471-000-540 Nebraska Medicaid Practitioner Fee Schedule for Injectables

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.

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.

Further instructions for the injectable fee schedule includes:

1. An "X" in the prior authorization (PA) column indicates a prior authorization for the medication is required. For prior authorization of most injectables, use the MS-77 form. This and other injectable prior authorization forms, including for respiratory syncytial virus prophylaxis, 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,

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.

c. Documentation of medical necessity of medication
d. Applicable CPT or HCPCS code and
e. Prescribing provider signature.

The authorization decision will be returned to the requesting 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. Injectable medications 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 medications administered, the prescribing practitioner must use the appropriate HCPCS Code and the correct HCPCS units. The correct CPT for administration must also be submitted.

5. NDC #s must be included with any claim submission for injectable medications. The NDC # must be accompanied with the appropriate qualifier (F2 = International Unit, GR = Gram, ML = Milliliter, UN = Unit/Each) and the appropriate quantity of that qualifier.

6. Most radiopharmaceuticals are currently not required to be billed with an NDC. Rebateable contrasts are required to have a rebateable NDC. Provider Bulletin 14-45 may be referenced at:
. http://dhhs.ne.gov/Pages/Medicaid-Provider-Bulletins.aspx

7. IC noted in Medicaid allowable column of the fee schedule below indicates “invoice cost” and the medication purchase invoice must be submitted with the claim. IC Limited indicates “invoice cost within a limit” and the medication 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.