

# PROVIDER BULLETIN

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TO: Medicaid Providers

FROM: Vivianne M. Chaumont, Director   
Division of Medicaid & Long-Term Care

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RE: **Medicaid Practitioner Fee Schedules for SFY 2010-2011  
Site of Service Reimbursement**

Effective July 1, 2010 reimbursement for services provided by physicians and non-physician care providers will be subject to a site-of-service payment adjustment. A site of service adjustment reduces the fee schedule amount for specific CPT/HCPCS codes when the service is provided in a facility setting. The facilities and place of service codes are:

Place Code	Description
21	Inpatient Hospital
22	Outpatient Hospital
23	Emergency Room Hospital
24	Ambulatory Surgical Center
25	Birth Center

For the list of applicable CPT/HCPCS codes refer to the Physician Fee Schedule posted at <http://www.dhhs.ne.gov/med/prov/home.htm>

For questions about this Provider Bulletin, contact Louise Tollefson at 402-471-9366 or [Louise.Tollefson@nebraska.gov](mailto:Louise.Tollefson@nebraska.gov) or Margaret Brockman at 402-471-9368 or [Margaret.Brockman@nebraska.gov](mailto:Margaret.Brockman@nebraska.gov)