

471-000-505 NEBRASKA MEDICAID PRACTITIONER FEE SCHEDULE FOR CHIROPRACTIC SERVICES

Payment for services as outlined in this fee schedule shall be made as outlined in 471 NAC 5.

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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TREATMENT LIMITATIONS:

1. For clients age 21 and older, chiropractic treatment is limited to those treatments deemed medically necessary;
2. For clients age 20 and younger, chiropractic treatment is limited to those treatments deemed medically necessary; and
3. No more than one treatment per client per day is covered.

The following guidelines outline the maximum number of treatments Nebraska Medicaid may consider for payment:

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.

<http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health and Human Services System/Title-471/Chapter-05.pdf>

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