

471-000-540 Nebraska Medicaid Practitioner Fee Schedule for Injectables

Payment for services as outlined in this fee schedule shall be made as outlined in 471 NAC 18-004.28

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.

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Further instructions for the injectable fee schedule includes:

1. An "X" in the prior authorization (PA) column indicates a prior authorization for the medication is required. For prior authorization of most injectables, use the MS-77 form. This and other injectable prior authorization forms, including for respiratory syncytial virus prophylaxis, can be found at <https://dhhs.ne.gov/Pages/Medicaid-Provider-Pharmacy-Services.aspx>.
2. An authorization request may be faxed to 402-471-9103, Attn: Pharmacy Services and should include the following:
 - a. Name of medication,
 - b. Dosage requested,

Providers may notice a minor difference between the published payment amount on the fee schedule and the actual payment amount. The payment system uses seven decimal places in the reimbursement calculation, but the fee schedule publishes only the first two decimal places.

