ATTACHMENT 3.1-A Item 6a Applies to both Categorically and Medically Needy

STATE PLAN UNDER TITLE XIX-OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - PODIATRISTS' SERVICES

NMAP covers medically necessary podiatry services within the scope of the podiatrists' licensure and within NMAP program guidelines.

ORTHOTIC DEVICES AND ORTHOTIC FOOTWEAR: NMAP covers orthotic devices, orthopedic footwear, shoe corrections, and other items for the feet if medically necessary for the client's condition.

PALLIATIVE FOOT CARE: Palliative foot care includes the cutting or removal of corns or callouses; the trimming of nails; other hygienic and preventive maintenance care or debridement, such as cleaning and soaking the feet and the use of skin creams to maintain the skin tone of both ambulatory and non-ambulatory clients; and any services performed in the absence of localized illness, injury, or symptoms involving the foot. Coverage of palliative footcare is limited to one treatment every 90 days for non-ambulatory clients and one treatment every 30 days for ambulatory clients.

Telehealth:

Podiatrists' 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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