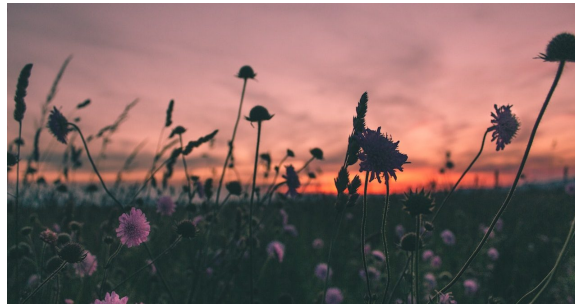


# Nebraska



## At A Glance

### MEDICAID REIMBURSEMENT

- Live Video: Yes
- Store-and-Forward: No
- Remote Patient Monitoring: Yes
- Audio Only: Yes

### PRIVATE PAYER LAW

- Law Exists: Yes
- Payment Parity: Yes

### PROFESSIONAL REQUIREMENTS

- Licensure Compacts: ASLP-IC, CC, DLC, EMS, IMLC, NLC, OT, PA, PSY, PTC, SW
- Consent Requirements: Yes

### STATE RESOURCES

1. Medicaid Program: Nebraska Medicaid
2. Administrator: Nebraska Dept. of Health and Human Services
3. Regional Telehealth Resource Center: Great Plains Telehealth Resource and Assistance Center

# Private Payer

## DEFINITIONS

*Last updated 04/05/2025*

Telehealth means the use of medical information electronically exchanged from one site to another, whether synchronously or asynchronously, to aid a health care provider in the diagnosis or treatment of a patient.

Telehealth includes (A) services originating from a patient's home or any other location where such patient is located, (B) asynchronous services involving the acquisition and storage of medical information at one site that is then forwarded to or retrieved by a health care provider at another site for medical evaluation, and (C) telemonitoring.

Telehealth also includes audio-only services for the delivery of individual behavioral health services for an established patient, when appropriate, or crisis management and intervention for an established patient as allowed by federal law; and

Telemonitoring means the remote monitoring of a patient's vital signs, biometric data, or subjective data by a monitoring device which transmits such data electronically to a health care provider for analysis and storage.

SOURCE: NE Revised Statutes. Sec. 44-312(1), (Accessed Apr. 2025).

## REQUIREMENTS

*Last updated 04/05/2025*

Any insurer offering (a) any individual or group sickness and accident insurance policy, certificate, or subscriber contract delivered, issued for delivery, or renewed in this state, (b) any hospital, medical, or surgical expense-incurred policy, or (c) any self-funded employee benefit plan to the extent not preempted by federal law, shall not exclude, in any policy, certificate, contract, or plan offered or renewed on or after August 24, 2017, a service from coverage solely because the service is delivered through telehealth, including services originating from any location where the patient is located, and is not provided through in-person consultation or contact between a licensed health care provider and a patient.

Any insurer offering any policy, certificate, contract, or plan described in subsection (2) of this section for which coverage of benefits begins on or after January 1, 2021, shall not

exclude from coverage telehealth services provided by a dermatologist solely because the service is delivered asynchronously.

An insurer shall reimburse a health care provider for asynchronous review by a dermatologist delivered through telehealth at a rate negotiated between the provider and the insurer.

SOURCE: NE Rev. Statute, 44-7,107 (Accessed Apr. 2025).

Any insurer offering (a) any individual or group sickness and accident insurance policy, certificate, or subscriber contract delivered, issued for delivery, or renewed in this state, (b) any hospital, medical, or surgical expense-incurred policy, except for policies that provide coverage for a specified disease or other limited-benefit coverage, or (c) any self-funded employee benefit plan to the extent not preempted by federal law, shall provide upon request to a policyholder, certificate holder, or health care provider a description of the telehealth and telemonitoring services covered under the relevant policy, certificate, contract, or plan.

The description shall include:

- A description of services included in telehealth and telemonitoring coverage, including, but not limited to, any coverage for transmission costs;
- Exclusions or limitations for telehealth and telemonitoring coverage, including, but not limited to, any limitation on coverage for transmission costs; and
- Requirements for the licensing status of health care providers providing telehealth and telemonitoring services.

SOURCE: NE Revised Statutes. Sec. 44-312, (Accessed Apr. 2025)

Any health insurance plan delivered, issued, or renewed in this state (a) if coverage is provided for treatment of mental health conditions other than alcohol or substance abuse

- Shall not establish any rate, term, or condition that places a greater financial burden on an insured for access to treatment for a serious mental illness than for access to treatment for a physical health condition,
- Shall not establish any rate, term, or condition that places a greater financial burden on an insured for accessing treatment for a mental health condition using telehealth services as defined in section 44-312,
- Shall provide, at a minimum, a reimbursement rate for accessing treatment for a mental health condition using telehealth services that is the same as the rate for a comparable treatment provided or supervised in person, and

- If an out-of-pocket limit is established for physical health conditions, shall apply such out-of-pocket limit as a single comprehensive out-of-pocket limit for both physical health conditions and mental health conditions, or
- If no coverage is to be provided for treatment of mental health conditions, shall provide clear and prominent notice of such noncoverage in the plan.

If a health insurance plan provides coverage for serious mental illness, the health insurance plan shall cover health care rendered for treatment of serious mental illness (a) by a mental health professional, (b) by a person authorized by the rules and regulations of the Department of Health and Human Services to provide treatment for mental illness, (c) using telehealth services as defined in section 44-312, (d) in a mental health center as defined in section 71-423, or (e) in any other health care facility licensed under the Health Care Facility Licensure Act that provides a program for the treatment of a mental health condition pursuant to a written plan. The issuer of a health insurance plan may require a health care provider under this subsection to enter into a contract as a condition of providing benefits.

The Director of Insurance may disapprove any plan that the director determines to be inconsistent with the purposes of this section.

SOURCE: NE Revised Statute Section 44-793, (Accessed Apr. 2025).

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## PARITY

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*Last updated 04/05/2025*

### SERVICE PARITY

Any insurer offering (a) any individual or group sickness and accident insurance policy, certificate, or subscriber contract delivered, issued for delivery, or renewed in this state, (b) any hospital, medical, or surgical expense-incurred policy, or (c) any self-funded employee benefit plan to the extent not preempted by federal law, shall not exclude, in any policy, certificate, contract, or plan offered or renewed on or after August 24, 2017, a service from coverage solely because the service is delivered through telehealth, including services originating from any location where the patient is located, and is not provided through in-person consultation or contact between a licensed health care provider and a patient.

Any insurer offering any policy, certificate, contract, or plan described in subsection (2) of this section for which coverage of benefits begins on or after January 1, 2021, shall not

exclude from coverage telehealth services provided by a dermatologist solely because the service is delivered asynchronously.

An insurer shall reimburse a health care provider for asynchronous review by a dermatologist delivered through telehealth at a rate negotiated between the provider and the insurer.

