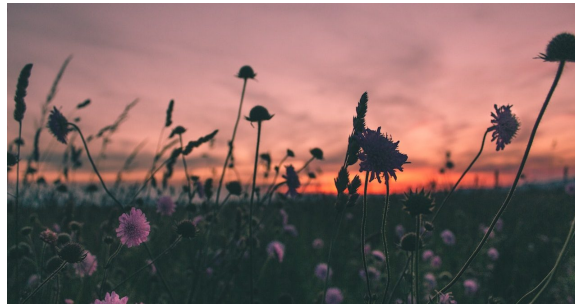


Nebraska



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, EMS, IMLC, NLC, OT, PSY, PTC
- Consent Requirements: Yes

FQHCs

- Originating sites explicitly allowed for Live Video: No
- Distant sites explicitly allowed for Live Video: Yes
- Store and forward explicitly reimbursed: No
- Audio-only explicitly reimbursed: No
- Allowed to collect PPS rate for telehealth: 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 01/04/2024

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.

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 Jan. 2024).

REQUIREMENTS

Last updated 01/04/2024

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 Jan. 2024).

Private payers and self-funded employee benefit plans shall provide, upon the request of 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 must include:

- Description of services in telehealth and telemonitoring (including any coverage for transmission costs);
- Exclusions or limitations for telehealth and telemonitoring coverage (including limitation on transmission costs); and
- Requirements for licensing status of health care providers providing telehealth and telemonitoring services.

SOURCE: NE Revised Statutes. Sec. 44-312(1), (Accessed Jan. 2024)

Any health insurance plan delivered, issued, or renewed in this state 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 Jan. 2024).

PARITY

Last updated 01/04/2024

SERVICE PARITY

Any insurer shall not exclude 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 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 Jan. 2024).

Any health insurance plan delivered, issued, or renewed in this state 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.

SOURCE: NE Revised Statute Section 44-793 (Accessed Jan. 2024).

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 Jan. 2024).

PAYMENT PARITY

Any health insurance plan delivered, issued, or renewed in this state 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 Jan. 2024).

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 Jan. 2024).

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 Jan. 2024).

Medicaid

OVERVIEW

Last updated 01/04/2024

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 01/04/2024

Telehealth consultation means 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, a consultation includes any service delivered through telehealth.

Telemonitoring means 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.

SOURCE: NE Admin. Code Title 471 Sec. 1-004.01, (Accessed Jan. 2024).

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 Jan. 2024).

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 Jan. 2024).

LIVE VIDEO

Last updated 01/04/2024

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 Jan. 2024).

Medicaid will reimburse a consulting health care provider if the following are met:

- After obtaining and analyzing the transmitted information, the consulting provider reports back to the referring health care practitioner;
- The consulting health care practitioner must bill for services using the appropriate modifier; and
- Payment is not made to the referring health care practitioner who sends the medical documentation.

Practitioner consultation is not covered for behavioral health when the client has an urgent psychiatric condition requiring immediate attention by a licensed mental health practitioner.

Telehealth services are reimbursed by Medicaid at the same rate as the service when it is delivered in person in accordance with each service specific chapter in Title 471 NAC.

SOURCE: NE Admin. Code Title 471 Sec. 1-004.08-.09, Ch. 1, (Accessed Jan. 2024).

In-person contact is not required for reimbursable services under the Medicaid program, subject to reimbursement policies developed. This policy also applies to managed care plans who contract with the Department only to the extent that:

- Services delivered via telehealth are covered and reimbursed under the fee-for-service program and
- Managed care contracts are amended to add coverage of services delivered via telehealth and appropriate capitation rate adjustments are incorporated.

Reimbursement shall, at a minimum, be set at the same rate as a comparable in-person consult and the rate must 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 Jan. 2024).

ELIGIBLE SERVICES/SPECIALTIES

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 Jan. 2024).

See code list for Nebraska Medicaid telehealth codes.

SOURCE: NE Medicaid Program, Medical Telehealth Codes, (Accessed Jan. 2024).

