Nebraska
Workers' Compensation Court

Schedule of Fees for Hospitals and Ambulatory Surgical Centers

Effective January 1, 2012

Schedule of Fees for Hospitals and Ambulatory Surgical Centers

The Nebraska Workers' Compensation Court has established this schedule pursuant to section 48-120 of the Nebraska Workers' Compensation Act. This schedule applies to inpatient, outpatient, and other services provided by a hospital or any facility operating under the license of the hospital, except for services covered by the inpatient hospital fee schedules established in section 48-120.04, and except for services covered by contract pursuant to section 48-120(1)(d). This schedule also applies to services provided by licensed ambulatory surgical centers, except for services covered by contract pursuant to section 48-120(1)(d). Coding for services under this schedule shall be in accordance with the National Correct Coding Initiative as established by Centers for Medicare and Medicaid Services, if applicable.

1. PROFESSIONAL SERVICES

The professional component of medical or surgical services provided by a physician or other licensed health care provider in an ambulatory surgical center or an outpatient hospital setting are subject to the Schedule of Fees for Medical Services, rather than this schedule, and the fee for such services shall be determined in accordance with the Schedule of Fees for Medical Services.

2. IMPLANTABLE MEDICAL DEVICES

Hospitals and ambulatory surgical centers shall be separately reimbursed for certain implantable medical devices in accordance with the Schedule of Fees for Implantable Medical Devices. Implantable medical devices provided by a hospital or ambulatory surgical center which are not subject to the Schedule of Fees for Implantable Medical Devices shall be reimbursed in accordance with section 3 of this schedule.

3. OTHER SERVICES

Except as otherwise provided in this schedule, services by a hospital or ambulatory surgical center shall be reimbursed in accordance with the following.

Tier I: Hospitals and licensed ambulatory surgical centers located in or within 15 miles of a Nebraska city of the metropolitan class or primary class and all hospitals and ambulatory centers located outside the boundaries of the State of Nebraska shall be Tier I facilities. The fee under this schedule for a Tier I facility shall be 85 percent of billed charges.

Tier II: Hospitals with 51 or more licensed beds and not classified under Tier I and licensed ambulatory surgical centers located in or within 15 miles of a Nebraska city of the First Class shall be Tier II facilities. The fee under this schedule for a Tier II facility shall be 92.5 percent of billed charges.

Tier III: Hospitals with 50 licensed beds or less and not classified under Tier I, all critical access hospitals, and licensed ambulatory surgical centers not classified under Tier I or Tier II shall be Tier III facilities. The fee under this schedule for a Tier III facility shall be 96 percent of billed charges.

Select this link for a list of Nebraska hospitals and ambulatory centers and their classifications.

4. COPIES OF RECORDS AND INFORMATION

When copies of medical and hospital records and information are requested, the maximum that must be paid is $20.00 plus 50¢ per page. When x-rays are requested and satisfactory reproductions (not images produced by copiers) are furnished in lieu of the original films, the maximum that must be paid for each sheet of duplicating film

is $7.50. These reproductions are not returnable. The maximum payments in this instruction are exclusive of any applicable taxes, but are inclusive of any and all other ancillary expenses including but not limited to postage, shipping costs, and handling or retrieval fees.

5. EXPLANATION OF REDUCTIONS

Any insurance company, employer, or other payor who reduces charges from a provider according to this schedule must include a reasonable and accurate written explanation of the basis for the payment. When payment for a service is denied, specific written reasons for the denial shall be provided on a service-specific basis. All explanations must identify the person or entity that determined the basis for the payment or denial, the person or entity ultimately responsible for payment, and a telephone number where further explanation can be obtained.

6. AMBULATORY SURGICAL CENTER MULTIPLE SURGICAL PROCEDURES RULE

When more than one surgical procedure is performed during the same operative session in an ambulatory surgical center this multiple surgical procedures rule shall apply. To calculate the total fee under this schedule for multiple surgical procedures performed during the same operative session, first determine the fee for each surgical procedure in accordance with section 3 of this schedule. The total fee under this schedule shall then be 100 percent of the highest fee as calculated in accordance with section 3 plus 50 percent of each of the remaining fees as calculated in accordance with section 3.