ATTACHMENT 3.1-A Item 5, Page 1 of 3 Applies to both Categorically and Medically Needy

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

LIMITATIONS - PHYSICIANS SERVICES

PAYMENT RESTRICTION-DRUGS AND MEDICAL PROCEDURES:

Payment may not be authorized for any drugs or medical procedures which may be considered experimental or which are not generally employed by the medical profession. Payment may not be authorized for:

Reversal of tubal ligation; Reversal of vasectomy; or Sex change operations.

INFLUENZA INJECTIONS IN NURSING HOMES:

As the services of a nurse to give injections are included in the compensation of ICF-I Nursing Homes, no remuneration will be paid to a physician giving influenza injections in these facilities.

ABORTIONS:

Payment for abortions under the Nebraska Medical Assistance Program is limited to those abortions for which FFP is currently available. Therapeutic abortions are covered only in the case where a woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death unless an abortion is performed; therapeutic abortions are also covered in cases of rape or incest.

PSYCHIATRIC SERVICES:

Prior authorization is not required for medically necessary outpatient psychotherapy services. Testing and evaluations must be performed by a licensed psychologist or supervised by a licensed psychologist. NMAP does not cover mileage and conference fees for home-based family therapy providers of outpatient psychiatric services for individuals age 21 and older.

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ATTACHMENT 3.1-A
Item 5, Page 2 of 3
Applies to both
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Needy

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

LIMITATIONS - PHYSICIANS SERVICES

Transplants:

NMAP covers medical transplants including donor services that are medically necessary and defined as non-experimental by Medicare. If no Medicare policy exists for a specific type of transplant, the appropriate staff in the Medicaid Division shall determine whether the transplant is medically necessary and non-experimental.

Not withstanding any Medicare policy on liver or heart transplants, the Nebraska Medical Assistance Program covers liver or heart transplantation when the written opinions of two physicians specializing in transplantation state that -

- 1. No other therapeutic alternatives exist; and
- 2. The death of the patient is imminent.

NMAP requires prior authorization of all transplant services before the services are provided.

NMAP covers medically necessary services for the NMAP-eligible donor to an NMAP-eligible client. The services must be directly related to the transplant.

NMAP covers laboratory tests for NMAP-eligible prospective donors. The tests must be directly related to the transplant.

NMAP covers medically necessary services for the NMAP-ineligible donor to an NMAP-eligible client. The services must be directly related to the transplant and must directly benefit the NMAP transplant client. Coverage of treatment of complications is limited to those that are reasonably medically foreseeable.

NMAP covers laboratory tests for NMAP-ineligible prospective donors that directly benefit the NMAP transplant client. The tests must be directly related to the transplant.

NMAP does not cover services provided to an NMAP-ineligible donor that are not medically necessary or that are not directly related to the transplant.

ATTACHMENT 3.1-A Item 5, Page 3 of 3 Applies to both Categorically and Medically Needy

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

LIMITATIONS - PHYSICIANS SERVICES

TOBACCO CESSATION COUNSELING

NMAP covers up to two tobacco cessation sessions in a 12-month period. A tobacco cessation session includes (a) visits to the primary practitioner for evaluation, particularly for any contraindications for drug product(s) and to obtain prescription(s) if tobacco cessation products are needed, and (b) up to a total of four tobacco cessation counseling visits with a physician, licensed nurse practitioner or pharmacist tobacco cessation counselor. These visits may be a combination of intermediate and intensive counseling. All limits may be exceeded based on medical necessity.

Telehealth:

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

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