

# Provider Report



## Report Fraud, Waste and Abuse

Nebraska Total Care takes the detection, investigation, and prosecution of fraud and abuse very seriously, and has a fraud, waste, and abuse program that complies with the State of Nebraska and federal laws.

Nebraska Total Care, in conjunction with its parent company, Centene, operates a fraud, waste, and abuse unit. Nebraska Total Care routinely conducts audits to ensure compliance with billing regulations.

Our sophisticated code editing software performs systematic audits during the claims payment process. To better understand this system, please review the Billing and Claims provider manual. The Centene Special Investigation Unit performs retrospective audits which, in some cases, may result in taking actions against providers who commit waste, abuse, and/or fraud.

On-Demand Training: [Medicare and Medicaid Fraud, Waste and Abuse Prevention](#)

### Some of the most common FWA practices include:

- Unbundling of codes
- Up-coding services
- Add-on codes billed without primary CPT
- Diagnosis and/or procedure code not consistent with the member's age/gender
- Use of exclusion codes
- Excessive use of units
- Misuse of Benefits
- Claims for services not rendered



Potential Fraud, Waste or Abuse should be reported to Nebraska Total Care's anonymous and confidential hotline at 1-866-685-8664 or by contacting the Compliance Officer at 1-844-385-2192 TTY: 711. You may also send an email to [NTC-Compliance@NebraskaTotalCare.com](mailto:NTC-Compliance@NebraskaTotalCare.com).

# Notification of Pregnancy Provider Incentive Programs 2026

Nebraska Total Care has a Provider Incentive Program to support notification of pregnancy through the Notification of Pregnancy (NOP) and Obstetric Needs Assessment Forms (ONAF) to the health plan. The early notification allows for earlier engagement during the pregnancy to assist with social determinants of health and engage the member into the health plan's case management support. This also is an effort to reduce the recurrence of preterm births.

In 2026, this incentive has been enhanced to include an additional incentive for submission of both a NOP or ONAF and for use of prenatal or postpartum CPT® II coding. Note: EMR prenatal documentation incentive from 2025 no longer applies.

TIMEFRAME	NOP OR ONAF	PRENATAL VISIT CPT® II CODE	POSTPARTUM VISIT CPT® II CODE	POTENTIAL TOTAL OPPORTUNITY (PER MEMBER)
1st Trimester (0-14 weeks)	\$100*	\$50*	\$50*	\$200
2nd Trimester (15-28 weeks)	\$75*	\$50*	\$50*	\$175
3rd Trimester (29+ weeks)	\$50*	\$50*	\$50*	\$150
Post Delivery / CPT II only	\$0	\$50*	\$50*	\$100

The incentive is limited to providers within the Nebraska Total Care network and is based on timely submission of the NOP and ONAF forms and/or CPT® II coding submission.

## NOP / ONAF Forms

- The [Notification of Pregnancy NOP Form \(PDF\)](#) is located on the Nebraska Total Care [Provider Portal](#) and provider website.
- [ONAF form \(PDF\)](#) is located on the Nebraska DHHS MLTC website.
- Submitted forms must be accurate and complete, i.e., member name, date of birth, member ID, full name of provider, gestation, initial OB visit date and Provider's Tax ID Number (TIN).
- Duplicate ONAF and NOP forms will not qualify for incentive payment.
- [HEDIS Guide](#) - Maternal Health measures
- Incentives will be paid bi-annually.

## CPT II Codes

- Initial prenatal visit: CPT® II code: 0500F (initial prenatal care visit) or CPT® II Code 0501F (prenatal flow sheet documented in medical record by first prenatal visit)
- Postpartum visit (within 7-84 days post-delivery): CPT® II code: 0503F
- In addition to billing with the appropriate global maternity services, please report the initial prenatal visit with the appropriate CPT® Category II code and date of service for the initial prenatal visit and postpartum visit. Based on what works best for your billing system, this can be done on a separate claim on the date of the visit or on the same claim as the global maternity billing\*\*, labs or diagnostic test.
- This payment is in addition to your current contract rate. CPT® II Incentive payments are made at the time of claims payment. Please add this to your requested amount in your claims total.

*\*Each type of Incentive will only be payable once per pregnant member per pregnancy, only payable to par providers.*

*\*\*For providers who bill global OB (i.e. 59400 or 59410) or antepartum only package (i.e. 59425 or 59426), CPT® Category II codes 0500F, 0501F, 0503F will be required in addition to the global codes. Providers will only be paid once per member per pregnancy for this CPT® II code, within a 6-month period. If Nebraska Total Care receives multiple claims with the CPT® II code, CPT® II incentive will not be paid on subsequent claims for same member, same pregnancy.*

# Evolut Prior Authorization Updates

# Policy Updates May 1, 2026

As part of Nebraska Total Care's partnership with Evolut Specialty Services to manage utilization management, certain prior authorization requirements will be **removed effective April 1, 2026**.

As part of our ongoing work to improve the prior authorization (PA) process for providers and members, Nebraska Total Care is removing PA requirements for select radiology and diagnostic cardiology as well as cardiology surgical procedures effective April 1, 2026.

These updates will create a more uniform set of PA requirements across all health plan offerings, simplify processes, reduce provider confusion, and support future efforts to expand real-time responses to requests. Each of the affected codes provided in this communication is managed on behalf of the Nebraska Total Care by Evolut Specialty Services, our utilization management partner.

If you have questions about specific prior authorization codes or how these changes affect your practice, please reach out to your local Provider Relations representative.



Several RADIOLOGY and DIAGNOSTIC CARDIOLOGY (RBM) codes have been removed from the Evolut's Utilization Review Matrix and no longer require prior authorization for Medicaid.

See the list of [removed Evolut Prior Authorization codes](#) at our website, under Provider News.

Effective **May 1, 2026**, there will be an update to the Holter Monitors clinical policy and the Homocysteine Testing clinical policy. For additional information, please review the [clinical policies](#) on our website.

## CP.MP.113 Holter Monitors

**Policy Description:** This policy provides medical necessity guidelines for Holter monitoring up to 48 hours. For Holter monitoring beyond 48 hours, see clinical decision support criteria.

Ambulatory electrocardiogram (ECG) monitoring provides a view of cardiac activity over an extended period of time and can be performed using various techniques. The method selected to conduct ambulatory ECG monitoring depends on the desired outcome and the frequency and duration of symptoms. Continuous Holter monitoring for 24 to 48 hours is the most practical initial approach for those with daily or near daily unexplained symptoms, as well as for assessing the efficacy of medication and other treatments for cardiac arrhythmias.

## CP.MP.121 Homocysteine Testing

**Policy Description:** Homocysteine is a nonproteinogenic amino acid generated during the conversion of methionine to cysteine. Mutations of the enzymes within the biochemical pathways that regulate homeostatic homocysteine levels are associated with risk factors for various diseases such as venous thromboembolic disease.<sup>18,19</sup> Supplementation of folic acid, vitamin B6, and vitamin B12 are known to modulate homocysteine levels due to the interplay between the folate cycle and metabolism. This policy describes the medical necessity requirements for testing levels of homocysteine.

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

## Provider News Updates:

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



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