

Nebraska Medicaid Temporary Non-Acute Stay Codes, Billing and Reimbursement Information

UnitedHealthcare Community Plan of Nebraska

To help providers and members during the COVID-19 national public health emergency, the Nebraska Division of Medicaid and Long-Term Care (MLTC) developed a non-acute stay service to accommodate patients that can't be cared for in existing settings. UnitedHealthcare Community Plan of Nebraska will temporarily provide reimbursement for the service, known as a **Non-Acute Stay – Temporary (COVID19)**, or NAST.

What This Means for You

This temporary service will be available for service dates starting March 1, 2020, through the end of the COVID-19 national public health emergency period. An existing facility-based provider, such as a nursing home or hospital, will be eligible to provide the temporary service. The non-acute stay may take place at your existing facility or at a location that the Nebraska Department of Public Health has approved for this purpose during the COVID-19 emergency.

We'll work with the member's admitting and attending physicians and the facilities to help determine length of stay.

Prior Authorization and Notification

Although prior authorization is not required for this service, providers are required to notify us when admitting a member.

- **Online:** Use the Prior Authorization and Notification tool on Link. Go to UHCprovider.com and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tile on your Link dashboard.
- **Phone:** 866-331-2243

Care providers must follow documentation requirements established by licensure for the level of care that is responsible for the care.

Billing

- To bill for this service, use procedure code S9976 and revenue code 159.
- The patient's clinical diagnosis is determined by the admitting and attending physician (MD or DO) and should be listed on the claims.
- The primary diagnosis must be the primary reason the patient needs care (pneumonia, surgical recovery, etc.) with the COVID-19 exposure (Z03.818 or Z20.828) as the subsequent diagnosis.
- For clients that are admitted to NAST to avoid exposure to COVID-19, the diagnosis Z76.4 must be on the claim.

MLTC established a per diem rate of \$194.60 for this service which is based on the Nebraska Swing Bed rate for 2020. The following items are included in the per diem:

- Maintenance therapies to maintain current functional status
- Medication administration
- Routine hospital-supplied durable medical equipment (DME), oxygen, minor medical supplies, personal hygiene items
- Clinical labs
- Lab draws and specimen collection

The following items are excluded from the per diem and reimbursed separately. The actual provision of services must be clinically appropriate for a patient recovering from an illness and/or is being cared for in quarantine or isolation.

- Professional fees
- Acute rehabilitation by licensed professional
- Physical, occupational or speech therapies
- Treatments
- Respiratory therapy
- Hemodialysis
- Chemotherapy
- Radiology
- Medications
- Specialized equipment (beds, wheelchairs, etc.)

We're Here to Help

If you have questions, please contact [Provider Services at 866-331-2243](tel:866-331-2243). Thank you.