

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - HOME HEALTH NURSING SERVICES

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1. Payment for home health agency services must be authorized by the Medicaid Division.
2. All home health agency services are subject to the guidelines for coverage listed in 471 NAC 9-002.06.
2. If the client receives multiple home health agency services in the home, the Department averages the HHA expenses over a three-month period. If the average exceeds the appropriate nursing facility per diem, the Department will recommend nursing facility care for the client.
3. NMAP does not cover skilled nursing visits provided by student nurses who are enrolled in a school of nursing and are not employed by the home health agency unless the student is accompanied by a registered nurse who is an employee of the home health agency.
4. NMAP limits skilled nursing visits for teaching and training on an individual basis, based on medical necessity and the ability of the client, parent or caregiver to perform the task independently. The client must have a medical condition which has been diagnosed and treated by a physician. There must be a physician's order for the specific teaching and training.
5. Payment for supplies normally carried in the nursing bag and incidental to the nursing visit is included in the per visit rate. Medical supplies not normally carried in the nursing bag are provided by pharmacies or medical suppliers who bill NMAP directly. Under extenuating circumstances, the home health agency may bill for a limited quantity of supplies.

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TN No. NE 11-18

Supersedes

Approval Date \_\_\_\_\_

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TN No. MS-00-06

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - HOME HEALTH NURSING SERVICES – HOME HEALTH AIDE SERVICES

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1. Home health aide services must be:
  - a. Necessary to continuing a medical treatment plan;
  - b. Prescribed by a licensed physician;
  - c. Recertified by the licensed physician at least every 60 days; and
  - d. Supervised by a registered nurse.
2. Payment for home health agency services must be authorized by the Medicaid Division.
3. Prefilling syringes with insulin for a blind diabetic is reimbursed only as a home health nursing service. Home health agencies will not be reimbursed for prefilling insulin syringes for a blind diabetic by a home health aide.
4. Skilled nursing visits are not a prerequisite for the provision of home health aide services.
5. Telehealth: Home health aide services are not covered when provided via telehealth technologies.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS – MEDICAL SUPPLIES, EQUIPMENT, AND APPLIANCES  
SUITABLE FOR USE IN THE HOME

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The Nebraska Medical Assistance Program covers the purchase or rental of durable medical equipment, medical supplies, orthotics, and prosthetics that meet program guidelines when prescribed by a physician or other licensed practitioner whose licensure allows prescribing these items (M.D., D.O., D.P.M.). To qualify as a covered service under NMAP, the item must be medically necessary and must meet the definitions in state regulations.

NMAP does not cover items that primarily serve personal comfort; convenience; or educational, hygienic, safety, or cosmetic functions; or new equipment of unproven value and/or equipment of questionable current usefulness or therapeutic value.

Home health agencies may provide durable medical equipment and oxygen only.

Durable medical equipment and supplies providers shall complete and sign the Medical Assistance Provider Agreement, and submit the completed form to the Department for approval. Providers shall meet any applicable state and federal laws governing the provision of their services. NMAP enrolls, as providers of durable medical equipment, medical supplies, orthotics, or prosthetics, only those providers who are involved in the direct provision of services or items to the client.

Durable medical equipment is equipment which:

1. Withstands repeated use;
2. Is primarily and customarily used to serve a medical purpose;
3. Generally is not useful to a person in the absence of an illness or injury; and
4. Is appropriate for use in the client's home. This generally does not include long term care facilities.

Coverage conditions for individual services are listed with the procedure code descriptions.

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