SOURCE: NE Rev. Statute, 44-7,107 (Accessed Apr. 2025).

Any health insurance plan delivered, issued, or renewed in this state (a) if coverage is provided for treatment of mental health conditions other than alcohol or substance abuse

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- Shall not establish any rate, term, or condition that places a greater financial burden on an insured for accessing treatment for a mental health condition using telehealth services as defined in section 44-312,
- Shall provide, at a minimum, a reimbursement rate for accessing treatment for a mental health condition using telehealth services that is the same as the rate for a comparable treatment provided or supervised in person, and
- If an out-of-pocket limit is established for physical health conditions, shall apply such out-of-pocket limit as a single comprehensive out-of-pocket limit for both physical health conditions and mental health conditions, or
- If no coverage is to be provided for treatment of mental health conditions, shall provide clear and prominent notice of such noncoverage in the plan.

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SOURCE: NE Revised Statute Section 44-793 (Accessed Apr. 2025).

Except as otherwise provided in section 44-793, the reimbursement rate for any telehealth service shall, at a minimum, be the same as a comparable in-person health care service if the licensed provider providing the telehealth service also provides in-person health care services at a physical location in Nebraska or is employed by or holds medical staff privileges at a licensed facility in Nebraska and such facility provides in-person health care services in Nebraska.

SOURCE: NE Revised Statutes. Sec. 44-312(1), (Accessed Apr. 2025).

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## PAYMENT PARITY

Any health insurance plan delivered, issued, or renewed in this state (a) if coverage is provided for treatment of mental health conditions other than alcohol or substance abuse,

- Shall not establish any rate, term, or condition that places a greater financial burden on an insured for access to treatment for a serious mental illness than for access to treatment for a physical health condition,
- Shall not establish any rate, term, or condition that places a greater financial burden on an insured for accessing treatment for a mental health condition using telehealth services as defined in section 44-312,
- Shall provide, at a minimum, a reimbursement rate for accessing treatment for a mental health condition using telehealth services that is the same as the rate for a comparable treatment provided or supervised in person, and
- If an out-of-pocket limit is established for physical health conditions, shall apply such out-of-pocket limit as a single comprehensive out-of-pocket limit for both physical health conditions and mental health conditions, or
- If no coverage is to be provided for treatment of mental health conditions, shall provide clear and prominent notice of such noncoverage in the plan.

SOURCE: NE Revised Statute Section 44-793, (Accessed Apr. 2025).

An insurer shall reimburse a health care provider for asynchronous review by a dermatologist delivered through telehealth at a rate negotiated between the provider and the insurer.

SOURCE: NE Rev. Statute, 44-7,107, (Accessed Apr. 2025).



Except as otherwise provided in section 44-793, the reimbursement rate for any telehealth service shall, at a minimum, be the same as a comparable in-person health care service if the licensed provider providing the telehealth service also provides in-person health care services at a physical location in Nebraska or is employed by or holds medical staff privileges at a licensed facility in Nebraska and such facility provides in-person health care services in Nebraska.

SOURCE: NE Revised Statutes. Sec. 44-312(1), (Accessed Apr. 2025).

## Medicaid

### OVERVIEW

*Last updated 04/05/2025*

Nebraska Medicaid reimburses for live video, store-and-forward, and remote patient monitoring under some circumstances. Reimbursement for store-and-forward is only specified for teleradiology. Passage of LB 400 expanded the Medicaid definition of telehealth to include audio-only, and Medicaid recently released a bulletin and code list that allows audio-only reimbursement for some specific service codes.

### DEFINITIONS

*Last updated 04/05/2025*

**Telehealth.** The use of telecommunications and information technology to electronically exchange medical information from one site to another at different physical locations, whether synchronously or asynchronously, in order to aid a health care practitioner in the diagnosis or treatment of a client. Telehealth encompasses telemedicine, store-and-forward, and telemonitoring. The term also includes audio-only services for the delivery of individual behavioral health services for an established client when appropriate, and crisis management and intervention for an established client as allowed by federal law.

**Telehealth consultation.** Any contact between a client and a health care practitioner relating to the health care diagnosis or treatment of such client through telehealth. For the purposes of telehealth services, a consultation includes any service delivered through telehealth.

**Telemedicine.** The use of two-way, real-time interactive audiovisual technology by a health care practitioner at a distant site to deliver services to a client at an originating

site.

SOURCE: NE Admin. Code Title 471 Ch. 47, Sec. 002, (Accessed Apr. 2025).

Telehealth means the use of medical information electronically exchanged from one site to another, whether synchronously or asynchronously, to aid a health care practitioner in the diagnosis or treatment of a patient. Telehealth includes

- Services originating from a patient's home or any other location where such patient is located,
- Asynchronous services involving the acquisition and storage of medical information at one site that is then forwarded to or retrieved by a health care practitioner at another site for medical evaluation, and
- Telemonitoring.

Telehealth also includes audio-only services for the delivery of individual behavioral health services for an established patient, when appropriate, or crisis management and intervention for an established patient as allowed by federal law;

Telehealth consultation means any contact between a patient and a health care practitioner relating to the health care diagnosis or treatment of such patient through telehealth; and

Telemonitoring means the remote monitoring of a patient's vital signs, biometric data, or subjective data by a monitoring device which transmits such data electronically to a health care practitioner for analysis and storage.

SOURCE: NE Rev. Statute, 71-8503 (Accessed Apr. 2025).

Teledentistry is the use of technology, including digital radiographs, digital photos and videos, and electronic health records, to facilitate delivery of oral healthcare and oral health education services from a provider in one location to a patient in a physically different location. Teledentistry is to be used for the purposes of evaluation, diagnosis, or treatment.

SOURCE: NE Admin Code Title 471, Ch. 6, Sec. 002.06. (Accessed Apr. 2025).

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## LIVE VIDEO

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*Last updated 04/05/2025*

### POLICY



Ensuring patient safety, accessibility of services, and clinically appropriate care are the key priorities

### Follow Applicable Laws

- Health care practitioners providing telehealth services must follow all applicable laws.
- Providers must be enrolled with Nebraska Medicaid and must be licensed (when required).
- Providers must deliver telehealth services safely and effectively.
- All treatments or services must be delivered according to current Medicaid service definitions.
- All treatments and services must be rendered in a clinically appropriate manner and be medically necessary or related to a treatment plan.

SOURCE: NE Medicaid Program, Bulletin 23-38: Guidance on Telehealth, Dec. 29, 2023, (Accessed Apr. 2025).

For services provided via telehealth to be covered, the telecommunications technology utilized must meet the following requirements:

- The technology must provide a secure audiovisual connection between distant and originating sites enough to ensure service parity with in-person delivery;
- The technology must be Health Insurance Portability and Accountability Act of 1996 (HIPAA) compliant; and
- The technology must be sufficient to allow the provider to appropriately complete the service billed to Nebraska Medicaid while adequately maintaining the safety of the client.

