471-000-524 Nebraska Medicaid Practitioner Fee Schedule for Visual Care Services

Payment for services as outlined in this fee schedule shall be made as outlined in 471 NAC 24.

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.

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.

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.

HCPCS procedure codes are defined by the Centers for Medicare and Medicaid Services (CMS). For HCPCS procedure code definitions, refer to the CMS website at http://www.cms.hhs.gov HCPCS procedure code manuals are available through private vendors.

*"IC" (Invoice Cost) – Paid at invoice cost. An invoice must be submitted with the claim. Some of these services may also have an associated maximum allowable and will be reimbursed at the lower of invoice cost or maximum allowable.

*"BR" (By Report) – Paid at "reasonable charge" based on the service and circumstances. A complete description of the service (and additional documentation, if applicable) is required for review.

'22' Modifier is no longer used with vision codes below.