

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

To: All Providers Participating in the Nebraska Medicaid Program
From: Drew Gonshorowski, Director *DG*
Date: June 18, 2025
Re: Removal of Third-Party Liability Edits

This provider bulletin rescinds and replaces Provider Bulletin 17-08.

This provider bulletin is being issued to notify Nebraska Medicaid providers of changes to third-party liability billing requirements. Effective June 18, 2025, for Heritage Health members with Medicare as primary coverage, providers will not be required to bill Medicare for the following Medicaid-covered mental health and substance use services prior to submitting claims to Heritage Health plans:

Code	Modifier	Description
H0018	HF	ASAM Level 3.5 – Adult Short Term Residential, Co-Occurring Enhanced
H0018	HH	ASAM Level 3.5 – Adult Substance Use Disorder Dual Diagnosis Residential
H0019		Adult Intermediate Therapeutic Residential, Co-occurring capable
H0019	TT	Adult Therapeutic Community
H0019	HE	Psychiatric Residential Rehabilitation Services
H0040		Assertive Community Treatment Program (ACT), Psychiatrist providing all Med Services
H0040	52	Assertive Community Treatment Program (ACT), APRN Providing Some Med Services
H2017		Day Rehabilitation Services - Mental Health
H2018		Day Rehabilitation Services - Mental Health
H2018	HK	Secure Psychiatric Residential Rehabilitation Services
H2027		Day Treatment, Direct Care Staff
H0038	HE	Certified Peer Support Services - Mental Health
H0038	HF	Certified Peer Support Services - Substance Use Disorder
H0038	HE/HQ	Certified Peer Support Group Services - Mental Health
H0038	HF/HQ	Certified Peer Support Group Services - Substance Use Disorder
H2015	HF	ASAM Level 1.0 – Adult Community Support
H2015	HE	Community Support Services - Mental Health
H2020		Therapeutic Group Home (THGH)
H2034		ASAM Level 3.1 – Adult Halfway House

Effective June 18, 2025, claims for the services listed above for Heritage Health members with commercial insurance as primary insurance must now be billed to the primary insurance prior to submission to an enrollee’s Heritage Health plan.

Services other than those listed above will continue to require that Medicare be billed prior to submission to an enrollee’s Heritage Health plan. Providers should include the explanation of benefits (EOB) from the primary insurance when submitting the claim.

Provider Resources

If you have questions regarding this bulletin, please contact Health & Well Being via email at: DHHS.MedicaidMHSU@nebraska.gov.

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.