SOURCE: NE Admin. Code Title 471 Ch. 47, Sec. 002, (Accessed Apr. 2025).

In-person contact between a health care practitioner and a patient shall not be required under the medical assistance program established pursuant to the Medical Assistance Act and Title XXI of the federal Social Security Act, as amended, for health care services delivered through telehealth that are otherwise eligible for reimbursement under such program and federal act. Such services shall be subject to reimbursement policies developed pursuant to such program and federal act. This section also applies to managed care plans which contract with the department pursuant to the Medical Assistance Act only to the extent that:

- Health care services delivered through telehealth are covered by and reimbursed under the medicaid fee-for-service program; and
- Managed care contracts with managed care plans are amended to add coverage of health care services delivered through telehealth and any appropriate capitation rate adjustments are incorporated.

The reimbursement rate for a telehealth consultation shall, as a minimum, be set at the same rate as the medical assistance program rate for a comparable in-person consultation, and the rate shall not depend on the distance between the health care practitioner and the patient.

The department shall establish rates for transmission cost reimbursement for telehealth consultations, considering, to the extent applicable, reductions in travel costs by health care practitioners and patients to deliver or to access health care services and such other factors as the department deems relevant. Such rates shall include reimbursement for all two-way, real-time, interactive communications, unless provided by an Internet service provider, between the patient and the physician or health care practitioner at the distant site which comply with the federal Health Insurance Portability and Accountability Act of 1996 and rules and regulations adopted thereunder and with regulations relating to encryption adopted by the federal Centers for Medicare and Medicaid Services and which satisfy federal requirements relating to efficiency, economy, and quality of care.

SOURCE: NE Revised Statutes Sec. 71-8506. (Accessed Apr. 2025).

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## ELIGIBLE SERVICES/SPECIALTIES

All services provided via telehealth must be medically necessary, clinically appropriate, and in compliance with any applicable requirements within Title 471 of the Nebraska Administrative Code (NAC).

- All services provided via telehealth must meet the applicable service code definitions for coverage.
- Payment for services provided via telehealth is made according to the Nebraska Medicaid Practitioner Fee Schedule. Payment for services provided via telehealth is only available for those services specifically indicated as telehealth eligible services in the fee schedule.

Services requiring hands-on care or in-person contact between the client and provider are not covered if provided via telehealth.

Services maintain the same limitations whether provided in-person or via telehealth, unless otherwise stated within this chapter.

Services allowed to be delivered via telehealth are distinguished on the Nebraska Medicaid Fee Schedule using the coding indicated therein.

Services provided via telehealth must be reimbursed at the equivalent rate for the comparable in-person service and without regard to the distance between the originating and distant sites.

SOURCE: NE Admin. Code Title 471 Ch. 47, Sec. 003 & 007, (Accessed Apr. 2025).

See page 3 to 5 for list of services that:

- are no longer available through telehealth after Dec. 31, 2023
- will continue to be covered through telehealth without an end date
- New allowances for telehealth starting Jan. 1, 2024.

To bill for services administered through telehealth, please use the following place of service codes and modifiers. Failure to use the place of service codes and modifiers for services provided via telehealth may lead to refunds or further sanctions.

Place of Service codes:

- Place of Service 02 – use when telehealth is administered while the patient is in a location besides their home.
- Place of Service 10 – use when telehealth is administered while the patient is in their home.

Modifiers:

- Multiple modifiers can be added to a single CPT code. The payment modifier goes first, followed by any informational modifiers. The telehealth modifier is an informational modifier and should be placed after any payment modifier.
- 93 – synchronous telemedicine service rendered via telephone or other real-time interactive audio-only.
- 95 – telehealth services are provided in real-time with an audio-visual component  
Information on telehealth codes will be included in our fee schedules. For more information on Medicaid rates and fee schedules please visit our website:  
<https://dhhs.ne.gov/Pages/Medicaid-Provider-Ratesand-Fee-Schedules.aspx>

SOURCE: NE Medicaid Program, Bulletin 23-38: Guidance on Telehealth, Dec. 29, 2023, (Accessed Apr. 2025).

## Federally Qualified Health Centers & Rural Health Clinics

FQHC and RHC payment for telehealth services is the Medicaid rate for the comparable in-person service. FQHC & RHC core services provided via telehealth are not covered under the encounter rate.

SOURCE: NE Admin. Code Title 471, Sec. 29-004.05, Ch. 29, & NE Admin. Code Title 471, Sec. 34-007, Ch. 34, Manual Letter #11-2010. (Accessed Apr. 2025).

## **Assertive Community Treatment (ACT)**

ACT Team interventions may be provided via telehealth when provided according to the regulations 471 NAC 1-006.

SOURCE: NE Admin. Code Title 471 Sec. 35-013.11, Ch. 35, (Accessed Apr. 2025).

## **Indian Health Service (IHS) Facilities**

Encounter: A face-to-face visit, including telehealth services provided in accordance with 471 NAC 1-006, between a health care professional and an individual eligible for the provision of medically necessary Medicaid-defined services in an IHS or Tribal (638) facility within a 24-hour period ending at midnight, as documented in the client's medical record.

SOURCE: NE Admin. Code Title 471 Sec. 11-001, Ch. 11, (Accessed Apr. 2025).

## **Children's Behavioral Health**

The Department of Health and Human Services shall adopt and promulgate rules and regulations providing for telehealth services for children's behavioral health.

The rules and regulations required pursuant to subsection (1) of this section shall include, but not be limited to:

- An appropriately trained staff member or employee familiar with the child's treatment plan or familiar with the child shall be immediately available in person to the child receiving a telehealth behavioral health service in order to attend to any urgent situation or emergency that may occur during provision of such service. This requirement may be waived by the child's parent or legal guardian; and
- In cases in which there is a threat that the child may harm himself or herself or others, before an initial telehealth service the health care practitioner shall work with the child and his or her parent or guardian to develop a safety plan. Such plan shall document actions the child, the health care practitioner, and the parent or guardian will take in the event of an emergency or urgent situation occurring during or after the telehealth session. Such plan may include having a staff member or employee familiar with the child's treatment plan immediately available in person to the child, if such measures are deemed necessary by the team developing the safety plan.

SOURCE: NE Statute Sec. 71-8509, (Accessed Apr. 2025).

For each client who is a child who is receiving behavioral health services via telehealth, the following protections must be in place:

- An appropriately trained staff member or employee familiar with the child's treatment plan or familiar with the child must be immediately available in person to the child receiving a telehealth behavioral consultation in order to attend to any urgent situation or emergency that may occur during provision of such service. This requirement may be waived by the child's parent or legal guardian. The medical record must document the waiver; and
- In cases in which there is a threat that the child may harm himself or herself or others, before an initial telehealth consultation the health practitioner must work with the child and his or her parent or guardian to develop a safety plan. Such plan must document actions the child, the health care practitioner, and the parent or guardian will take in the event of an emergency or urgent situation occurring during or after the telehealth consultation. Such plan may include having a staff member or employee familiar with the child's treatment plan immediately available in person to the child if such measures are deemed necessary by the team developing the safety plan.