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 Jan. 2024).

Assertive Community Treatment (ACT)

ACT Team Interventions may be provided via telehealth when provided according to certain regulations.

SOURCE: NE Admin. Code Title 471 Sec. 35-013.11, Ch. 35, (Accessed Jan. 2024).

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 Jan. 2024).

Services for Individuals with Developmental Disabilities

Providers may conduct observations in-person or by telehealth.

SOURCE: NE Admin. Code Title 403 Sec. 004.04, Ch. 4, p. 5 & Sec. 004.04, Ch. 5, p. 5 (Accessed Jan. 2024).

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 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 Jan. 2024).

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.

SOURCE: NE Admin. Code Title 471, Sec. 1-004.05, Ch. 1, (Accessed Jan. 2024).

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 Jan. 2024).

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 Jan. 2024).

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 Jan. 2024).

ELIGIBLE SITES

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 Jan. 2024).

Health care practitioners must ensure that the originating sites meet the standards for telehealth services. Originating sites must provide a place where the client's right to receive confidential and private services is protected.

SOURCE: NE Admin. Code Title 471 Sec. 1-004.03, Ch. 1, (Accessed Jan. 2024).

GEOGRAPHIC LIMITS

No Reference Found

FACILITY/TRANSMISSION FEE

Telehealth services and transmission costs are covered by Medicaid when:

- The technology used meets industry standards;
- The technology is Health Insurance Portability and Accountability Act of 1996 (HIPAA) compliant; and
- The telehealth technology solution in use at both the originating and the distant site must be sufficient to allow the health care practitioner to appropriately complete the service billed to Medicaid

The originating site fee is paid to the Medicaid-enrolled facility hosting the client at a rate set forth in the Medicaid fee schedule or under arrangement with the Managed Care Organization (MCO).

SOURCE: NE Admin. Code Title 471 Sec. 1-004.06 & 1-004.010, Ch. 1, (Accessed Jan. 2024).

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 Jan. 2024).

STORE-AND-FORWARD

Last updated 01/04/2024

POLICY

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

SOURCE: NE Rev. Statute, 71-8503(3) (Accessed Jan. 2024).

ELIGIBLE SERVICES/SPECIALTIES

Nebraska Medicaid will reimburse for teleradiology when it meets the American College of Radiology standards for tele-radiology. There is no other reference to reimbursing for other specialties.

SOURCE: NE Admin. Code Title 471 Sec. 1-004.06(B), Ch. 1 (Accessed Jan. 2024).

GEOGRAPHIC LIMITS

No Reference Found

TRANSMISSION FEE

No Reference Found

REMOTE PATIENT MONITORING

Last updated 01/04/2024

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.

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

- Telemonitoring is covered only when 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 maintains a client's record 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.

Paid at daily per diem-rate and includes:

- Healthcare practitioner review and interpretation of client data;
- Equipment and all supplies, accessories, and services necessary for proper functioning and use of equipment;
- Medically necessary visits to the home by a health care practitioner;

- Training on the use of the equipment and completion of necessary records.

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

SOURCE: NE Admin. Code Title 471 Sec. 1-004.01(F) & 1-004.07, Ch. 1, (Accessed Jan. 2024).

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 Jan. 2024).

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 Jan. 2024).

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 Jan. 2024).

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 Jan. 2024).

PROVIDER LIMITATIONS

No Reference Found

OTHER RESTRICTIONS

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 Jan. 2024).

EMAIL, PHONE & FAX

Last updated 01/04/2024

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 Jan. 2024).

See code list for Nebraska Medicaid telehealth (and audio-only) codes.

SOURCE: NE Medicaid Program, Medical Telehealth Codes, (Accessed Jan. 2024).

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 Jan. 2024).

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 Jan. 2024).

CONSENT REQUIREMENTS

Last updated 01/04/2024

Written or email consent required before initial service delivery. Must include this information:

- A list of alternative care options, including in-person services;
- All existing laws and protections including: confidentiality protections, patient access to all medical information from the consult, and dissemination of client identifiable information;
- Whether the telehealth consultation will 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.

