

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

LIMITATIONS - PHYSICIANS SERVICES

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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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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS – SERVICES FOR INDIVIDUALS WITH SPEECH, HEARING, AND  
LANGUAGE DISORDERS

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To be covered by NMAP, speech pathology and audiology services must be prescribed by a licensed physician and performed by a licensed speech pathologist or audiologist in accordance with 42 CFR §440.110. The speech pathologist or audiologist must be in constant attendance. The physician's orders must be for no more than 30 days, with documentation of the patient's progress and a recertification of the physician's order every 30 days or more frequently if the patient's condition necessitates. In addition, the services must meet at least one of the following conditions:

1. The services must be an evaluation;
2. The services must be restorative speech pathology with a medically appropriate expectation that the patient's condition will improve significantly within a reasonable period of time; or
3. The services must have been recommended in a Department-approved individual program plan (IPP); or
4. The services must be necessary for an individual with an augmentative communication device.

NMAP covers speech pathology and audiology services when the following conditions are met:

1. The services must be prescribed by a physician;
  2. The services must be performed by, or under the supervision of, a licensed speech pathologist or audiologist;
  3. The services must be restorative; and
  4. There must be a medically appropriate expectation that the patient's condition will improve significantly in a reasonable period of time or the services are recommended in a Department-approved individual program plan (IPP).
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

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Supplemental Payments

Supplemental payments will be made for services provided by practitioners who are acting in the capacity of an employee or contractor of the University of Nebraska Medical Center or its affiliated medical practices; UNMC Physicians and Nebraska Pediatric Practice, Inc. These payments are made in addition to payments otherwise provided under the state plan to practitioners that qualify for such payments. The supplemental payment applies to services provided by the following practitioners:

- Physicians (MD and DO)
- Advanced Practice Registered Nurses
- Certified Nurse Midwives
- Certified Registered Nurse Anesthetists
- Audiologists
- Optometrists
- Licensed Independent Mental Health Practitioners
- Psychologists

All services eligible for supplemental payments are billed under the federal employer number for the public entity.

For practitioners qualifying under this section, a supplemental payment will be made. The payment amount will be the difference between payments otherwise made to these practitioners and the average rate paid for the services by commercial insurers. The payment amounts are determined by:

1. Annually calculating an average commercial payment per procedure code for all services paid to the eligible providers by commercial insurers using the provider's contracted rates with the commercial insurers for each procedure code from an actual year's data, utilizing the rate in effect in January for payments during the calendar year.
2. Multiplying the total number of Medicaid claims paid per procedure by the average commercial payment rate for each procedure to establish the estimated commercial payments made for these services; and
3. Subtracting the initial fee-for-service Medicaid payments and all Third Party Liability payments already made for these services to establish the supplemental payment

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State Nebraska

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

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- amount. All claims where Medicare is the primary payor will be excluded from the supplemental payment methodology.
4. Calculating the supplemental payments 90 days after the end of each fiscal year quarter. For each fiscal quarter, the public entity will provide a listing of the identification numbers for their practitioner/practitioner groups that are eligible for the supplemental payment to the Department. The Department will generate a report, which includes the identification numbers and utilization data for the affected practitioners/practitioner groups. The amount due is paid to the University of Nebraska Medical Center. In no instance is the sum of the base payment and supplemental payment greater than the practitioner's initial charge for services rendered.
  5. Paying initial fee-for-service payments made under this section on a claims-specific basis through the Department's claims processing system using the methodology outlined elsewhere in this state plan. The supplemental payment, which represents the final payment, will be made in four (4) quarterly payments.

With the exception of administrative costs incurred by the single state agency that are associated with calculating and implementing the adjustments, the entire benefit from the supplemental payments will be retained by the University of Nebraska Medical Center as an offset to incurred public expenditures.

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