

471-000-411 Nebraska Medicaid Fee Schedule for Pediatric Feeding Clinics

Payment for services as outlined in this fee schedule shall be made as outlined in 471 NAC 18

PLEASE NOTE: RATES DO NOT REFLECT AN INCREASE FROM THE PREVIOUS FEE SCHEDULE AS THERE WERE NO RATE INCREASE APPROPRIATIONS FOR THIS STATE FISCAL YEAR

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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Information regarding Pediatric Feeding Clinic Services may be found in 471 NAC 18.
http://www.sos.ne.gov/rules-and-regs/regsearch/Rules/Health_and_Human_Services_System/Title-471/Chapter-18.pdf

It is the provider's responsibility to be aware of requirements for medical necessity, prior authorization, referral management, etc.

Procedure Code	Modifier	PA	Description	Medicaid Allowable
92526	U7	X	Pediatric feeding Disorder Clinic Intensive Day Treatment	\$829.98

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.

92526	U8	X	Pediatric feeding Disorder Clinic Outpatient Therapy	\$167.54
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