Sample patient consent form available in Manual Appendix.

SOURCE: NE Admin. Code Title 471 Sec. 1-004.04, Ch. 1, & Sample Consent form: Appendix, 471-000-10 Instructions for Completing NE Medicaid Telehealth Patient Consent Form. (Accessed Jan. 2024).

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 Aug. 2023).

Written information must be provided to the patient. See statute for specific requirements of written information.

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 and that this information has been discussed with the health care practitioner or the practitioner's designee. The signed statement may be collected by paper or electronic signature and shall become a part of the patient's medical record. If the patient gives verbal consent during the initial telehealth consultation, the signed statement shall be collected within ten days after such telehealth consultation.

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, such statement shall be signed, or such verbal consent given, by the patient's legally authorized representative.

Does not apply in an emergency situation in which the patient is unable to sign the statement or give verbal consent and the patient's legally authorized representative is unavailable.

SOURCE: NE Revised Statutes Sec. 71-8505, (Accessed Jan. 2024).

OUT OF STATE PROVIDERS

Last updated 08/08/2023

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 Jan. 2024).

Payment in fee-for-service and Managed Care may be approved for services provided outside Nebraska in the following situations:

- When an emergency arises from accident or sudden illness while a client is visiting in another state and the client's health would be endangered if medical care is postponed until the client returns to Nebraska;
- When a client customarily obtains a medically necessary service in another state because the service is more accessible; and
- When the client requires a medically necessary service that is not available in Nebraska.

Prior authorization is required for out-of-state services. See regulation for procedures.

Out-of-State telehealth services are covered if the telehealth services otherwise meet the regulatory requirements for payment for services provided outside Nebraska and:

- When the distant site is located in another state and the originating site is located in Nebraska; or
- 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.

SOURCE: NE Admin. Code Title 471, Ch. 1, Sec. 1-002.02(E) & 1-004.11, (Accessed Jan. 2024).

MISCELLANEOUS

Last updated 01/04/2024

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 Jan. 2024).

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 Jan. 2024).

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 Jan. 2024).

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 Jan. 2024).

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 Jan. 2024).

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 Jan. 2024).

Professional Requirements

DEFINITIONS

Last updated 01/04/2024

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 Jan. 2024).

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 Jan. 2024).

CONSENT REQUIREMENTS

Last updated 01/04/2024

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

ONLINE PRESCRIBING

Last updated 01/04/2024

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 Jan. 2024).

CROSS-STATE LICENSING

Last updated 01/04/2024

No Reference Found

LICENSURE COMPACTS

Last updated 01/04/2024

Member of the Interstate Medical Licensure Compact.

SOURCE: The IMLC. Interstate Medical Licensure Compact. (Accessed Jan. 2024).

Member of the Psychology Interjurisdictional Compact .

SOURCE: PSYPACT Compact Map (Accessed Jan. 2024).

Member of the Nurse Licensure Compact.

SOURCE: Current NLC States and Status. Nurse Licensure Compact (NLC). (Accessed Jan. 2024).

Member of the Physical Therapy Compact.

SOURCE: Compact Map. Physical Therapy Compact. (Accessed Jan. 2024).

Member of the EMS Compact.

SOURCE: EMS Compact Map. (Accessed Jan. 2024).

Member of Audiology and Speech Language Pathology Interstate Compact.

SOURCE: ASLP-IC, Compact Map, (Accessed Jan. 2024).

Member of the Counseling Compact.

SOURCE: Counseling Compact Map. (Accessed Jan. 2024).

Member of the Occupational Therapy Licensure Compact.

SOURCE: Occupational Therapy Licensure Compact. (Accessed Jan. 2024).

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

PROFESSIONAL BOARDS STANDARDS

Last updated 01/04/2024

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 Jan. 2024).

MISCELLANEOUS

Last updated 01/04/2024

A stroke system of care task force shall recommend eligible essential health care services for acute stroke care provided through telehealth.

