

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:

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

1. For clients age 21 and older: Manual manipulation of the spine is limited to 12 treatments per calendar year.
2. For clients age 20 and younger: Manual manipulation of the spine is limited to 18 treatments during the initial five-month period from the date of initiation of treatment for the reported diagnosis. A maximum of one treatment per month is covered thereafter if needed for stabilization care.
3. No more than one treatment per client per day is covered.

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	MOD	DESCRIPTION	COMMENT	COPAY	NON-FACILITY RATE	FACILITY RATE
72040		RADIOLOGIC EXAMINATION, SPINE, CERVICAL; THREE (3) VIEWS OR LESS			\$33.90	
72040	52	RADIOLOGIC EXAMINATION, SPINE, CERVICAL	SINGLE VIEW		\$16.95	
72070		RADIOLOGIC EXAMINATION, SPINE, THORACIC; TWO VIEWS			\$33.90	
72070	52	RADIOLOGIC EXAMINATION, SPINE, THORACIC	SINGLE VIEW		\$16.95	
72100		RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; TWO (2) OR THREE (3) VIEWS			\$36.07	
72100	52	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL	SINGLE VIEW		\$18.04	
98940		CHIROPRACTIC MANIPULATIVE TREATMENT; SPINAL, ONE TO TWO REGIONS		X	\$28.94	\$24.42
98940	22	CHIROPRACTIC MANIPULATIVE TREATMENT; SPINAL, ONE TO TWO REGIONS	INITIAL VISIT ONLY		\$35.37	\$29.85
98941		CHIROPRACTIC MANIPULATIVE TREATMENT; SPINAL, THREE TO FOUR REGIONS		X	\$28.94	\$25.67
98941	22	CHIROPRACTIC MANIPULATIVE TREATMENT; SPINAL, THREE TO FOUR REGIONS	INITIAL VISIT ONLY		\$35.37	\$31.37
98942		CHIROPRACTIC MANIPULATIVE TREATMENT; SPINAL, FIVE REGIONS		X	\$28.94	\$26.45
98942	22	CHIROPRACTIC MANIPULATIVE TREATMENT; SPINAL, FIVE REGIONS	INITIAL VISIT ONLY		\$35.37	\$32.33

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