

PROVIDER BULLETIN

NO. 08 - 13

TO: Physicians and Mid-level Practitioners Participating in the Nebraska Medicaid Program

FROM: Vivianne M. Chaumont, Director
Division of Medicaid and Long-Term Care

RE: 1.) Elimination of Claims Attachment Requirements for Certain Codes
2.) Change of Coding Requirements for IUD Billing

1.) After reviewing documentation requirements and claims history for the codes below, done in response to provider inquiries, the following services will no longer routinely require submission of documentation for the payment of claims.

99289 and 99290 – Critical care services by a physician during an interfacility transport.

99293 -- Initial inpatient pediatric critical care for infant or young child 29 days through 24 month of age.

99294 – Subsequent inpatient pediatric critical care for the infant or young child 29 days through 24 months of age.

99295 – Initial inpatient neonatal critical care for the neonate, 28 days of age or less.

99296 – Subsequent inpatient neonatal critical care for the neonate, 28 days of age or less.

99440 – Newborn resuscitation.

2.) To streamline claims processing for IUD's the Department will no longer require that these products be billed under the general supply code of 99070. The three HCPCS codes, J7300 (Paragard T380A) J7302 (Mirena) or S4989 (Progestacert) are to be used as appropriate. The invoice requirement for supplies billed at \$500 or more does apply; however, after the initial submission of an invoice further invoices will not be required unless/until you have a price change for the product.

If you have questions or concerns about this information, please contact Lorelee Novak, R.N., Program Specialist – Physician Services at (402) 471-9368.

As always, the Department appreciates your efforts on behalf of the Medicaid eligible citizens of Nebraska, both in the provision of services and by keeping in touch with the Department regarding issues and concerns you experience as a Medicaid provider.