

## **RULE 26**

### **SCHEDULES OF FEES FOR MEDICAL, SURGICAL, AND HOSPITAL SERVICES**

- A. The following Nebraska Workers' Compensation Court fee schedules, including the instructions, ground rules, unit values, and conversion factors set out in such schedules, are hereby adopted pursuant to section 48-120(1)(b) of the Nebraska Workers' Compensation Act. Reimbursement for medical, surgical, and hospital services provided pursuant to section 48-120 shall be in accordance with such schedules, 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).
1. Schedule of Fees for Medical Services, effective June 1, 2012.
  2. Schedule of Fees for Hospitals and Ambulatory Surgical Centers, effective January 1, 2012.
  3. Schedule of Fees for Implantable Medical Devices, effective January 1, 2012.
- Such schedules and the inpatient hospital fee schedules established in section 48-120.04 shall be available free of charge on the court's web site at <http://www.wcc.ne.gov>.

**B.** The Diagnostic Related Group inpatient hospital fee schedule established in section 48-120.04 shall include the following Medicare Diagnostic Related Groups, effective January 1, 2014:

1	93	206	454	490	541	605	872	934
3	101	207	455	491	542	615	880	935
4	103	208	457	493	551	638	885	939
24	113	247	459	494	552	639	897	940
25	123	253	460	495	554	640	902	948
27	131	299	462	496	555	641	903	955
29	132	300	463	497	556	660	904	956
30	134	301	464	500	558	683	905	957
41	163	313	465	501	561	684	906	958
42	165	315	467	502	563	688	907	963
52	167	329	468	504	564	698	908	964
65	176	330	469	505	566	728	909	965
66	177	331	470	509	571	743	913	981
74	183	337	472	510	572	775	914	982
76	184	352	473	511	573	853	916	
83	185	354	475	512	575	854	918	
84	190	355	476	513	578	856	919	
85	194	370	481	514	579	857	920	
86	200	378	482	516	580	858	921	
87	202	392	483	517	581	863	922	
89	203	439	484	535	592	864	923	
90	204	440	488	536	593	870	928	
92	205	445	489	538	603	871	929	

**C.** A claim for inpatient trauma services shall mean a claim which has at least one of the following ICD-9-CM diagnosis codes in UB-04 Form Locator 67: Injury codes in the range of 800-959.9, 994.1 (drowning), 994.7 (asphyxiation and strangulation), or 994.8 (electrocution); and either:

1. The patient was admitted to the hospital from the emergency department (UB-04 Form Locator 14 with Priority (Type) of Visit as: 1-Emergency, or 5-Trauma), or
2. The patient was transferred out of the hospital (UB-04 Form Locator 17 with Patient Discharge Status 02-Discharged/transferred to a Short Term General Hospital for Inpatient Care), or
3. The patient was admitted directly to the hospital, bypassing the emergency department (UB-04 Form Locator 14 with Priority (Type) of Visit as: 1-Emergency, or 5-Trauma), or

4. The patient died in the emergency department (UB-04 Form Locator 17 with Patient Discharge Status 20-Expired), or
5. The patient was dead on arrival in the emergency department (UB-04 Form Locator 17 with Patient Discharge Status 20-Expired).

Sections 48-120, 48-120.04, R.S. Supp., 2012.  
Effective date December 12, 2013.