

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS – CLINIC SERVICES

Community mental health centers must be licensed and approved by a nationally recognized accrediting organization.

Services provided by community mental health centers are limited to medically necessary acute psychiatric services.

Day treatment services are limited to a half-day or full-day rate, established on the basis of each facility's cost report which is reviewed annually.

Prior authorization is not required for medically necessary outpatient psychotherapy services.

Testing and evaluations must be performed by a licensed psychologist or under the supervision of a licensed psychologist.

TN No. NE 17-0004

Supersedes

TN No. MS 06-01

Approved: September 15, 2017

Effective: July 1, 2017

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS – CLINIC SERVICES

Rural Emergency Hospital (REH) Clinics: REH services, provided by clinics certified by Medicare as REHs, include emergency department and observation services.

TN No. NE 24-0009
Supersedes
TN No. New

Approved 11/26/2024 Effective 07/01/2024

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS – CLINIC SERVICES

Services Provided in Ambulatory Surgical Centers: NMAP covers facility services provided in ambulatory surgical centers (both free-standing and hospital-affiliated) under the following limitations.

The "facility fee" includes payment for services and items provided by an ASC in connection with a covered surgical procedure.

Covered surgical procedures include the procedures on Nebraska's list of covered ASC procedures, which includes tubal ligations, vasectomies, and certain dental services.

The ASC may also provide services other than those included under the facility fee. These services are limited under the appropriate category (durable medical equipment, medical supplies, ambulance services, etc.) listed elsewhere in the Title XIX Plan.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of licensed Ambulatory Surgical Centers and any annual/periodic adjustments to the fee schedule are published at <http://www.hhs.state.ne.us/med/medindex.htm> (Division of Medicaid and Long-Term Care website). The agency's rates were set as of January 1, 2008 and are effective for services on or after that date”

Upper Payment Limit: Aggregate payment for hospital-affiliated ASCs located within Nebraska may not exceed the reasonable estimate of the amount that would be paid for such services under Medicare payment principles. The upper limit of aggregate payments to hospitals pursuant to 42 CFR §447.321 shall be determined using the hospital's latest audited filed cost report and claims data corresponding with the period to determine the reasonable costs in accordance with Medicare principles of reimbursement.

TN No. MS-07-06

Supersedes

TN No. MS-00-06

Approval Date Feb 5 2008

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - CLINIC SERVICES

ABORTIONS:

Payment for abortions under the Nebraska Medical Assistance Program is limited to those abortions for which FFP is currently available.

TN No. MS-00-06

Supersedes

TN No. MS-93-15

Approval Date Mar 16 2001

Effective Date Jul 1 2000

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS – CLINIC SERVICES

Telehealth: Clinic services 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. (new page)

Approval Date Mar 16 2001

Effective Date Jul 1 2000

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS – CLINIC SERVICES

Comprehensive Treatment of Pediatric Feeding Disorders Through Interdisciplinary Treatment.

NMAP covers evaluation and treatment of infants and children who fail to eat and/or drink a sufficient quantity or variety of foods or liquids to meet their nutritional and/or hydration needs.

Comprehensive interdisciplinary treatment means the collaboration of medicine, psychology, nutrition science, speech therapy, occupational therapy, social work, and other appropriate medical and behavioral disciplines in an integrated program.

The service may be provided by hospital affiliated clinics or free-standing clinics.

Day treatment is defined as daily therapy (M-F) from approximately 8:30 am to 5 pm.

Outpatient is defined as therapy 1 to 2 times per week for 1-3 hours per day.

Prior authorization is required of all services before the services are provided.

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Supersedes

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