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.

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.

REQUIREMENTS TO PROVIDE TELEHEALTH SERVICES

Follow Applicable Laws and Regulations

• Health care practitioners providing telehealth services must follow all applicable state and federal laws and regulations governing their practice and the services they provide.

• The provider must ensure telehealth services can be delivered safely and effectively.

• The provider must be enrolled with Nebraska Medicaid and must be licensed in the state of Nebraska.

• All treatments or services submitted for reimbursement must be delivered by existing service definitions.

• All treatments and services are expected to be rendered in a clinically appropriate manner and be medically necessary and/or related to the treatment plan.

Keep Required Documentation

• The provider must obtain informed consent before the initial telehealth visit and annually thereafter. The written consent form becomes a part of the individual's medical record. See 471 NAC 1 § 004.04.

• The medical record for telehealth services must follow all applicable statutes and regulations on documentation. The use of telehealth technology must be documented in the medical record.

• Providers are expected to document the rationale for the delivery of treatment or services through telehealth.

• Providers are expected to have mitigation plans in place and to provide an active and ongoing assessment of their ability to meet patients' most immediate and critical treatment needs.

Understand Unique Requirements

• Any service requiring hands-on interaction to meet the service definition should not be provided through telehealth.

• The location of the telehealth service is identified by the physical location of the individual. Out-of-State telehealth services are covered if the telehealth services otherwise meet the regulatory requirements for payment for services provided outside Nebraska. Coverage includes both when the individual is in Nebraska while the practitioner is in another state and instances in which the individual is in another state, regardless of where the practitioner is located.

• Telehealth services are intended to improve members' access to services by addressing barriers to receiving quality care.

Billing Telehealth

To bill for services administered through telehealth, please use the following Place of Service codes and Modifiers. See 471-1-004 for more information on telehealth.

Place of Service Codes

• Place of Service 02 – use when telehealth is administered while the patient is in a location besides their home.

• Place of Service 10 – use when telehealth is administered while the patient is in their home.

Modifiers

• Multiple modifiers can be added to a single CPT code. The payment modifier goes first, followed by any informational modifiers.

• The telehealth modifier is an informational modifier and should be placed after any payment modifier

Telehealth Modifiers and Definitions

93 - Synchronous Telemedicine Service rendered via telephone or other real-time interactive audio-only telecommunications system

95 - Telehealth services are provided in real-time with an audio-visual component