

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS – PHYSICAL THERAPY

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Nebraska Medicaid covers physical therapy services when the following conditions are met:

1. The services must be prescribed by a physician or licensed nurse practitioner;
2. The services must be performed by, or under the direct supervision of, a licensed physical therapist;
3. The services must be restorative; and
4. There must be a medically appropriate expectation that the patient's condition will improve significantly in a reasonable period of time or the services are recommended in a Department-approved individual program plan (IPP).

Nebraska Medicaid does not cover physical therapy if the expected restoration potential is insignificant in relation to the extent and duration of the services required to achieve the potential.

Exception: Nebraska Medicaid covers physical therapy services for EPSDT eligibles when the following conditions are met:

1. The services must be prescribed by a physician or licensed nurse practitioner;
2. The services must be performed by, or under the direct supervision of, a licensed physical therapist; and
3. There must be a medically appropriate expectation that the patient's condition will improve significantly in a reasonable period of time or the services are recommended in a Department-approved individual program plan (IPP).

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.

Telehealth: Physical 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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