

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 inpatient hospital services covered by the Diagnostic Related Group inpatient hospital fee schedule 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, 2008.
2. Schedule of Fees for Hospitals and Ambulatory Surgical Centers, effective January 1, 2008.
3. Schedule of Fees for Implantable Medical Devices, effective January 1, 2008.

Such schedules and the Diagnostic Related Group inpatient hospital fee schedule established in section 48-120.04 shall be available for examination in the offices of the court in Lincoln, Nebraska, and the court's courtroom in Omaha, Nebraska, and 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, 2009:

3	330	473	501	574	907
23	352	475	502	575	908
26	355	480	504	578	909
30	392	481	505	593	914
74	453	482	507	603	918
83	454	483	508	682	927
84	455	484	511	699	928
86	458	488	512	854	929
87	459	489	513	857	935
103	460	490	514	858	945
176	463	491	516	863	946
185	464	492	535	885	956
200	465	493	536	901	957
206	467	494	552	902	965
300	470	495	558	903	982
301	471	496	561	904	983
313	472	497	563	906	

- C. Claims for inpatient trauma services submitted by hospitals identified in section 48-120(1)(c) prior to January 1, 2010 shall be reimbursed under the schedule of fees established by Rule 26,A,2, unless otherwise contracted pursuant to section 48-120(1)(d). 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., 2007.

Effective date December 18, 2008.