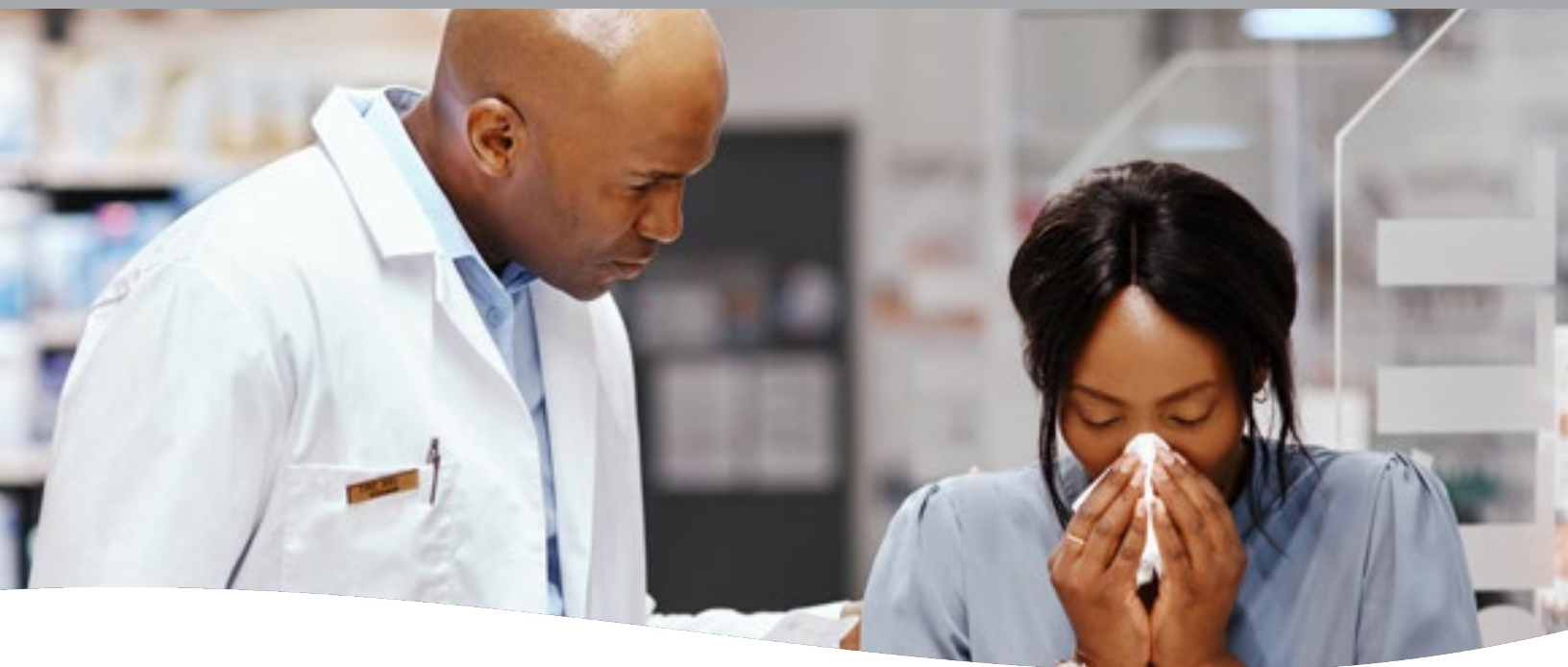


Provider Report



Respiratory Syncytial Virus (RSV)

You have the best interest of your patients at heart. More than that, you have their trust. Your patients trust you more than any other source when it comes to vaccines. And your recommendation is the most effective way to ensure they get the ones they need.

Respiratory syncytial virus (RSV) is the leading cause of childhood respiratory illness in the United States, resulting in thousands of hospitalizations and hundreds of deaths per year. Infants six months and younger are at highest risk. Prevention is essential to combat the severity of RSV. The Food and Drug Administration (FDA) has approved, and The Centers for Disease Control and Prevention's (CDC) recommends maternal RSV vaccine and the infant RSV monoclonal antibody providing two opportunities to protect against the negative side-effects of RSV.

Maternal RSV Vaccination (Abrysvo)

Pfizer's bivalent RSVpreF vaccine, Abrysvo is the only RSV vaccine approved for use during pregnancy.

- A single injection given to pregnant individuals at 32 weeks through 36 weeks gestational age have shown reduction in severe RSV infection in infants by 81% within 90 days of life, and 69% within 180 days of life.
- Should be given seasonally, September through January.

