

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State Nebraska  
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

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REIMBURSEMENT FOR INDIAN HEALTH SERVICE AND TRIBAL 638 HEALTH-FACILITIES

Indian Health Service facilities or 638 Tribal facilities will be paid at the most current encounter rate established by the Indian Health Service which is published periodically in the Federal Register for established services provided in a facility that would ordinarily be covered services through the Nebraska Medicaid Program. An encounter includes:

- a. A practitioner visit which may be a:
  1. physician, doctor of osteopathy, physician assistant, nurse practitioner, or certified nurse midwife,
  2. dentist,
  3. optometrist,
  4. podiatrist,
  5. chiropractor,
  6. speech, audiology, physical or occupational therapist,
  7. mental health provider such as a psychologist, psychiatrist, licensed mental health practitioner, certified drug and alcohol counselor, or a certified nurse practitioner providing psychotherapy or substance abuse counseling or other treatment with family and group therapy, or
  8. Pharmacists.
- b. Diagnostic services such as:
  1. radiology
  2. laboratory
  3. psychological testing or
  4. assessment (mental health)
- c. Supplies used in conjunction with a visit such as dressings, sutures, etc.
- d. Medications used in conjunction with a visit such as an antibiotic injection, and
- e. Prescribed drugs dispensed as part of the encounter.

Services not included in the encounter rate will be paid at the Medicaid fee for service allowable rate.

Encounters: Visits with more than one health professional, and multiple visits with the same health professional, that take place during the same day within the IHS or Tribal (638) facility constitute a single visit.

Exceptions:

- a. When the patient is seen in the clinic, or by a health professional, more than once in a day for distinctly different diagnosis. Documentation must include unrelated diagnosis codes;
- b. When the patient must return to the clinic for an emergency or urgent care situation subsequent to the first encounter that requires additional diagnosis or treatment;
- c. When a patient requires a pharmacy encounter in addition to a medical health professional or mental health encounter on the same day. Medicaid covers only one pharmacy encounter per day; and
- d. When the patient is seen in the clinic by a clinical social worker or psychologist for a mental health encounter in addition to a medical health professional encounter on the same day.

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Payment for Telehealth Services: Payment for telehealth services is set at the Medicaid rate for the comparable in-person service. Tribal Health Clinic Core Services provided via telehealth technologies are not covered under the encounter rate.

Payment for Telehealth Transmission Costs: Payment for telehealth transmission costs is set at the lower of: (1) the provider's submitted charge; or (2) the maximum allowable amount.

The Department reimburses transmission costs for the line charges when directly related to a covered telehealth service. The transmission must be in compliance with the quality standards for real time, two-way interactive audio-visual transmission as set forth in state regulations, as amended.

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