SOURCE: NE Admin. Code Title 471 Ch. 47, Sec. 003, (Accessed Apr. 2025).

Teledentistry follows the requirements of telehealth in accordance with 471 NAC 1. Services requiring hands on professional care are excluded.

SOURCE: NE Admin Code Title 471, Ch. 6, Sec. 006. (Accessed Apr. 2025).

## Interpretation Services

When supplied as part of a visit via telehealth, the patient's record must reflect the requirements for telehealth and interpretation.

SOURCE: NE Medicaid Program, Bulletin 24-22: Coverage of Interpretation Services, Oct. 31, 2024, (Accessed Apr. 2025).

## ABA Services

Nebraska Medicaid allows for telehealth flexibility for situations where access or transportation are barriers to caregiver involvement. We believe that with these flexibilities in place, a requirement of 2-4 hours per month of caregiver involvement is reasonable.

SOURCE: NE Medicaid Program, Bulletin 25-02: Behavioral Health Providers: Applied Behavior Analysis Service Definitions, January 31, 2025, (Accessed Apr. 2025).

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## ELIGIBLE PROVIDERS

To bill for services administered through telehealth, please use the following place of service codes and modifiers. Failure to use the place of service codes and modifiers for

services provided via telehealth may lead to refunds or further sanctions.

#### Place of Service codes:

- Place of Service 02 – use when telehealth is administered while the patient is in a location besides their home.
- Place of Service 10 – use when telehealth is administered while the patient is in their home.

#### Modifiers:

- Multiple modifiers can be added to a single CPT code. The payment modifier goes first, followed by any informational modifiers. The telehealth modifier is an informational modifier and should be placed after any payment modifier.
- 93 – synchronous telemedicine service rendered via telephone or other real-time interactive audio-only.
- 95 – telehealth services are provided in real-time with an audio-visual component  
Information on telehealth codes will be included in our fee schedules. For more information on Medicaid rates and fee schedules please visit our website:  
<https://dhhs.ne.gov/Pages/Medicaid-Provider-Ratesand-Fee-Schedules.aspx>

SOURCE: NE Medicaid Program, Bulletin 23-38: Guidance on Telehealth, Dec. 29, 2023, (Accessed Apr. 2025).

Distant sites health care facilities. To receive reimbursement, health care facilities must have quality of care protocols and patient confidentiality guidelines consistent with the requirements under this chapter.

SOURCE: NE Admin. Code Title 471 Ch. 47, Sec. 005, (Accessed Apr. 2025).

Health care practitioner means a Nebraska medicaid-enrolled provider who is licensed, registered, or certified to practice in this state by the department

SOURCE: NE Rev. Statute, 71-8503(2) (Accessed Apr. 2025).

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## ELIGIBLE SITES

Originating sites must provide a place where the client's right to receive confidential and private services is protected.

There are no geographic restrictions dictating where an originating site may be located.

Originating sites must be compatible with the telecommunications technology necessary for services to be provided via telehealth.



SOURCE: NE Admin. Code Title 471 Ch. 47, Sec. 005, (Accessed Apr. 2025).

To bill for services administered through telehealth, please use the following place of service codes and modifiers. Failure to use the place of service codes and modifiers for services provided via telehealth may lead to refunds or further sanctions.

#### Place of Service codes:

- Place of Service 02 – use when telehealth is administered while the patient is in a location besides their home.
- Place of Service 10 – use when telehealth is administered while the patient is in their home.

#### Modifiers:

- Multiple modifiers can be added to a single CPT code. The payment modifier goes first, followed by any informational modifiers. The telehealth modifier is an informational modifier and should be placed after any payment modifier.
- 93 – synchronous telemedicine service rendered via telephone or other real-time interactive audio-only.
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Information on telehealth codes will be included in our fee schedules. For more information on Medicaid rates and fee schedules please visit our website:  
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SOURCE: NE Medicaid Program, Bulletin 23-38: Guidance on Telehealth, Dec. 29, 2023, (Accessed Apr. 2025).

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## GEOGRAPHIC LIMITS

No Reference Found

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## FACILITY/TRANSMISSION FEE

The originating site fee is paid to the health care facility hosting the client for telehealth services at a rate set forth in the Nebraska Medicaid Fee Schedule or under arrangement with the managed care organization (MCO).

SOURCE: NE Admin. Code Title 471 Ch. 47, Sec. 007, (Accessed Apr. 2025).

## Federally Qualified Health Centers & Rural Health Clinics

Telehealth transmission cost related to non-core services will be the lower of:

- The provider's submitted charge; or
- The maximum allowable amount

The Department will pay for transmission costs for line charges when directly related to a covered telehealth service. The provider must be in compliance with the standards for real time, two way interactive audiovisual transmissions (see 471 NAC 1-006).

SOURCE: NE Admin. Code Title 471, Sec. 29-004.05A, Ch. 29, Manual Letter #11-2010, & NE Admin. Code Title 471, Sec. 34-007.01, Ch. 34, Manual Letter #11-2010, (Accessed Apr. 2025).

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## STORE-AND-FORWARD

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*Last updated 04/05/2025*

### POLICY

Store-and-forward. Asynchronous services involving the acquisition and storage of medical information at one site that is then forwarded to or retrieved by a health care practitioner at another site for medical evaluation which is then reported back to the referring provider.

SOURCE: NE Admin. Code Title 471 Ch. 47, Sec. 002, (Accessed Apr. 2025).

Asynchronous service is included in the definition for telehealth in Nebraska statutes.

SOURCE: NE Rev. Statute, 71-8503(3) (Accessed Apr. 2025).

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### ELIGIBLE SERVICES/SPECIALTIES

No Reference Found

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### GEOGRAPHIC LIMITS

No Reference Found

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### TRANSMISSION FEE

No Reference Found

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## REMOTE PATIENT MONITORING

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*Last updated 04/05/2025*

### POLICY

Telemonitoring. The remote monitoring of a client's vital signs, biometric data, or subjective data by a monitoring device which transmits such data electronically to a health care practitioner for analysis and storage in order to make treatment recommendations. This requires the use of a device that is defined by the federal Food and Drug Administration as a medical device.

Nebraska Medicaid will reimburse for telemonitoring when all of the following requirements are met:

- The services are from the originating site;
- The client is cognitively capable to operate the equipment or has a willing and able person to assist in the transmission of electronic data;
- The originating site has space for all program equipment and full transmission capability;
- The provider must maintain a client's medical record containing data supporting the medical necessity of the service, all transmissions and subsequent review received from the client, and how the data transmitted from the client is being utilized in the continuous development and implementation of the client's plan of care; and
- The service is otherwise reimbursable by Nebraska Medicaid.

SOURCE: NE Admin. Code Title 471 Ch. 47, Sec. 002, (Accessed Apr. 2025).