SOURCE: NE Revised Statutes 71-4209. (Accessed Jan. 2024).

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 Jan. 2024).

Federally Qualified Health Center (FQHC)

DEFINITION OF VISIT

Last updated 01/04/2024

Encounter means a face-to-face visit between a Medicaid-eligible patient and a physician, physician assistant, nurse practitioner, nurse midwife, specialized nurse practitioner, visiting nurse, clinical psychologist, or clinical social worker during which an FQHC service is rendered. Encounters with more than one health professional and multiple encounters with the same health professional which take place on the same day and at a single location constitute a single visit, except for cases in which the patient, subsequent to the first encounter, suffers an illness or injury requiring additional diagnosis or treatment.

SOURCE: NE Admin. Code Title 471, Sec. 29-003.01, Ch. 29, Manual Letter #11-2010. (Accessed Jan. 2024).

MODALITIES ALLOWED

Last updated 01/04/2024

Live Video

IHS and Tribal 638 facilities can bill the encounter rate for telehealth services as long as these services meet the definition of an encounter. The facility must stay in accordance with the four walls rule to bill for telehealth. Federally qualified health centers and rural

health centers may bill the encounter rate for core services that are allowed via telehealth. Learn more about the list of allowable telehealth codes on our website.

SOURCE: NE Medicaid Program, Bulletin 23-08: Guidance on Telehealth, Mar. 23, 2023, (Accessed Jan. 2024).

See: NE Medicaid Live Video.

Store and Forward

According to statute, there is no restriction on distant sites, and all modes of telehealth including store-and-forward, is supposed to be covered. However, CCHP has not found an explicit reference.

See: NE Medicaid Store and Forward.

Remote Patient Monitoring

According to statute, RPM is covered with restrictions, however there is no indication from Medicaid they are implementing this, and there is no clarification if FQHCs can bill for this.

See: NE Medicaid Remote Patient Monitoring.

Audio-Only

Audio-only is reimbursed for some codes, however there is nothing explicit that states FQHCs can be reimbursed for those services.

See: NE Medicaid Email, Phone and Fax.

SAME DAY ENCOUNTERS

Last updated 01/04/2024

Encounters with more than one health professional and multiple encounters with the same health professional which take place on the same day and at a single location

constitute a single visit, except for cases in which the patient, subsequent to the first encounter, suffers an illness or injury requiring additional diagnosis or treatment.

SOURCE: NE Admin. Code Title 471, Sec. 29-003.01, Ch. 29, Manual Letter #11-2010. (Accessed Jan. 2024).

ELIGIBLE ORIGINATING SITE

Last updated 01/04/2024

Not explicitly listed as originating site, although FQHCs are eligible for reimbursement of transmission costs.

See: NE Medicaid Live Video Eligible Sites.

ELIGIBLE DISTANT SITE

Last updated 01/04/2024

FQHC and RHC payment for telehealth services is the Medicaid rate for a 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. (Accessed Jan. 2023).

See: NE Medicaid Live Video Distant Site

FACILITY FEE

Last updated 01/04/2024

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, (Accessed Jan. 2024).

See: NE Medicaid Live Video Facility/Transmission Fee

PPS RATE

Last updated 01/04/2024

IHS and Tribal 638 facilities can bill the encounter rate for telehealth services as long as these services meet the definition of an encounter. The facility must stay in accordance with the four walls rule to bill for telehealth. Federally qualified health centers and rural health centers may bill the encounter rate for core services that are allowed via telehealth. Learn more about the list of allowable telehealth codes on our website.

SOURCE: NE Medicaid Program, Bulletin 23-08: Guidance on Telehealth, Mar. 23, 2023, (Accessed Jan. 2024).

FQHC and RHC payment for telehealth services is the Medicaid rate for a 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. 29-003.1 & Sec. 29-004.05, Ch. 29. (Accessed Jan. 2024).

HOME ELIGIBLE

Last updated 01/04/2024

No reference found

PATIENT-PROVIDER RELATIONSHIP

Last updated 01/04/2024

No reference found