

# Nebraska Total Care-Behavioral Health Provider Quick Tips for Alignment to Nebraska BH Fee Schedule

Nebraska Total Care aligns to the Behavioral Health Services Nebraska Medicaid Fee Schedule. To ensure clean claims, providers are strongly encouraged to submit claims aligned to the Nebraska Medicaid Fee Schedule.

Professional Claims submitted on CMS 1500: *Double check that these fields are filled in prior to submitting your claims*

CMS-1500	Field
Billing Provider NPI	33a
Billing Provider Taxonomy	33b
Billing Provider ZIP + 4	33
Referring Provider NPI	17b
Rendering Provider NPI	24j

Providers are encouraged when using CPT/HCPC codes identified on page 3-13, 20, 22 & 23 of the current BH fee schedule **that the rendering NPI needs to be identified as the person who provided the service.**

Example of CPT/HCPS codes:

CPT Code	Modifier	Description	1 MD	2 DO	22 PA	29 APRN	36 LMHP	37 PLMHP	39 LIMHP	57 PhD PROV	58 PLADC	64 Spec PhD	67 PhD/PsyD	78 LADC
90791	Managed Care only	Initial Diagnostic Interview	\$179.32	\$179.32	\$143.46	\$143.46			\$125.52	\$91.73		\$91.73	\$149.90	
90792		Initial Diagnostic Interview (with med services)	\$250.77	\$250.77	\$200.34	\$200.34								
90832		Individual psychotherapy - 30 min.	\$78.29	\$78.29	\$62.63	\$62.63	\$54.80	\$54.80	\$54.80	\$61.92		\$61.92	\$64.76	
90832	HF	Individual psychotherapy - 30 min. substance use disorder	\$78.29	\$78.29	\$62.63	\$62.63	\$54.80	\$54.80	\$54.80	\$61.92	\$51.45	\$61.92	\$64.76	\$53.59
90832	U2/HF	Individual psychotherapy - 30 min. (PRFC)	\$78.29	\$78.29	\$62.63	\$62.63	\$54.80	\$54.80	\$54.80	\$61.92	\$51.45	\$61.92	\$64.76	\$53.59
90832	U3/HF	Individual psychotherapy - 30 min. (Day Treatment)	\$78.29	\$78.29	\$62.63	\$62.63	\$54.80	\$54.80	\$54.80	\$61.92	\$51.45	\$61.92	\$64.76	\$53.59
90832	U4/HF	Individual psychotherapy -30 min. (IOP- Facility)	\$78.29	\$78.29	\$62.63	\$62.63	\$54.80	\$54.80	\$54.80	\$61.92	\$51.45	\$61.92	\$64.76	\$53.59

Provider are encouraged when using CPT/HCPCS codes identified on page 14-19, 21, & 24 of the current BH fee schedule that the rendering NPI needs to be identified as the facility/group who provided the service.

Example of CPT/HCPCS:

Description	Code	modifier	13 Prof Clinic	47 Sub use Treatment Center	44 Community Support
SUD level 3.2D - Social detoxification (per diem)	H0012			\$183.64	
SUD level 2.1 - Adult Intensive Outpatient (per hour)	H0015		\$29.10	\$29.10	
SUD level 3.5 Short-term residential Co-occurring diagnosis capable per diem	H0018	HF		\$198.40	
SUD level 3.5 Dual-disorder residential (Co-occurring diagnosis enhanced per diem)	H0018	HH		\$226.38	

Rev. July 1, 2017 Manual Letter #36-2017 found on <http://dhhs.ne.gov/medicaid/Documents/471-000-532-17.pdf>

**Please note: NTC aligns to the guidance sent to BH providers regarding Community Support Work (H2015)**

Community Support Workers are considered an atypical provider and do not need an NPI to enroll with Nebraska Medicaid. If a Community Support Worker has obtained an NPI, that information should be provided on the Maximus Decision Point application and provided to the Heritage Health plans. All Community Support Workers must be enrolled in Nebraska Medicaid and must be included on the claim as the Service Rendering Provider when that service is being billed. When a Community Support Worker does not have an NPI, their Social Security number is considered the Service Rendering number on the claim. This means that the credentialing requirements outlined in the contracts with the Heritage Health plans *do* apply to Community Support Workers.