No later than January 1, 2023, the department shall provide coverage for continuous glucose monitors under the medical assistance program for all eligible recipients who have a prescription for such device.

SOURCE: NE Revised Statute Sec. 68-911, (Accessed Apr. 2025).

Nebraska Medicaid will provide coverage for Continuous Glucose Monitoring (CGM) devices for eligible beneficiaries with diabetes beginning January 1, 2023.

SOURCE: NE Medicaid, Provider Bulletin 22-22, CGM Coverage by Medicaid, Dec. 29, 2022, (Accessed Apr. 2025).

The continued use of CGM may be considered medically necessary for someone who is being assessed every 6 months by the prescribing healthcare practitioner for adherence

to the CGM regimen and diabetes treatment plan. The initial authorization period for therapeutic CGM is 6 months and is then renewed on a yearly basis. Supplies will be provided for 30 days or up to 90 days at a time.

SOURCE: NE Medicaid, Provider Bulletin 24-17, Update to Continuous Glucose Monitor Policy for Fee-for-Service Members, July 12, 2024, (Accessed Apr. 2025).

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## CONDITIONS

Outpatient cardiac rehabilitation programs consisting of individually prescribed physical exercise or conditioning and concurrent telemetric monitoring. When a program is provided by a hospital to its outpatients, the service is covered as an outpatient service.

SOURCE: NE Admin. Code Title 471 Ch. 10, Sec. 006.16(B), Hospital Services, (Accessed Apr. 2025).

Nebraska Medicaid will provide coverage for both long-term (therapeutic) and short-term (diagnostic) CGM for eligible beneficiaries who have diabetes mellitus when medically necessary. CGM devices measure interstitial glucose, which correlates well with plasma glucose.

The initial authorization period for therapeutic CGM is 6 months, while the renewal period is yearly. Supplies will be provided for 30 days or up to 90 days at a time. Beneficiaries must meet medical necessity criteria in order to be eligible for coverage. See bulletin for prior authorization requirements.

SOURCE: NE Medicaid, Provider Bulletin 22-22, CGM Coverage by Medicaid, Dec. 29, 2022, (Accessed Apr. 2025).

Medicaid fee-for-service members must meet eligibility criteria for the coverage of a long-term CGM for therapeutic purposes. The following criteria are used to determine medical necessity:

- Is insulin-treated, or
- Has a history of problematic hypoglycemia with documentation of at least one of the following:
  - Recurrent (more than one) hypoglycemic events with blood glucose <54mg/dL (3.0mmol/L) that persist despite multiple (more than one) attempts to adjust medication(s) and/or modify the diabetes treatment plan, or

- A history of one hypoglycemic event with blood glucose <54mg/dL (3.0mmol/L) characterized by altered mental and/or physical state requiring third-party assistance for treatment of hypoglycemia.
- And is being assessed every 6 months by the prescribing healthcare practitioner for adherence to a comprehensive diabetes treatment plan.

SOURCE: NE Medicaid, Provider Bulletin 24-17, Update to Continuous Glucose Monitor Policy for Fee-for-Service Members, July 12, 2024, (Accessed Apr. 2025).

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## PROVIDER LIMITATIONS

No Reference Found

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## OTHER RESTRICTIONS

Telemonitoring is paid at a daily per diem rate set by Nebraska Medicaid and includes the following:

- Provider review and interpretation of client data;
- Equipment and all supplies, accessories, and services necessary for proper functioning and effective use of the equipment;
- Medically necessary visits to the home by a provider; and
- Training on the use of equipment and completion of necessary medical records.

No additional or separate payment beyond the fixed payment is allowable.

SOURCE: NE Admin. Code Title 471 Ch. 47, Sec. 007, (Accessed Apr. 2025).

Effective February 1, 2024, Nebraska Medicaid's preferred Continuous Glucose Monitoring (CGM) devices are as follows:

- Dexcom G6
- Dexcom G7
- Freestyle Libre 2
- Freestyle Libre 3

Nebraska Medicaid covers CGM devices for Type 1, Type 2, and gestational diabetes mellitus as medically necessary.

SOURCE: NE Medicaid, Provider Bulletin 24-01, Update to Nebraska Medicaid's Preferred CGM Devices (Jan. 8, 2024), (Accessed Apr. 2025).

The following devices are covered under Medicaid:

- FreeStyle Libre 2
- Dexcom G6

The Medtronic CGM may be covered for beneficiaries who meet the medical necessity criteria for long-term CGM and are on a Medtronic insulin pump.

CGM devices that use an implantable glucose sensor such as an Eversense CGM system (CPT codes 0046T, 00447T, and 0448T) or a noninvasive glucose sensor (e.g., optical and transdermal sensors) are considered investigational and not medically necessary due to insufficient evidence of clinical efficacy and long-term health outcomes. Any related HCPC codes for implantable or noninvasive glucose sensors are also considered investigational and not medically necessary.

SOURCE: NE Medicaid, Provider Bulletin 22-22, CGM Coverage by Medicaid, Dec. 29, 2022, (Accessed Apr. 2025).

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## EMAIL, PHONE & FAX

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*Last updated 04/05/2025*

For audio-only services to be covered, they must be individual behavioral health services or crisis management and intervention, clients must have established relationships with their providers, and audio-only services must be clinically appropriate.

SOURCE: NE Admin. Code Title 471 Ch. 47, Sec. 006, (Accessed Apr. 2025).

To bill for services administered through telehealth, please use the following place of service codes and modifiers. Failure to use the place of service codes and modifiers for services provided via telehealth may lead to refunds or further sanctions.

Place of Service codes:

- Place of Service 02 – use when telehealth is administered while the patient is in a location besides their home.
- Place of Service 10 – use when telehealth is administered while the patient is in their home.

Modifiers:

- Multiple modifiers can be added to a single CPT code. The payment modifier goes first, followed by any informational modifiers. The telehealth modifier is an informational modifier and



should be placed after any payment modifier.

- 93 – synchronous telemedicine service rendered via telephone or other real-time interactive audio-only.
- 95 – telehealth services are provided in real-time with an audio-visual component  
Information on telehealth codes will be included in our fee schedules. For more information on Medicaid rates and fee schedules please visit our website:  
<https://dhhs.ne.gov/Pages/Medicaid-Provider-Ratesand-Fee-Schedules.aspx>

SOURCE: NE Medicaid Program, Bulletin 23-38: Guidance on Telehealth, Dec. 29, 2023, (Accessed Apr. 2025).

Telehealth also includes audio-only services for the delivery of individual behavioral health services for an established patient, when appropriate, or crisis management and intervention for an established patient as allowed by federal law.

SOURCE: NE Rev. Statute, 71-8503, (Accessed Apr. 2025).

## Telephone Consultations

Nebraska Medicaid does not cover telephone calls to or from an individual, pharmacy, nursing home, or hospital. Nebraska Medicaid may cover telephone consultations with another physician if the name of the consulting physician is indicated on or in the claim.

