

471-000-503 NEBRASKA MEDICAID FEE SCHEDULE FOR NON-EMERGENCY MEDICAL TRANSPORTATION (NET) SERVICES

Payment for services as outlined in this fee schedule shall be made as outlined in 471 NAC 27.

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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DEFINITIONS

Base Rates – Non-Emergency medical transportation base rates include all services, equipment and other costs, including: vehicle operating expenses, services of personnel, first five (5) "Loaded" miles of the trip, unloaded mileage, and usual waiting/standby time.

BR (By Report) – Paid at the public published rate, with administrative fee, based on the service and circumstances.

Loaded Mileage – Miles traveled while the client is present in the vehicle. Loaded mileage is covered for non-emergency medical transports when travel exceeds six or more miles. The first five (5) loaded miles is included in the payment for the base rate.

Unloaded Mileage – Miles traveled when a client is not present in the vehicle. All unloaded mileage is included in the payment for the base rate.

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.

Rates effective July 1, 2016.

Code	Description	Medicaid Allowable
A0090	Non-Emergency Transportation; Per Mile – Vehicle Provided by Individual (Family Member, Neighbor) with a Vested Interest	\$ 0.54
A0110	Non-Emergency Transportation; Commercial Train and Bus Intra – or Interstate Carrier, Per One-Way Trip	BR
A0120	Non-Emergency Transportation; PSC Exempt Public Transportation – Per One-Way Trip	BR
A0130	Non-Emergency Transportation; Commercial Wheelchair Van, Per One-Way Trip Base Rate	\$41.37
A0140	Non-Emergency Transportation; Air Travel, Commercial Intra – or Interstate, Per One-Way Trip	BR
S0209	Non-Emergency Transportation Wheelchair Van, Mileage, Per Mile	\$ 1.66
S0215	Non-Emergency Transportation; Commercial Sedan/Van Service, Mileage, Per Mile	\$ 1.66
T2003	Non-Emergency Transportation; Commercial Sedan/Van Service, Flat Rate, Per One-Way Trip Base Rate; Wholly within the Corporate City Limits of Omaha Or Lincoln	\$17.66
T2003-52	Non-Emergency Transportation; Commercial Sedan/Van Service, Per One-Way Trip Base Rate; Not Wholly within the Corporate City Limits of Omaha or Lincoln	\$ 8.44

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