

Nebraska Medicaid Practitioner Fee Schedule for Immunizations

Payment for services as outlined in this fee schedule shall be made as outlined in 471 NAC 18-004.28

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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Further instructions for the Immunization fee schedule include:

1. An "X" in the prior authorization (PA) column indicates a prior authorization for the medication is required. For prior authorization, use the MS-77 form. This and other injectable prior authorization forms can be found at: <https://dhhs.ne.gov/Pages/Medicaid-Provider-Pharmacy-Services.aspx>.
2. An authorization request may be emailed to DHHS.MedicaidPharmacyUnit@nebraska.gov or faxed to 402-471-9103, Attn: Pharmacy Services and should include the following:
 - a. Name of medication,
 - b. Dosage requested,
 - c. Documentation of medical necessity

- d. Applicable CPT or HCPCS code and
- e. Prescribing provider signature.

The authorization decision will be returned to the requested provider. Claims submitted without the required prior authorization will not be reimbursed for the medication. If the client is covered under a Medicaid Managed Care Plan, please obtain such authorizations directly through that plan.

3. Vaccines not included in this fee schedule will not be reimbursed, with the exception of a unique encounter which has been pre-approved.
4. When billing for vaccines administered, the prescribing practitioner must use the appropriate CPT/HCPCS Code and the correct units. The correct CPT for administration must also be submitted.
5. To bill for the administration of vaccine provided through the VFC Program, use the appropriate CPT code for the vaccine with an SL modifier. Charges should reflect the cost of administering the vaccine only.
6. NDC #s included with any claim submission must be accompanied with the appropriate qualifier (F2 = International Unit, GR = Gram, ML = Milliliter, UN = Unit/Each) and the appropriate quantity of that qualifier.
7. IC noted in Medicaid allowable column of the fee schedule below indicates "invoice cost" and the purchase invoice must be submitted with the claim. IC Limited indicates "invoice cost within a limit" and the purchase invoice must be submitted with the claim.
8. MP noted in Medicaid allowable column of the fee schedule below indicates "manual pricing".
9. RNE noted in the comment or Medicaid allowable columns of the fee schedule below indicates 'rate not established'. This code indicates that a procedure code is new or uncommon, and the Medicaid Division needs to determine a reasonable charge.