- May administer with other vaccines recommended during pregnancy, such as flu, COVID-19, and Tdap.
- Provides protection for infant if maternal vaccination occurred at least 14 days prior to birth.
- Common side effects include injection site pain, headache, muscle pain, and nausea.

Infant RSV Monoclonal Antibody (Beyfortus, nirsevimab)

- A single intramuscular injection for infants younger than 8 months of age born during or entering into their first RSV season to prevent severe RSV disease.
- Available for infants if maternal RSV not given or if vaccine was given but delivery occurred prior to 34 weeks gestation.
- The RSV vaccine has shown an 80% reduction in RSV-related healthcare visits and hospitalizations.

Want to Learn More?

Access the Centers for Disease Control and Prevention's [Recommendations for Use of Nirsevimab for the Prevention of RSV Among Infants and Young Children](#).

View The American College of Obstetricians and Gynecologists (ACOG) clinical guidance on [Maternal Respiratory Syncytial Virus Vaccination](#).

Preferred Product: Freestyle Libre

Effective January 1, 2026, Freestyle Libre continuous glucose monitors will be the sole preferred product on the Nebraska Total Care Value-Add Formulary and will continue to require a prior authorization. Dexcom G6 and Dexcom G7 Products will no longer be offered on the formulary and coverage

exceptions may be approved when clinical criteria requirements are met. Please see our Pharmacy Policy section of the provider website for coverage criteria of continuous glucose monitors.



Dental Provider FAQs

The provider portal can be accessed online at [Envolve Dental](#).

Registering and requesting access to the portal

- You can request access on the Centene Dental Services provider resources page by clicking "[request portal access](#)."
- Register as a Provider – Only see the provider's claims and authorizations for one provider.
- Register as a Location – Only see the location's claims and authorizations for one location.
- Register as a Payee – Access to ALL providers and locations associated with payee (tax ID #). Payee registration is recommended, as this will allow you to view your weekly EOPs

What can you do on the provider portal?

- Submit Claims and Authorizations.
- Submit Corrected Claims.
- Check on Status of Claims and Authorizations
- Check member eligibility.
- Review EOPs (if registered as a Payee).
- Access provider bulletins, provider manuals, and other important communications and documents.

Dental Code Search Tool

- The [dental code search tool](#) provides useful information such as:
- Is the procedure covered?
- Is a prior authorization required?
- Is there pre-payment review?
- Links to age and frequency limitations and other information regarding services

Claims

Claims can be submitted three ways:

- Centene Dental Services Provider Portal
- Electronically through a clearing house - Payor ID: 46278
- Paper Claims must be submitted on a current ADA claim form (Cannot be handwritten). Mail to: Centene Dental Services, PO Box 25974, Tampa, FL 33622-5974

Prior Authorizations

Authorizations can be submitted three ways:

- Centene Dental Services Provider Portal
- Electronically through a clearing house - Payor ID: 46278
- Paper form must be submitted on a current ADA claim form (Cannot be handwritten). Mail to: Centene Dental Services, PO Box 25974, Tampa, FL 33622-5974

What should be included with a prior authorization?

- Supporting documentation per clinical criteria or policy requirements (see [dental code search tool](#))
- X-rays (if applicable)
- Periodontal charting (if applicable)
- Always refer to the dental code search tool to confirm if a prior authorization is needed or if a service is covered

FQHC/IHS/RHC Service Billing Guidelines

T1015 MUST be submitted with a dollar amount on the first line of the claim¹.

- Reimbursement will be based on the provider's set encounter rate, regardless of the dollar amount submitted.
- All additional procedure codes describing services rendered should be submitted with a dollar amount of \$1.00 or greater.

T1015 will be reimbursed at the encounter rate, provided services rendered include Medicaid covered procedures and the member is eligible at the date of service. Modifiers added to billed lines of T1015 will not be utilized by us but will have no impact on receiving payment. Please use these Place of Service codes: 50 for FQHCs; 72 for Rural Health Services; and 05-08 for Indian Health Services/ Tribal Services.

¹[Nebraska Department of Health and Human Services Manual Letter #61-2017 \(PDF\)](#), 10/5/2017, pages 3 and 6.

Ambulatory Surgery Center, Ambulatory Surgery Unit Hospital Service

- Services performed in an ASC/ASU setting will not receive an encounter payment.
- Claims should indicate the CDT code performed with the appropriate dollar amount for that code.
- Please make sure that you are using the correct service location address via the web portal, clearinghouse or when sending via a paper claim.
- Place of service noted should be 22 or 24.