

471-000-504 Nebraska Medicaid Practitioner Fee Schedule for Ambulance Services

Payment for services as outlined in this fee schedule shall be made as outlined in 471 NAC 4.

For billing instructions, see Appendix 471-000-53 at <http://dhhs.ne.gov/Documents/471-000-53.pdf>

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 2021 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 2021, Optum360™, LLC.

TO DETERMINE THE FEE SCHEDULE ALLOWABLE:

1. **LOCATE THE PROCEDURE CODE.** Procedure codes are listed numerically. The online PDF format has a search feature which will bring you directly to the code you wish to view.
2. The modifier indicates the originating point and the delivery point, e.g., nursing home to hospital, hospital to hospital.
3. **PAYMENT IS THE LOWER OF THE FEE SCHEDULE ALLOWABLE OR THE PROVIDER'S SUBMITTED CHARGE.** The provider's submitted charge must reflect their charge to the general public.
4. "MP noted in Medicaid allowable column indicates "manual pricing".

For more information on ambulance services, see the Nebraska Medicaid policy, 471 NAC 4.
http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-471/Chapter-04.pdf

MODIFIERS & BILLING TERMINOLOGY/INFORMATION

Origin and Destination Modifier Table

Modifier	Definition
D	Diagnostic or therapeutic site other than P or H when these are used as origin codes
E	Residential, domiciliary, custodial facility (other than 1819 facility)
G	Hospital based ESRD facility
H	Hospital
I	Site of transfer (e.g. airport or helicopter pad) between modes of ambulance transport
J	Freestanding ESRD facility
N	Skilled nursing facility (SNF)
P	Physician's office
R	Residence
S	Scene of accident or acute event
X	Intermediate stop at physician's office on way to hospital (destination code only)