

Provider Report



CLAS Standards

With the increasing diversity of the United States' population, physicians are more and more likely to encounter situations that require the delivery of culturally competent care, access to a vast array of language services, and supportive health care organizations.

Any health and healthcare organization addressing mental, social, spiritual and physical well-being can benefit from the adoption and implementation of the National Culturally and Linguistically Appropriate Services (CLAS) Standards from the US Department of Health and Human Services Office of Minority Health. The Standards aim to advance health outcomes, improve quality and help eliminate health care disparities by providing a framework for implementing culturally and linguistically (language) appropriate services throughout an organization.

Nebraska Total Care is committed to ensuring the linguistic needs and cultural differences of our members are met and provides an array of services through internal sources and external partnerships.

- **Language assistance and interpreter services** must be available to people with Limited English Proficiency (LEP) at all points of contact during all hours of operation and at no cost to our members. Per legislation passed in 2024, interpretation services billed by providers will be a covered service retroactive to July 1, 2024, in line with guidance from Nebraska Medicaid and Long-Term Care. With interpretation services now covered under Medicaid, providers can supply, deliver, and bill Nebraska Total Care. Billing guidance for interpretation services will align to Nebraska Medicaid and Long-Term Care direction. See Nebraska Medicaid [Provider Bulletin 24-22 \(PDF\)](#).
- The free **Nebraska Total Care 24/7 Nurse Advice Line** can assist members with medical questions and triage care. Call 1-844-385-2192 (TTY: 711).

Provider
News Updates:

Sign up to receive [provider emails](#) about Nebraska Total Care benefits, operations, quality topics, and other important information.

- **Community Health Services** helps Nebraska Total Care members that need social services to facilitate successful medical treatment. Call 1-844-385-2192 (TTY: 711).

PA Updates, Outpatient Surgical Codes

Evotent Radiology Management

As part of our ongoing work to improve the prior authorization (PA) process for both providers and members, Nebraska Total Care wants to share some important updates to our PA requirements for select outpatient surgical codes. **Effective April 1, 2026**, Nebraska Total Care will implement changes to authorization requirements for the following procedure codes:

- 58552 – Laparoscopic Vaginal Hysterectomy (Uterus ≤ 250g, with/without tubes and ovaries)
- 58661 – Laparoscopic Removal of Adnexa
- 29888 – Arthroscopically Aided Anterior Cruciate Ligament Repair/Augmentation/Reconstruction
- 49591 – Repair Abdominal Hernia, Initial, < 3 cm, Reducible
- 49592 – Repair Abdominal Hernia, Initial, < 3 cm, Non-Reducible/Strangulated
- 49593 – Repair Abdominal Hernia, Initial, 3–10 cm, Reducible

Authorization requirements will vary based on the place of service where the procedure is performed. Please refer to the chart below for detailed requirements **effective April 1, 2026**. If you have questions, please contact Provider Relations.

PROCEDURE CODE	AMBULATORY SURGERY CENTER	OUTPATIENT SURGERY CENTER
58552	No Authorization Required	Prior Authorization Required
58661		
29888		
49591		
49592		
49593		

Nebraska Total Care has contracted with [Evotent](#) for radiology management. The radiology program includes management of non-emergent, high-tech, outpatient radiology services through prior authorization. This program is consistent with industry-wide efforts to ensure clinically appropriate quality of care and to manage the increasing utilization of these services.

Nebraska Total Care oversees the Evotent program and is responsible for claims adjudication. Evotent manages non-emergent outpatient imaging/radiology services through contractual relationships with free-standing facilities.

Prior authorization is required for the following outpatient radiology procedures:

- CT/CTA
- MRI/MRA
- PET Scan

Key Provisions: Providers rendering the above services should verify that the necessary authorization has been obtained. Failure to do so may result in non-payment of your claim. Go to the [Evotent](#) website for more information.

[Evotent Prior Authorization Tool Resource \(PDF\)](#)

[Evotent RadMD for Imaging Providers \(PDF\)](#)

[Evotent Tip Sheet \(PDF\)](#)

[Evotent RadMD Quick Start Guide \(PDF\)](#)

[Evotent Utilization Review Matrix \(PDF\)](#)

[Sign up for Paperless Notification from Evotent \(PDF\)](#)

[Additional Evotent References](#)

Prior Authorization Updates Effective 4/1/2026

As part of our ongoing work to improve the prior authorization (PA) process for both providers and members, Nebraska Total Care wants to share some important updates to our PA requirements. Our goal is to reduce administrative burden, simplify submission and approval processes, and facilitate timely access to appropriate, high-quality care. Code change details can be found on our website. These changes may include:

- Removing PA requirements based on criticality of review and clinical need.
- Creating a more uniform set of prior authorization requirements across our markets and lines of businesses, including adding and changing some PA requirements, to simplify processes, reduce confusion for providers, and support future efforts to expand real-time responses to requests.

If you have questions, please contact Provider Relations.



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