

471-000-503 Nebraska Medicaid Fee Schedule for Non-Emergency Transportation (NET) Services

HCPCS procedure codes are defined by the Centers for Medicare and Medicaid Services (CMS). For HCPCS procedure code definitions, refer to the CMS website at <http://www.cms.gov>. HCPCS procedure code manuals are available through private vendors.

Nebraska Medicaid payment is the lower of the fee schedule allowable or the provider's submitted charge. The provider's submitted charge must not exceed their charge to the general public.

<u>CODE</u>	<u>DESCRIPTION</u>	<u>MEDICAID ALLOWABLE (Eff. 7/1/14)</u>
A0090	Nonemergency transportation; per mile – vehicle provided by individual (family member, neighbor) with vested interest	\$ .48
A0110	Nonemergency transportation; commercial train and bus intra- or interstate carrier, per one-way trip	BR
A0120	Nonemergency transportation; PSC exempt public transportation – per one-way trip	BR
A0130	Nonemergency transportation; commercial wheelchair van, per one-way trip base rate	\$38.86
A0140	Nonemergency transportation; air travel, commercial intra- or interstate, per one-way trip	BR
S0209	Nonemergency transportation wheelchair van, mileage, per mile	\$ 1.53
S0215	Nonemergency transportation; commercial sedan/van service, mileage, per mile	\$ 1.53
T2003	Nonemergency transportation; commercial sedan/van service, flat rate, per one-way trip base rate; wholly within the corporate city limits of Omaha or Lincoln	\$16.36
T2003-52	Nonemergency transportation; commercial sedan/van service, per one-way trip base rate; not wholly within the corporate city limits of Omaha or Lincoln	\$ 7.82

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.