

471-000-519 NEBRASKA MEDICAID PRACTITIONER FEE SCHEDULE FOR PODIATRY SERVICES

Payment for services as outlined in this fee schedule shall be made as outlined in 471 NAC 19.

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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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.

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INFORMATION REGARDING PODIATRY SERVICES

It is the provider's responsibility to be aware of requirements for medical necessity, prior authorization, referral management, etc.

1. Fee Schedule Definitions:

- a. "BR" (By report) – Paid at "reasonable rate" based on the service and circumstances. A complete description of the service is required for review.
- b. "RNE" (Rate Not Established) – Paid at "reasonable rate" based on the service
- c. "IC" (Invoice cost) – Paid at "invoice cost". An invoice must be attached to the claim. Some services may also have an associated maximum allowable.

Providers may notice a minor difference in 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.

2. Prior Authorization of certain Podiatry services may require Medicaid prior approval as indicated on the fee schedule. Providers must submit Form 471-000-206, Request for Prior Authorization. The directions for required documentation is included on Form 471-000-206.
3. Quantities supplied must be based on medical necessity and are supplies used in the office. Take home supplies may not be billed.

PROCEDURE CODE INFORMATION

The forms referenced below can be located online at: <http://public-dhhs.ne.gov/Forms/Home.aspx>

For procedure codes 10000-79999 and 90000-99999 – Refer to the Nebraska Medicaid Practitioner Fee Schedule for Physician Services found at: <http://dhhs.ne.gov/Pages/Medicaid-Provider-Rates-and-Fee-Schedules.aspx>

The amount listed is a Medicaid allowable dollar (\$) amount, unless otherwise indicated.

For procedure codes 80000-89999 – Refer to the Nebraska Medicaid Practitioner Fee Schedule for Clinical Laboratory Services found at: <http://dhhs.ne.gov/Pages/Medicaid-Provider-Rates-and-Fee-Schedules.aspx>

The amount listed is a Medicaid allowable dollar (\$) amount, unless otherwise indicated.

For Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS) appropriate for use by a licensed Podiatrist refer to the Nebraska Medicaid Practitioner Fee Schedule for DMEPOS found at: <http://dhhs.ne.gov/Pages/Medicaid-Provider-Rates-and-Fee-Schedules.aspx>

The amount listed is a Medicaid allowable dollar (\$) amount, unless otherwise indicated.

No more than two medically necessary orthopedic footwear, shoe corrections, orthotic devices or similar supportive devices for the feet may be provided per visit.

Billing Instructions for Podiatry Services is located at: http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-471/Chapter-19.pdf

For J codes & Q codes see Nebraska Medicaid Practitioner Fee Schedule for injectable found in Nebraska Medicaid Physician Services <http://dhhs.ne.gov/Pages/Medicaid-Provider-Rates-and-Fee-Schedules.aspx>

The amount listed is a Medicaid allowable dollar (\$) amount, unless otherwise indicated. These codes are for office use only; there are no take home supplies.

PODIATRY SPECIFIC PROCEDURE CODE

G0127 Code – Trimming of Dystrophic Nails, ANY Number, is specific to Podiatry only and the current Medicaid Allowable is \$8.88 **Effective 7-1-2022**

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