18-006 Payment for Physician Services: The Nebraska Medical Assistance Program (~~NMAP~~Medicaid) pays for covered physician services, except clinical laboratory services, at the lower of -

1. The provider's submitted charge; or
2. The allowable amount for that procedure code in the Nebraska Medicaid Practitioner Fee Schedule in effect for that date of service. The allowable amount is indicated in the fee schedule as:
   a. The unit value multiplied by the conversion factor;
   b. The invoice cost (indicated as "IC" in the fee schedule);
   c. The maximum allowable dollar amount; or
   d. The reasonable charge for the procedure as determined by the ~~Medical Services~~ Medicaid Division (indicated as "BR" - by report or "RNE" - rate not established - in the fee schedule).
3. Exception: The Director of the Division of Medicaid and Long-Term Care or designee may enter into an agreement with an out-of-state provider for a rate that exceeds the rate according to the Nebraska Medicaid Practitioner Fee Schedule only when the Medical Director of the Division has determined that:
   a. The client requires specialized services that are not available in Nebraska; and
   b. No other source of the specialized service can be found.

Reimbursement for services provided by physicians and non-physician care providers is subject to the site-of-service payment adjustment. ~~NMAP~~ Medicaid applies a site of service differential that reduces the fee schedule amount for specific CPT/HCPCS codes when the service is provided in a facility setting. Based on the Medicare differential, ~~NMAP~~ Medicaid will reimburse specific CPT/HCPCS codes with adjusted rates based on the site of service. For the list of applicable CPT/HCPCS codes, refer to NAC 471-000-541.

Payment for clinical laboratory services including collection of laboratory specimens by venipuncture or catheterization is made at the amount allowed for each procedure code in the national fee schedule for clinical laboratory services as established by Medicare.

Non-Payment of Other Provider Preventable Conditions (OPPCs): Effective on or after the effective date of this regulation for physician and non-physician provider claims, payment will be denied for the following Other Provider Preventable Conditions:

1. Wrong surgical or other invasive procedure performed on a patient;
2. Wrong surgical or other invasive procedure performed on the wrong body part;
3. Wrong surgical or other invasive procedure performed on the wrong patient.

HCPCS/CPT procedure codes used by ~~NMAP~~ Medicaid are listed in the Nebraska Medicaid Practitioner Fee Schedule (see 471-000-518).

18-006.01 Revisions of the Fee Schedule: The Department reserves the right to adjust the fee schedule to:

1. Comply with changes in state or federal requirements;
2. Comply with changes in nationally-recognized coding systems, such as HCPCS and CPT;
3. Establish an initial allowable amount for a new procedure based on information that was not available when the fee schedule was established for the current year; and
4. Adjust the allowable amount when the Medicaid Division determines that the current allowable amount is:
   a. Not appropriate for the service provided; or
   b. Based on errors in data or calculation.

Providers will be notified of the revisions and their effective dates.