

471-000-517 Nebraska Medicaid Practitioner Fee Schedule For Physical Therapy and Occupational Therapy Services

Steps To Determine the Medicaid Allowable:

1. LOCATE THE PROCEDURE CODE. Procedure codes are listed numerically. This fee schedule includes only selected procedure codes. A listing of all procedure code is available in the Nebraska Medicaid Program Physician Services Practitioner Fee Schedule at - [http://www.dhhs.ne.gov/med/practitioner\\_fee\\_schedule.htm](http://www.dhhs.ne.gov/med/practitioner_fee_schedule.htm)

Note: For procedure code descriptions, refer to the most recently published edition of the American Medical Association's Current Procedure Terminology (CPT).

2. LOCATE THE MEDICAID ALLOWED FEE FOR THE PROCEDURE CODE. The dollar amount listed in the Medicaid allowable for the procedure. If "BR" or "RNE" is listed, go to Step #4 for special pricing
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. SPECIAL PRICING. Certain procedure codes will not have a dollar amount:
  - A. "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.
  - B. "RNE" (Relative Value Not Established) procedures denoted "RNE" indicates a procedure which is new or uncommon. These procedures must be justified by submitting a report with the claim that references the procedure. Upon review, reimbursement is paid at a reasonable rate.
5. SERVICES NOT COVERED BY MEDICAID: Not all procedures are covered by Medicaid. Procedures listed as "Not Covered" are not payable by Medicaid.

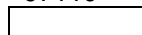
Note: This fee schedule includes a rate increase effective July 1, 2008.

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For CPT procedure code descriptions, refer to the most recently published edition of the American Medical Association's Current Procedural Terminology (CPT). CPT procedure code manuals are also available through private vendors.

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.

CPT CODE	MEDICAID FEE	SPECIAL INSTRUCTIONS	CPT CODE	MEDICAID FEE	SPECIAL INSTRUCTIONS
92506	\$ 54.68	Each 30 minutes	97112	\$ 18.60	
92507	\$ 33.48	Each 30 minutes	97113	\$ 16.74	
92605*	Not Covered	See 92506	97116	\$ 14.88	
92606*	Not Covered	See 92507	97124	\$ 20.46	
92607**	\$ 61.75		97139	BR	
92608**	\$ 13.39		97140	\$ 22.32	
92609**	\$ 30.88		97150	\$ 18.60	
92610	\$ 65.10		97530	\$ 18.60	
97001	\$ 59.52		97532	\$ 34.97	
97002	\$ 40.18		97533	Not Covered	
97003	\$ 59.52		97535***	Not Covered	
97004	\$ 40.18		97537***	Not Covered	
97005***	Not Covered		97542	\$ 27.90	
97006***	Not Covered		97545***	Not Covered	
97010	\$ 7.44		97546***	Not Covered	
97012	\$ 16.74		97597	\$ 41.29	
97014	\$ 13.02		97598	\$ 52.45	
97016	\$ 16.74		97602	\$ 37.20	
97018	\$ 11.16		97605	\$ 18.60	
97022	\$ 16.74		97606	\$ 20.46	
97024	\$ 11.16		97750	\$ 35.34	
97026	\$ 7.44		97755	\$ 18.60	
97028	\$ 14.88		97760	\$ 9.30	
97032	\$ 16.74		97761	\$ 17.86	
97033	\$ 18.60		97762	\$ 11.16	
97034	\$ 14.88		97799	BR	
97035	\$ 14.88		97810***	Not Covered	
97036	\$ 20.46		97811***	Not Covered	
97039	BR		97813***	Not Covered	
97110	\$ 18.60		97814***	Not Covered	



- \* Procedure code not covered by Medicaid when provided by a physical or occupational therapist.
- \*\* Covered service if speech generating device produce digital or synthesized speech.
- \*\*\* Not covered by Medicaid

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