SOURCE: NE Admin. Code Title 471, Ch. 18-005.30, . (Accessed Apr. 2025).

## ABA Services

If a provider is not able to provide access to crisis services, they may refer individuals to telephonic, text, and chat crisis intervention call centers that meet 988 Suicide & Crisis Lifeline standards for risk assessment and engagement of individuals at imminent risk of suicide. This has been clarified in the service definitions.

SOURCE: NE Medicaid Program, Bulletin 25-02: Behavioral Health Providers: Applied Behavior Analysis Service Definitions, January 31, 2025, (Accessed Apr. 2025).

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# CONSENT REQUIREMENTS

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*Last updated 04/05/2025*

Before an initial telehealth consultation, the provider must provide the client the following written information, which must be acknowledged by the client in writing or via email:

- Alternative options are available, including in-person services. These alternatives are specifically listed on the client's informed consent statement. The client must be aware

of their right to refuse the telehealth consultation;

- All existing laws and protections for services received in-person also apply to telehealth, including:
  - Confidentiality of information;
  - Access to medical records and information resulting from the telehealth consultation; and
  - Dissemination of client identifiable information, which cannot occur without written consent;
- The need for the client to utilize a private location as their originating site to preserve confidentiality;
- Whether the telehealth consultation will be or will not be recorded;
- The identification of all the parties who will be present at each telehealth consultation, and a statement indicating that the client has the right to exclude anyone from either the originating or the distant site; and
- The written consent form becomes a part of the client's medical record, and a copy must be provided to the client or the client's authorized representative.

Clients may provide verbal rather than written consent during initial telehealth consultations. The client must confirm that they understand the information contained in the written consent form. A signed statement must be collected from the client within ten days of the service being provided and added to the client's medical record.

If the client is unable to provide consent, then it must be obtained verbally or in writing from the client's legally authorized representative.

Informed consent is not required if, because of a medical emergency, a client or their authorized representative are unable to provide written or verbal consent prior to the delivery of a service via telehealth.

SOURCE: NE Admin. Code Title 471 Ch. 47, Sec. 004, (Accessed Apr. 2025).

Once the PHE ends on May 11, 2023: ...

- Informed consent prior to providing treatments or services will again be required, and this consent must be kept in the member's medical record.

SOURCE: NE Medicaid Program, Bulletin 23-08: Guidance on Telehealth, Mar. 23, 2023, (Accessed Apr. 2025).

Prior to an initial telehealth consultation under section 71-8506, a health care practitioner who delivers a health care service to a patient through telehealth shall

ensure that the following written information is provided to the patient:

- A statement that the patient retains the option to refuse the telehealth consultation at any time without affecting the patient's right to future care or treatment and without risking the loss or withdrawal of any program benefits to which the patient would otherwise be entitled;
- A statement that all existing confidentiality protections shall apply to the telehealth consultation;
- A statement that the patient shall have access to all medical information resulting from the telehealth consultation as provided by law for patient access to his or her medical records; and
- A statement that dissemination of any patient identifiable images or information from the telehealth consultation to researchers or other entities shall not occur without the written consent of the patient.

The patient shall sign a statement prior to or during an initial telehealth consultation, or give verbal consent during the telehealth consultation, indicating that the patient understands the written information provided pursuant to subsection (1) of this section and that this information has been discussed with the health care practitioner or the practitioner's designee.

If the patient is a minor or is incapacitated or mentally incompetent such that he or she is unable to sign the statement or give verbal consent as required by subsection (2) of this section, such statement shall be signed, or such verbal consent given, by the patient's legally authorized representative.

This section shall not apply in an emergency situation in which the patient is unable to sign the statement or give verbal consent as required by subsection (2) of this section and the patient's legally authorized representative is unavailable.

SOURCE: NE Revised Statutes Sec. 71-8505, (Accessed Apr. 2025).

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## OUT OF STATE PROVIDERS

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*Last updated 04/05/2025*

Services provided via telehealth to clients out-of-state are covered if the services meet the regulatory requirements for payment for services provided outside Nebraska.

For services delivered via telehealth to Nebraska Medicaid clients when the provider or the client, or both, is located outside of Nebraska, providers must be enrolled with Nebraska Medicaid and appropriately licensed.

Out-of-state telehealth services are covered when the Nebraska client is located at an originating site in another state, whether or not the provider's distant site is located in or out of Nebraska, if the telehealth services are appropriately provided in accordance with this chapter and otherwise meet any applicable requirements within Title 471 of the Nebraska Administrative Code (NAC).

SOURCE: NE Admin. Code Title 471 Ch. 47, Sec. 003, 005 & 007, (Accessed Apr. 2025).

The location of the telehealth service is the physical location of the member. Out-of-state telehealth services are covered if the telehealth services otherwise meet not only the telehealth requirements but also the requirements for payment for services provided outside Nebraska.

SOURCE: NE Medicaid Program, Bulletin 23-38: Guidance on Telehealth, Dec. 29, 2023, (Accessed Apr. 2025).

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## MISCELLANEOUS

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*Last updated 04/05/2025*

Providers delivering services via telehealth must follow all applicable state and federal laws and regulations governing their practice and the services they provide.

Providers of services delivered via telehealth must comply with all applicable provider participation requirements under 471 NAC Chapters 2 and 3. In the event that provider participation requirements in 471 NAC Chapters 2 or 3 conflict with requirements outlined in this chapter, the requirements herein shall govern:

- Providers must ensure that services can be safely and effectively delivered using telehealth;
- Providers must consider a beneficiary's behavioral, physical, and cognitive abilities to participate in services provided using telehealth;
- The beneficiary's safety must be carefully considered for the complexity of the services provided;
- In situations where a caregiver or facilitator is necessary to assist with the delivery of services via telehealth their ability to assist and safety must also be considered;
- Beneficiaries are not required to seek services through telehealth and must be allowed to access in-person services, if the beneficiary requests; and
- Providers must ensure that beneficiary privacy and confidentiality is protected to the best of their ability.

To deliver services via telehealth, providers must be proficient in the use of applicable telehealth technologies. Providers are responsible for ensuring that the telecommunications technology requirements within this chapter are met when delivering services via telehealth.

The medical record for telehealth services must follow all applicable statutes and regulations on documentation. The use of telehealth technology must be documented in the same medical record, and must include the following telehealth information:

- Documentation of which site initiated the call;
- Documentation of the telecommunication technology utilized;
- The time the service began and ended;
- Assurance that services provided via telehealth meet applicable service definitions; and
- Documentation of informed consent.

SOURCE: NE Admin. Code Title 471 Ch. 47, Sec. 004 & 006, (Accessed Apr. 2025).

NE Medicaid does provide an outpatient cardiac rehabilitation program consisting of physical exercise or conditioning and concurrent telemetric monitoring. When a program is provided by a hospital to its outpatients, the service is covered as an outpatient service.

