NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES

GUIDANCE DOCUMENT

"This guidance document is advisory in nature but is binding on an agency until amended by such agency. A guidance document does not include internal procedural documents that only affect the internal operations of the agency and does not impose additional requirements or penalties on regulated parties or include confidential information or rules and regulations made in accordance with the Nebraska Administrative Procedure Act. If you believe that this guidance document imposes additional requirements or penalties on regulated parties, you may request a review of the document."

Pursuant to
Neb. Rev. Stat. § 84-901.03

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DEPT. OF HEALTH AND HUMAN SERVICES

Provider Bulletin 25-08

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To:	All Providers Participating in the Nebraska Medicaid Program
From:	Drew Gonshorowski, Director
Date:	June 11, 2025
Re:	Non-Acute Admin Day Per Diem Rate

This provider bulletin is being issued to **rescind and replace Provider Bulletin 24-04** and provide updated guidance related to Nebraska Medicaid beneficiaries who no longer meet hospital level of care (LOC) and meet nursing facility level of care (LOC) but cannot be appropriately discharged to a nursing facility. The purpose of this provider bulletin is to notify Nebraska Medicaid-participating inpatient (IP) hospital providers of this updated guidance on non-acute admin day services.

Background

Nebraska Revised Statute § 68-1009 requires that:

The state shall provide Nebraska Medicaid reimbursement to a hospital at one hundred percent of the statewide average nursing facility per diem rate for an individual if the individual: (a) is enrolled in the medical assistance program; (b) has been admitted as an inpatient to such hospital; (c) no longer requires acute inpatient care and discharge planning as described in 42 C.F.R. 482.43; (d) requires nursing facility level of care (LOC) upon discharge; and (e) is unable to be transferred to a nursing facility due to a lack of available nursing facility beds available to the individual or, in cases where the transfer requires a guardian, has been approved for appointment of a public guardian and the State Court Administrator is unable to appoint a public guardian.

Authorization

A prior authorization is required for Nebraska Medicaid coverage of this service. When requesting prior authorization for the non-acute admin days, please follow the standard prior authorization request process for the applicable Nebraska Medicaid payer. Please request **procedure code S9976** (lodging, per diem, not elsewhere classified). The prior authorization review process will confirm that the beneficiary receiving care meets the criteria listed in Neb. Rev. Stat. § 68-1009. If the beneficiary has a payer source other than Nebraska Medicaid, a denial from the primary payer is not required at the time the prior authorization request is submitted for the non-acute admin days. The start date for this level of service must be the day the patient meets the criteria.

For fee-for-service beneficiaries, the authorization request must be sent by secure email to dhhs.mltcutilizationmanagement@nebraska.gov. The authorization form MS-77 can be found on the DHHS Forms and Publications website at https://dhhs.ne.gov/Pages/Forms.aspx.

For managed care beneficiaries, please contact the applicable Nebraska Medicaid payer's Provider Services department if you have further questions regarding the authorization process.

- **Molina:** 844-782-2678 TTY 711 or Fax to 833-832-1015
- **Nebraska Total Care:** Please fax the Inpatient Nebraska Medicaid Prior Authorization Form to 1-844-845-5086.
- **UnitedHealthcare:** 866-331-2243 TTY 711

Reimbursement & Billing

Eligible inpatient services provided between September 2, 2023, through December 31, 2023, will be reimbursed at the statewide average nursing facility per diem rate, which was $264.13.

For services provided between January 1, 2024, and December 31, 2024, the payment rate is $278.37. The reimbursement rate for calendar year 2025 dates of service is $288.52. Please visit https://dhhs.ne.gov/Pages/Medicaid-Provider-Rates-and-Fee-Schedules.aspx for subsequent rate updates. The fee schedule is listed under *Hospital Non-Acute Admin Level of Care (LOC)*.

A prior authorization will be required for this payment from the applicable Nebraska Medicaid payer source. The prior authorization review process will confirm that the individual receiving care meets the criteria listed in Neb. Rev. Stat. § 68-1009.

Nebraska Medicaid recognizes there may be situational cases during hospital non-acute admin days where a beneficiary may need ancillary services, such as maintenance physical/occupational/speech therapy, laboratory services, radiology or medications. However, Neb. Rev. Stat § 68-1009 does not provide Nebraska Medicaid authority to reimburse for these services. For purposes of this program, these services are inclusive of the per diem rate.

Additionally, the following billing guidance must be followed:

- Providers must submit a UB-04 (institutional) claim billing with procedure code S9976 (lodging, per diem, not elsewhere classified) with revenue code 160 (other general room/board) and number of units based on the number of days the beneficiary was in the hospital and met the conditions of payment as defined in Neb. Rev. Stat. § 68-1009.
- The hospital must continue to submit a separate claim for acute inpatient services.
- Both claims must utilize the appropriate admission date.
- The hospital inpatient acute level of care (LOC) claim must reflect discharge status code 30 (still a patient). Previous guidance required hospitals to use discharge status code 70. However, Nebraska Medicaid believes this change aligns more closely with this continuum of care (COC).
- The hospital non-acute admin day claim must reflect admit/point of origin code D (transfer from one distinct unit of the hospital to another distinct unit of the same hospital).

When Nebraska Medicaid is secondary to another primary insurance (i.e. Medicare, private/commercial insurance, etc.), hospitals are expected to exhaust all primary payer sources in alignment with 471 NAC 3, Section 005.01, which states in part that Nebraska Medicaid is the payer of last resort and that Nebraska Medicaid payment is made only after all third-party resources have been exhausted or met their legal/contractual obligations to pay.

When a primary payer exists, Nebraska Medicaid expects hospitals to submit the primary payer's explanation of benefits (EOB) from the *inpatient acute care stay* as part of its claim submission for hospital non-acute admin days. Specifically, the EOB will need to indicate the dates of service that the

primary insurance covers for the inpatient acute care claim. The non-acute claim start date should be the day following the last covered day by the primary insurance.

Timely Filing

Please refer to 471 Nebraska Administrative Code (NAC) Chapter 3 for rules regarding the timely submission of claims.

Provider Resources

For further information, please see the Hospital Non-Acute Admin Day Questions and Answers document posted on the Medicaid Providers webpage.

Provider Bulletins, such as this one, are posted on the DHHS website at http://dhhs.ne.gov/pages/Medicaid-Provider-Bulletins.aspx. Please subscribe to the page to help you stay up to date about new Provider Bulletins.

If you have questions regarding this bulletin, please contact Danny Vanourney, Rates and Reimbursement Administrator, via email at danny.vanourney@nebraska.gov. Health plans should also copy their contract manager.