

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.

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.

CPT codes, descriptions, and other data only are copyright 2025 American Medical Association (AMA). All Rights Reserved. CPT is a registered trademark of the AMA. You, your employees, and agents are authorized to use CPT only as contained in the following authorized materials internally within your organization within the United States for the sole use by yourself, employees, and agents. Use is limited to use in Medicare, Medicaid, or other programs administered by the Centers for Medicare & Medicaid Services (CMS). Applicable Federal Acquisition Regulation System/Defense Federal Acquisition Regulation Supplement (FARS/DFARS) apply.

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.

Maximum allowable fees are the exclusive property of the Nebraska Department of Health and Human Services and are not covered by the American Medical Association CPT copyright. Unit values per Relative Values for Physicians, Copyright 2025, Optum360, LLC.

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.

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.

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.