

PROVIDER BULLETIN NO. 11-04

Date: January 10, 2011

TO: Nebraska Medicaid Swing Bed Providers

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

BY: Joette Novak, Program Specialist
Division of Medicaid & Long-Term Care

RE: 2011 Medicaid Swing Bed Per Diem

Please share this information with your billing and administrative staff.

Effective January 1, 2011, the Medicaid per diem rate for Skilled Nursing Facility (SNF) care in hospital swing beds was increased to \$144.20. This is the rate paid for Medicaid swing bed clients whose care is not covered by Medicare (billed on the MC-4, Nursing-Home Turnaround Billing Document or electronically on the 837I). Claims for services on or after 1-1-2011, which were paid at the 2010 rate, will be automatically adjusted to the correct rate.

The following policies and procedures apply to services provided to swing bed (SNF) patients who are Medicaid only (i.e. Medicare is not involved in the SNF care), either because the patient is ineligible for Medicare Part A, or because the specific SNF service is not covered by Medicare.

Laboratory, X-ray, Respiratory and Physical, Speech and Occupational Therapy Services: Bill on HCFA-1450 (UB-92) as an outpatient service. For questions regarding these services, contact **Nola Pollman at 402-471-9342.**

Medication: Medication must be billed on NE-POP system by a pharmacy licensed by the Nebraska Department of Health and Human Services, Division of Public Health. "Drug room" services are not separately billable. For questions on medication billing, contact the **DHHS Pharmacy Consultant, 402-471-9301.**

Skilled Nursing Care: Skilled nursing care (per diem) is billed on Form MC-4, Nursing Home Turnaround Billing Document, based on authorized services. For questions on the Turnaround Document, contact **Elizabeth Longman, 1-877-255-3092** and follow the prompts to "nursing home claims".

Prior authorization is issued on Form MC-9NF (Prior Authorization for Nursing Facility Care). If the reason for the skilled service is for therapy, please also include the therapy plan and progress notes. Therapy must be rehabilitative.

To obtain Form MC-9NF, contact your local Health and Human Services office.

All three forms (i.e. completed MC-9NF, History & Physical, and Medications & Treatments forms) should be submitted to:

DHHS Division of Medicaid and Long Term Care
Attention: Rosemary Stubbendeck, RN
PO Box 95026
Lincoln, NE 68509-5026

NOTE: Nebraska Medicaid policy is available on the Department of Health and Human Services website at: <http://www.dhhs.ne.gov/reg/t471.htm>

If you have questions about this Provider Bulletin, contact **Joette Novak** at **(402)-471-9279**. joette.novak@nebraska.gov