SOURCE: NE Admin. Code Title 471, Sec. 10-006.16(B) (Accessed Apr. 2025).

The commission may establish a telehealth system to provide access for deaf and hard of hearing persons in remote locations to mental health, alcoholism, and drug abuse services. The telehealth system may (a) provide access for deaf or hard of hearing persons to counselors who communicate in sign language and are knowledgeable in deafness and hearing loss issues, (b) promote access for hard of hearing persons through contacts with counselors in which hard of hearing persons receive both visual cues, or reading lips, and auditory cues, (c) offer remote interpreter services for deaf or hard of hearing persons to interact with counselors who are not fluent in sign language, and (d) promote participation in educational programs.

The commission shall set and charge a fee between the range of twenty and one hundred fifty dollars per hour for the use of the telehealth system. The commission shall remit all fees collected pursuant to this section to the State Treasurer for credit to the Telehealth System Fund.

SOURCE: NE Statute Sec. 71-4728-.04, (Accessed Apr. 2025).

## Keep Required Documentation

- The medical record for telehealth services must follow all applicable laws regarding documentation. The use of telehealth technology must be documented in the medical record. Providers are also required to document the reason for the delivery of treatment or services through telehealth.
- Providers are required to have mitigation plans in place and to provide an active and ongoing assessment of their ability to meet patients' most immediate and critical treatment needs.
- Claims for services provided via telehealth must include the specific telehealth modifiers and place-of-service codes outlined in the fee schedules.

SOURCE: NE Medicaid Program, Bulletin 23-38: Guidance on Telehealth, Dec. 29, 2023, (Accessed Apr. 2025).

The Telehealth System Fund is created. The fund shall be used for any expenses related to the operation and maintenance of the telehealth system established in section 71-4728.04. Any money in the fund available for investment shall be invested by the state investment officer pursuant to the Nebraska Capital Expansion Act and the Nebraska State Funds Investment Act.

SOURCE: NE Statute Sec. 71-4732-.01, (Accessed Apr. 2025).

A health care facility licensed under the Health Care Facility Licensure Act that receives reimbursement under the Nebraska Telehealth Act for telehealth consultations shall establish quality of care protocols and patient confidentiality guidelines to ensure that such consultations meet the requirements of the act and acceptable patient care standards.

SOURCE: NE Statute Sec. 71-8507, (Accessed Apr. 2025).

The department shall adopt and promulgate rules and regulations to carry out the Nebraska Telehealth Act, including, but not limited to, rules and regulations to: (1) Ensure the provision of appropriate care to patients; (2) prevent fraud and abuse; and (3) establish necessary methods and procedures.

SOURCE: NE Statute Sec. 71-8508, (Accessed Apr. 2025).

# Professional Requirements

## DEFINITIONS

*Last updated 04/05/2025*



## Uniform Credentialing Act (Licensed/Credentialed Health Professionals)

Telehealth means the use of medical information electronically exchanged from one site to another, whether synchronously or asynchronously, to aid a credential holder in the diagnosis or treatment of a patient. Telehealth includes services originating from a patient's home or any other location where such patient is located, asynchronous services involving the acquisition and storage of medical information at one site that is then forwarded to or retrieved by a credential holder at another site for medical evaluation, and telemonitoring.

SOURCE: NE Revised Statutes Sec. 38-120.01. (Accessed Apr. 2025).

Telemonitoring means the remote monitoring of a patient's vital signs, biometric data, or subjective data by a monitoring device which transmits such data electronically to a credential holder for analysis and storage.

SOURCE: NE Revised Statutes Sec. 38-120.02. (Accessed Apr. 2025).

Telepharmacy means the provision of pharmacist care, by a pharmacist located within the United States, using telecommunications, remote order entry, or other automations and technologies to deliver care to patients or their agents who are located at sites other than where the pharmacist is located.

SOURCE: NE Revised Statutes Sec. 38-2845.01. (Accessed Apr. 2025).

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## CONSENT REQUIREMENTS

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*Last updated 04/05/2025*

No Reference Found. See Medicaid section for Medicaid-specific consent requirements.

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## ONLINE PRESCRIBING

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*Last updated 04/05/2025*

Any credential holder under the Uniform Credentialing Act may establish a provider-patient relationship through telehealth.

Any credential holder under the Uniform Credentialing Act who is providing a telehealth service to a patient may prescribe the patient a drug if the credential holder is authorized to prescribe under state and federal law.

This section does not apply to a credential holder under the Cosmetology, Electrology, Esthetics, Nail Technology, and Body Art Practice Act, the Dialysis Patient Care Technician

Registration Act, the Environmental Health Specialists Practice Act, the Funeral Directing and Embalming Practice Act, the Massage Therapy Practice Act, the Medical Radiography Practice Act, the Nursing Home Administrator Practice Act, the Perfusion Practice Act, the Surgical First Assistant Practice Act, or the Veterinary Medicine and Surgery Practice Act.

SOURCE: NE Revised Statute 38-1,143. (Accessed Apr. 2025).

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## CROSS-STATE LICENSING

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*Last updated 04/05/2025*

The following classes of persons shall not be construed to be engaged in the unauthorized practice of medicine:

- Persons rendering gratuitous services in cases of emergency;
- Persons administering ordinary household remedies;
- The members of any church practicing its religious tenets, except that they shall not prescribe or administer drugs or medicines, perform surgical or physical operations, nor assume the title of or hold themselves out to be physicians, and such members shall not be exempt from the quarantine laws of this state;
- Students of medicine who are studying in an accredited school or college of medicine and who gratuitously prescribe for and treat disease under the supervision of a licensed physician;
- Physicians who serve in the armed forces of the United States or the United States Public Health Service or who are employed by the United States Department of Veterans Affairs or other federal agencies, if their practice is limited to that service or employment;
- Physicians who are licensed in good standing to practice medicine under the laws of another state when incidentally called into this state or contacted via electronic or other medium for consultation with a physician licensed in this state. For purposes of this subdivision, consultation means evaluating the medical data of the patient as provided by the treating physician and rendering a recommendation to such treating physician as to the method of treatment or analysis of the data. The interpretation of a radiological image by a physician who specializes in radiology is not a consultation;
- Physicians who are licensed in good standing to practice medicine in another state but who, from such other state, order diagnostic or therapeutic services on an irregular or occasional basis, to be provided to an individual in this state, if such physicians do not maintain and are not furnished for regular use within this state any office or other place for the rendering of professional services or the receipt of calls;
- Physicians who are licensed in good standing to practice medicine in another state and who, on an irregular and occasional basis, are granted temporary hospital privileges to practice

medicine and surgery at a hospital or other medical facility licensed in this state;

