

ATTACHMENT 3.1-A
Item 13b
Applies to both
Categorically and
Medically Needy

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS – SCREENING SERVICES

NMAP covers mammograms and annual gynecological examinations when provided based on a medically necessary diagnosis. In the absence of a diagnosis, NMAP covers mammograms and annual gynecological examinations provided according to the American Cancer Society's periodicity schedule.

Telehealth: Mammograms are covered when provided via telehealth technologies subject to the limitations as set forth in state regulations, as amended.

TN No. MS-00-06

Supersedes

TN No. MS-91-3

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