

Provider Report



Resolving Payment Discrepancies on Claims

In Q3 of 2023, we identified members enrolled in Nebraska Total Care and Ambetter from Nebraska Total Care were not identified in our third-party liability (TPL) claims process, which triggers the Coordination of Benefits (COB). As a result, claims submitted by the provider to Nebraska Total Care for the impacted members were processed and paid under the member's Medicaid coverage rather than coordinating and adjudicating under the member's Ambetter Marketplace coverage.

We value our member and provider partnerships and are committed to resolving this in a manner that mitigates member and provider impact. The process was corrected in December of 2023, and claims are coordinating correctly between Nebraska Total Care and Ambetter from Nebraska Total Care.

- No refunds or rebilling: No need to worry about refunding previously paid claims or rebilling of claims.
- Claims repricing and processing: Impacted claims received between January 2023 and December 2023, will be reprocessed, and paid by Ambetter according to Ambetter payment rules and applicable reimbursement. Reprocessed claims that result in payment amounts greater than what

Nebraska Total Care paid will result in payment of the additional amount owed. An Explanation of Payment (EOP) will be provided with the explanation code EX mk and the provider's patient control number from the original paid claim to support with reconciliation to the claim paid on the EOP.

- Protecting payments: Should reprocessing result in a denial or lower payout, we will not recoup funds and previous payments will remain unchanged.

Your patients won't face extra financial burdens:

- Waived cost shares: We plan to waive any cost share the member may have accrued had the claims processed under Marketplace. This is to minimize any inconvenience to our members.
- Provider payments: We intend to reimburse the provider any applicable member cost share amounts when the claim is reprocessed.

Repricing will begin in early March 2024. Our goal is to adjudicate all impacted claims by June 1, 2024.

If you have questions, please contact [Provider Relations](#)

Pre-Authorization Requirement Updates

G0480 and G0481 codes

Effective January 1, 2024, Nebraska Total Care is updating the requirements for prior authorization for the following procedure codes: G0480 Definitive Urinary Drug Testing 1-7 classes and G0481 Definitive Urinary Drug Testing 8-14 classes.

Nebraska Total Care will no longer require a prior authorization for all providers for procedure code G0480 and no longer require a prior authorization for hospital providers for procedure code G0481. This pre-authorization requirement will be reflected in our pre-authorization check tool to verify authorization is needed.

If you have questions, please contact [Provider Relations](#).

Lower Extremity Stenting Procedures

Effective March 1, 2024, Nebraska Total Care is updating the requirements for prior authorization for the following procedure codes: 37220, 37221, 37224, 37225, 37226, 37227, 37228, 37229, 37230, and 37231.

Nebraska Total Care will require a prior authorization for all providers for Leg Stent Lower Extremity Endovascular Procedures to ensure safe and effective utilization. Endovascular procedures include angioplasty, atherectomy, and stents to diagnose and treat vascular disease including peripheral arteries.

This pre-authorization requirement will be reflected in an update to our pre-authorization check tool to verify authorization is needed.

If you have questions, please contact [Provider Relations](#).

Importance of Substance Use Disorder Treatment

According to the Substance Abuse and Mental Health Service Administration (SAMHSA), substance use disorder (SUD) treatment can help individuals stop or reduce harmful substance misuse, improve patients' overall health, social functioning, and ways to manage risk for potential relapse. Timely intervention and treatment can increase productivity, health, and overall quality of an individual's life and have a positive economic impact, as every dollar spent on treatment saves four dollars in healthcare and seven dollars in criminal justice costs. Ref 1

Individuals may receive a primary SUD diagnosis in several types of settings by primary care physicians (PCP), medical specialists, and behavioral health professionals. This includes inpatient acute medical and psychiatric facilities, inpatient or outpatient withdrawal management programs, emergency rooms, medical assessments conducted by a PCP or medical specialist, and outpatient mental health treatment.

One barrier to treatment may be an individual's denial of their illness, particularly newly diagnosed persons with primary SUD that have long-term chronic use or dependence, as this could prevent individuals from achieving successful treatment and recovery. Whether it is a singular SUD primary diagnosis, or comorbid medical and/or mental health diagnoses, there are best practices to address barriers and improve the quality of care for at-risk member populations.

Various HEDISR measures integrate best practice treatment recommendations for successful outcomes of individuals diagnosed with primary SUD. Ref 2

References:

1. (US), Substance Abuse and Mental Health Services Administration; (US)., Office of the Surgeon General. (2016, Nov). Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health. Retrieved from NCBI www.ncbi.nlm.nih.gov/books/NBK424859/
2. Agency for Healthcare Research and Quality. (2018, Aug). Care Coordination. Retrieved from Agency for Healthcare Research and Quality: www.ahrq.gov/ncepcr/care/coordination.html



Provider Services: 1-844-385-2192 (TTY 711)
Provider Relations: ProviderRelations@NebraskaTotalCare.com
Contracting: NetworkManagement@NebraskaTotalCare.com

Mailing Address:
Nebraska Total Care
Attn: Provider Relations
2525 N 117th Ave, Suite 100
Omaha, NE 68164-9988

Claims Address:
Nebraska Total Care
Attn: Claims
PO Box 5060
Farmington, MO 63640-5060