		87.65	83.27	95.76
#	90806		82.36	78.24	89.98
	90807		96.57	91.74	105.50
#	90807		89.16	84.70	97.41
	90808		129.54	123.06	141.52
#	90808		123.90	117.71	135.37
	90809		137.75	130.86	150.49
#	90809		130.34	123.82	142.39
	90810		65.28	62.02	71.32
#	90810		58.58	55.65	64.00
	90811		75.12	71.36	82.06
#	90811		65.24	61.98	71.28
	90812		95.13	90.37	103.93
#	90812		87.02	82.67	95.07
	90813		104.09	98.89	113.72
#	90813		94.22	89.51	102.94
	90814		136.31	129.49	148.91
#	90814		129.26	122.80	141.22
	90815		144.52	137.29	157.88
#	90815		134.64	127.91	147.10
	90816		58.16	55.25	63.54
	90817		64.11	60.90	70.04
	90818		86.69	82.36	94.71
	90819		92.83	88.19	101.42
	90821		128.63	122.20	140.53
	90822		134.15	127.44	146.56
	90823		62.86	59.72	68.68
	90824		69.31	65.84	75.72
	90826		92.28	87.67	100.82
	90827		97.14	92.28	106.12
	90828		134.03	127.33	146.43
	90829		138.72	131.78	151.55

- THESE AMOUNTS APPLY WHEN SERVICE IS PERFORMED IN A FACILITY SETTING.
 C - THE PAYMENT FOR THE TECHNICAL COMPONENT IS CAPPED AT THE OPPTS AMOUNT.
 LIMITING CHARGE APPLIES TO UNASSIGNED CLAIMS BY NON-PARTICIPATING PROVIDERS.