

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS – OCCUPATIONAL THERAPY

Nebraska Medicaid covers occupational therapy services provided by independent therapists under the following conditions.

The therapist must be licensed by the Nebraska Department of Health and Human Services Regulation and Licensure. If services are provided by an OT assistant under the supervision of an OT, the assistant must be licensed by the Nebraska Department of Health and Human Services Regulation and Licensure. If services are provided outside Nebraska, the provider must be licensed in that state.

Occupational therapy is defined as improving, developing, or restoring functions impaired or lost through illness, injury, or deprivation; improving ability to perform tasks for independent functioning when functions are impaired or lost; or preventing, through early intervention, initial or further impairment or loss of function.

Nebraska Medicaid covers OT services when the following conditions are met. The services must be:

1. Prescribed by a physician or licensed nurse practitioner;
2. Performed by a licensed occupational therapist or a licensed occupational therapy assistant under the supervision of a licensed occupational therapist;
3. Restorative; and
4. Reasonable and medically necessary for the treatment of the client's illness or injury.

Nebraska Medicaid covers orthotic appliances or devices when medically necessary for the client's condition. Nebraska Medicaid does not reimburse an occupational therapist for orthotic devices or appliance which do not require customized fabrication by the therapist.

Exception: Nebraska Medicaid covers occupational therapy services for EPSDT eligibles when the following conditions are met. The services must be:

1. Prescribed by a physician or licensed nurse practitioner;
2. Performed by a licensed occupational therapist or a licensed occupational therapy assistant under the supervision of a licensed occupational therapist; and
3. Reasonable and medically necessary for the treatment of the client's illness or injury.

For clients age 21 and older,
Nebraska Medicaid covers a combined total of 60 therapy sessions per fiscal year (physical therapy, occupational therapy, and speech therapy). All limits may be exceeded based on medical necessity.

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Telehealth: Occupational therapy services are covered when provided via telehealth technologies subject to the limitations as set forth in state regulations, as amended. Services requiring "hands on" professional care are excluded.

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