Provider Report



Respiratory Syncytial Virus (RSV)

You Can Help Protect Your Patients and Your Community Against 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.

Upcoming Policy Revisions

We continually review and update our payment and utilization policies to ensure that they are designed to comply with industry standards while delivering the best patient experience to our members. The below revisions to existing policies will be implemented **effective with Dates of Service starting January 1, 2027**. The policies posted on our website contain revision logs explaining the updates that occurred in the annual review.

CP.PP.145 Malnutrition

Payment Policy Update Effective 01/01/2027

Acute care hospitalizations for malnutrition require the most appropriate and most specific level of diagnosis coding. The medical record documentation supporting the diagnosis should be clearly documented by the physician or a licensed independent practitioner.

The cost difference between a Diagnosis Related Group (DRG) billed with malnutrition as a major complication or comorbidity (MCC) (in a position other than as the primary diagnosis code position) and a DRG billed without malnutrition as an MCC (in a position other than as the primary diagnosis code position) will be denied reimbursement unless meeting the documentation requirements described in this policy.

The purpose of this policy is to support a retrospective review of inpatient claims billed with the diagnosis of malnutrition.

Changes to reviews include:

Updated Criteria I. to include non-severe (moderate) malnutrition diagnosis criteria guidelines and treatment. Added Criteria II. to include severe malnutrition diagnosis criteria guidelines and treatment. Coding and descriptions reviewed. Added ICD-10 codes E44.0 and E44.1.

CP.VP.14 Scanning Computerized Ophthalmic Diagnostic Imaging

Payment Policy Update Effective 01/01/2027

Scanning Computerized Ophthalmic Diagnostic Imaging (SCODI) is a non-invasive, non-contact imaging technique that produces high resolution, cross-sectional tomographic images of ocular structures and is used for the evaluation of anterior segment and posterior segment diseases. This policy describes the medical necessity indications for SCODI.

It is the policy of health plans affiliated with Centene Corporation® (Centene) and Envolve Vision, Inc.® (Envolve) that SCODI is medically necessary for the following indications:

- Anterior SCODI
- Posterior Optic nerve SCODI
- Posterior retinal SCODI, and posterior retinal SCODI including optical coherence tomography OCT angiography

It is the policy of health plans affiliated with Centene and Envolve that SCODI is not medically necessary for the following indications:

- Advanced glaucomatous damage
- Screening for glaucoma.

Behavioral Health Peer-to-Peer Process Change

Effective December 1, 2026, Nebraska Total Care will align the behavioral health advisor review process with the existing physical health process.

- Pre-determination peer-to-peer reviews for behavioral health will no longer be available.
- Post-determination peer-to-peer reviews will remain available after an adverse determination.
- Medical necessity review requirements and notification timelines will not change.
- Providers should follow the denial notice instructions to request a post-determination peer-to-peer review.

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