- Persons providing or instructing as to use of braces, prosthetic appliances, crutches, contact lenses, and other lenses and devices prescribed by a physician licensed to practice medicine while working under the direction of such physician;
- Dentists practicing their profession when licensed and practicing in accordance with the Dentistry Practice Act;
- Optometrists practicing their profession when licensed and practicing under and in accordance with the Optometry Practice Act;
- Osteopathic physicians practicing their profession if licensed and practicing under and in accordance with sections 38-2029 to 38-2033;
- Chiropractors practicing their profession if licensed and practicing under the Chiropractic Practice Act;
- Podiatrists practicing their profession when licensed to practice in this state and practicing under and in accordance with the Podiatry Practice Act;
- Psychologists practicing their profession when licensed to practice in this state and practicing under and in accordance with the Psychology Interjurisdictional Compact or the Psychology Practice Act;
- Advanced practice registered nurses practicing in their clinical specialty areas when licensed under the Advanced Practice Registered Nurse Practice Act and practicing under and in accordance with their respective practice acts;
- Surgical first assistants practicing in accordance with the Surgical First Assistant Practice Act;
- Persons licensed or certified under the laws of this state to practice a limited field of the healing art, not specifically named in this section, when confining themselves strictly to the field for which they are licensed or certified, not assuming the title of physician, surgeon, or physician and surgeon, and not professing or holding themselves out as qualified to prescribe drugs in any form or to perform operative surgery;
- Persons obtaining blood specimens while working under an order of or protocols and procedures approved by a physician, registered nurse, or other independent health care practitioner licensed to practice by the state if the scope of practice of that practitioner permits the practitioner to obtain blood specimens;
- Physicians who are licensed in good standing to practice medicine under the laws of another state or jurisdiction who accompany an athletic team or organization into this state for an event from the state or jurisdiction of licensure. This exemption is limited to treatment provided to such athletic team or organization while present in Nebraska;
- Persons who are not licensed, certified, or registered under the Uniform Credentialing Act, to whom are assigned tasks by a physician or osteopathic physician licensed under the

Medicine and Surgery Practice Act, if such assignment of tasks is in a manner consistent with accepted medical standards and appropriate to the skill and training, on the job or otherwise, of the persons to whom the tasks are assigned. For purposes of this subdivision, assignment of tasks means the routine care, activities, and procedures that (a) are part of the routine functions of such persons who are not so licensed, certified, or registered, (b) reoccur frequently in the care of a patient or group of patients, (c) do not require such persons who are not so licensed, certified, or registered to exercise independent clinical judgment, (d) do not require the performance of any complex task, (e) have results which are predictable and have minimal potential risk, and (f) utilize a standard and unchanging procedure; and

- Other trained persons employed by a licensed health care facility or health care service defined in the Health Care Facility Licensure Act or clinical laboratory certified pursuant to the federal Clinical Laboratories Improvement Act of 1967, as amended, or Title XVIII or XIX of the federal Social Security Act to withdraw human blood for scientific or medical purposes.

Any person who has held or applied for a license to practice medicine and surgery in this state, and such license or application has been denied or such license has been refused renewal or disciplined by order of limitation, suspension, or revocation, shall be ineligible for the exceptions described in subdivisions (5) through (8) of this section until such license or application is granted or such license is renewed or reinstated. Every act or practice falling within the practice of medicine and surgery as defined in section 38-2024 and not specially excepted in this section shall constitute the practice of medicine and surgery and may be performed in this state only by those licensed by law to practice medicine in Nebraska.

SOURCE: NE Statute 38-2025, (Accessed Apr. 2025).

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## LICENSURE COMPACTS

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*Last updated 04/05/2025*

Member of Audiology and Speech Language Pathology Interstate Compact.

SOURCE: ASLP-IC, Compact Map, (Accessed Apr. 2025).

Member of the Counseling Compact.

SOURCE: Counseling Compact Map. (Accessed Apr. 2025).

Member of Dietitian Licensure Compact

SOURCE: Dietitians Compact, Compact Map, (Accessed Apr. 2025).

Member of the EMS Compact.

SOURCE: EMS Compact Map. (Accessed Apr. 2025).

Member of the Interstate Medical Licensure Compact.

SOURCE: The IMLC. Interstate Medical Licensure Compact. (Accessed Apr. 2025).

Member of the Nurse Licensure Compact.

SOURCE: NCSBN, Nurse Licensure Compact (NLC). (Accessed Apr. 2025).

Member of the Occupational Therapy Licensure Compact.

SOURCE: Occupational Therapy Licensure Compact. (Accessed Apr. 2025).

Member of the Physical Therapy Compact.

SOURCE: Compact Map. Physical Therapy Compact. (Accessed Apr. 2025).

Member of Physician Assistant Compact

SOURCE: Physician Assistant Compact, Compact Map, (Accessed Apr. 2025).

Member of the Psychology Interjurisdictional Compact .

SOURCE: PSYPACT Compact Map (Accessed Apr. 2025).

Member of Social Work Compact

SOURCE: Social Work Licensure Compact, Compact Map, (Accessed Apr. 2025).

\* See Compact websites for implementation and license issuing status and other related requirements.

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## PROFESSIONAL BOARDS STANDARDS

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*Last updated 04/05/2025*

Practice of dietetics and nutrition means the integration and application of scientific principles derived from the study of food, nutrition, biochemistry, metabolism, nutrigenomics, physiology, food management, and behavioral and social sciences in achieving and maintaining health throughout the life span and in providing nutrition care in person or by telehealth, including medical nutrition therapy, for the purpose of disease management and prevention, or to treat or rehabilitate an illness, injury, or condition. The primary functions of the practice of dietetics and nutrition are the provision of medical nutrition therapy for the purpose of disease management or to treat or rehabilitate an illness, injury, or condition and the provision of other nutrition-care services for health and wellness and as primary prevention of chronic disease.

SOURCE: NE Statute Sec. 38-1810.01, (Accessed Apr. 2025).

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## MISCELLANEOUS

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*Last updated 04/05/2025*

A stroke system of care task force shall recommend eligible essential health care services for acute stroke care provided through telehealth as defined in section 71-8503.

SOURCE: NE Revised Statutes 71-4209. (Accessed Apr. 2025).

The commission may establish a telehealth system to provide access for deaf and hard of hearing persons in remote locations to mental health, alcoholism, and drug abuse services. The telehealth system may (a) provide access for deaf or hard of hearing persons to counselors who communicate in sign language and are knowledgeable in deafness and hearing loss issues, (b) promote access for hard of hearing persons through contacts with counselors in which hard of hearing persons receive both visual cues, or reading lips, and auditory cues, (c) offer remote interpreter services for deaf or hard of hearing persons to interact with counselors who are not fluent in sign language, and (d) promote participation in educational programs.

The commission shall set and charge a fee between the range of twenty and one hundred fifty dollars per hour for the use of the telehealth system. The commission shall remit all fees collected pursuant to this section to the State Treasurer for credit to the Telehealth System Fund.

For purposes of this section, telehealth has the same meaning as in section 71-8503.

SOURCE: NE Revised Statute 71-4728.04. (Accessed Apr. 2025).