REV. JANUARY 1, 2017 MANUAL LETTER #14-2017

Enhanced Payments to Primary Care Providers

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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The enhanced rate is available for certain providers who are fee for service providers with Nebraska Medicaid as well as eligible providers who are enrolled in the Nebraska physical health managed care program. Though Medicaid States were required to reimburse attested primary care providers the Medicare rates for calendar years 2013 and 2014, Nebraska Medicaid has chosen to continue this program as approved by the Centers for Medicare and Medicaid (CMS).

The increase will apply to a specific set of services and procedures that Centers for Medicare & Medicaid Services (CMS) designates as "primary care services."

In order to qualify for the enhanced rates, eligible enrolled Nebraska Medicaid providers must attest to being a primary care physician by one of the following:

Board certification as a primary care physician by the American Board of Medical Specialties (ABMS), the American Board of Physician Specialties (ABPS), or the American Osteopathic Association (AOA) or

Have furnished evaluation & management (E&M) and vaccine services (codes specified by federal regulation) that equal at least 60% of the Medicaid codes billed during the most recently completed fiscal year.

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES

Eligible providers who may qualify for the enhanced rate must complete an Attestation Form to be submitted with the identified documentation to the Medicaid central office. The attestation form and enhanced primary care payment information is available on the Medicaid provider information section of the Division's website at:

http://dhhs.ne.gov/medicaid/Pages/Nebraska-Medicaid-Enhanced-Primary-Care-Payments.aspx

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES

Enhanced Payments to Primary Care Providers

Rates in effect January 1, 2017 through December 31, 2017

PROCEDURE			PROCEDURE	,	
CODE	MODIFIER	EPC RATE	CODE	MODIFIER	EPC RATE
90471		\$25.84	99215		\$146.43
90472		\$12.92	99217		\$73.93
90473		\$25.84	99218		\$101.21
90474		\$12.92	99219		\$137.81
90633	SL	\$19.82	99220		\$188.42
90647	SL	\$19.82	99221		\$103.00
90648	SL	\$19.82	99222		\$138.89
90649	SL	\$19.82	99223		\$205.64
90650	SL	\$19.82	99224		\$40.55
90655	SL	\$19.82	99225		\$73.93
90656	SL	\$19.82	99226		\$106.59
90657	SL	\$19.82	99231		\$39.84
90658	SL	\$19.82	99232		\$73.21
			99233		\$105.87
90670	SL	\$19.82	99234		\$135.30
90680	SL	\$19.82	99235		\$171.55
90681	SL	\$19.82	99236		\$221.07
90696	SL	\$19.82	99238		\$73.80
90698	SL	\$19.82	99239		\$123.00
90700	SL	\$19.82	99241		\$49.20
90707	SL	\$19.82	99242		\$85.88
90710	SL	\$19.82	99243		\$117.61
90713	SL	\$19.82	99244		\$175.56
90714	SL	\$19.82	99245		\$214.58
90715	SL	\$19.82	99251		\$53.30
90716	SL	\$19.82	99252		\$73.80
			99253		\$111.05
90723	SL	\$19.82	99254		\$160.95
90734	SL	\$19.82	99255		\$194.16
90744	SL	\$19.82	99281		\$21.73
90746	SL	\$19.82	99282		\$41.99
90748	SL	\$19.82	99283		\$62.81
99201		\$44.50	99284		\$119.15
99202		\$75.73	99285		\$175.85
99203		\$109.46	99291		\$278.14
99204		\$166.16	99292		\$124.53
99205		\$209.23	99304		\$92.59
99211		\$20.46	99305		\$132.07
99212		\$44.14	99306		\$169.04
99213		\$73.93	99307		\$45.22
99214		\$108.74	99308		\$69.98

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES

Enhanced Payments to Primary Care Providers Rates in effect January 1, 2017 through December 31, 2017

PROCEDURE			, 20 	PROCEDURE	01,2017	
CODE	MODIFIER	EPC RATE		CODE	MODIFIER	EPC RATE
99309		\$92.59		99395	EP	\$112.38
99310		\$137.81		99395		\$112.38
99315		\$74.29		99396		\$119.88
99316		\$107.31		99397		\$128.84
99318		\$97.62		99401	EP	\$34.35
99324		\$55.99		99402	EP	\$59.08
99325		\$81.47		99406		\$14.71
99326		\$141.40		99407		\$28.35
99327		\$188.42		99460		\$109.34
99328		\$220.72		99461		\$94.39
99334		\$61.01		99462		\$49.70
99335		\$96.18		99463		\$126.73
99336		\$136.74		99464		\$104.55
99337		\$195.59		99465		\$155.04
99341		\$55.63		99466		\$247.27
99342		\$80.39		99467		\$124.17
99343		\$132.07		99468		\$1008.47
99344		\$185.19		99469		\$405.54
99345		\$224.30		99471		\$877.12
99347		\$55.99		99472		\$418.46
99348		\$85.42		99475		\$585.34
99349		\$130.28		99476		\$349.56
99350		\$180.52		99477		\$358.89
99354		\$131.35		99478		\$144.36
99355		\$99.05		99479		\$126.69
99356		\$93.31		99480		\$122.38
99357		\$93.31				
99381	EP	\$104.35				
99382	EP	\$109.14				
99383	EP	\$113.85				
99384	EP	\$128.84				
99385	EP	\$130.22				
99385		\$130.22				
99386		\$144.58				
99387		\$156.84				
99391	EP	\$93.98				
99392	EP	\$100.43				
99393	EP	\$100.10				
99394	EP	\$109.93	J			