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.

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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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.

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DEFINITIONS

<u>Base Rates</u> – 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.

<u>BR (By Report)</u> – Paid at the public published rate, with administrative fee, based on the service and circumstances.

<u>Loaded Mileage</u> – 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.

<u>Unloaded Mileage</u> – Miles traveled when a client is not present in the vehicle. All unloaded mileage is included in the payment for the base rate.