

# PROVIDER BULLETIN NO. 09-04

February 25, 2009

To: All Nebraska Medicaid Providers and Medicaid Managed Care Providers

From: Vivianne M. Chaumont, Director  
Division of Medicaid & Long-Term Care

By: John Naujokaitis, Program Analyst  
Division of Medicaid & Long-Term Care

RE: Primary Care Case Management (PCCM) Referral/Authorization for Physician Services

**Please share this information with administrative, clinical, and billing staff.**

**For clients enrolled in Primary Care + (BCBS of Nebraska), authorization for physician to physician referrals is no longer required effective February 14, 2009.**

The following services still require a referral from the Primary Care Physician and an authorization by the PCCM plan:

- Out of State Services (exception: Emergency Room Treatment)
- Certain procedures (e.g., cosmetic and reconstructive)
- Home Health Services
- Inpatient and Outpatient surgery and admissions
- Ambulatory surgical center admissions
- Selected durable Medical equipment
- Hearing aid, assisted listening devices, repairs and accessories exceeding \$150

Providers must obtain the correct referral/authorization from the PCCM plan.

If you have questions about this Provider Bulletin, please contact John Naujokaitis at 402-471-6353 or [john.naujokaitis@nebraska.gov](mailto:john.naujokaitis@nebraska.gov)