



AT A GLANCE

MEDICAID PROGRAM

Nebraska Medicaid

ADMINISTRATOR

Nebraska Dept. of Health and Human Services

REGIONAL TELEHEALTH RESOURCE CENTER

[Great Plains Telehealth Resource and Assistance Center](#)

MEDICAID REIMBURSEMENT

Live Video: Yes

Store-and-Forward: No

Remote Patient Monitoring: Yes

PRIVATE PAYER LAW

Law Exists: Yes

Payment Parity: No

PROFESSIONAL REQUIREMENTS

Licensure Compacts: IMLC, PTC, PSY, NLC, EMS

Consent Requirements: Yes

COVID-19

ORIGINATING SITE

Last updated 02/28/2021

Medicaid: [General Statewide Telehealth -COVID-19 FAQs](#)

STATUS: Active

Medicaid: [Telehealth Behavioral Health Services](#)

STATUS: Active, until end of the COVID-19 emergency

Medicaid: [Telephone Reimbursement](#)

STATUS: Active, until end of the COVID-19 emergency

PROVIDER TYPE

Last updated 02/28/2021

Medicaid: [General Statewide Telehealth -COVID-19 FAQs](#)

STATUS: Active

Medicaid: [Long Term Care COVID—19 FAQs](#)

STATUS: Active

Medicaid: [Telephone Reimbursement](#)

STATUS: Active, until end of the COVID-19 emergency

SERVICE EXPANSION

Last updated 02/28/2021

Medicaid: [Annual Physical Requirements](#)

STATUS: Active, during COVID-19 emergency

Medicaid: [General Statewide Telehealth -COVID-19 FAQs](#)

STATUS: Active

Medicaid: [Long Term Care COVID—19 FAQs](#)

STATUS: Active

Medicaid: [Telehealth Behavioral Health Services](#)

STATUS: Active, until end of the COVID-19 emergency

Medicaid: [Telehealth for Physical, Occupational and Speech Therapy](#)

STATUS: Active, until end of the COVID-19 emergency

Medicaid: [Teledentistry Update](#)

STATUS: Active, until end of the COVID-19 emergency

Medicaid: [Telephone Reimbursement](#)

STATUS: Active, until end of the COVID-19 emergency

Medicaid: [Behavioral Health FAQs](#)

STATUS: Active

AUDIO-ONLY DELIVERY

Last updated 02/28/2021

Medicaid: [General Statewide Telehealth -COVID-19 FAQs](#)

STATUS: Active

Medicaid: [Long Term Care COVID—19 FAQs](#)

STATUS: Active

Medicaid: [Telephone Triage Billing](#)

STATUS: Active, until end of the COVID-19 emergency

Medicaid: [Telehealth Behavioral Health Services](#)

STATUS: Active, until end of the COVID-19 emergency

Medicaid: [Teledentistry Update](#)

STATUS: Active, until end of the COVID-19 emergency

Medicaid: [Telephone Reimbursement](#)

STATUS: Active, until end of the COVID-19 emergency

Medicaid 1915(c) Waiver: [Appendix K – Aged Adults and Children with Disabilities](#)

STATUS: Active, expires March 5, 2021 (see extension below)

Medicaid 1915(c) Waiver: [Appendix K Addendum – Aged Adults and Children with Disabilities](#)

STATUS: Active, expires March 5, 2021

Medicaid 1915(c) Waiver: [Appendix K – Comprehensive Developmental Disabilities Waiver](#)

STATUS: Active, expires March 5, 2021 (see extension below)

Medicaid 1915(c) Waiver: [Appendix K Addendum – Comprehensive Developmental Disabilities Waiver](#)

STATUS: Active, expires March 5, 2021

Medicaid 1915(c) Waiver: [Appendix K – Traumatic Brain Injury](#)

STATUS: Active, expires March 5, 2021 (see extension below)

Medicaid 1915(c) Waiver: [Appendix K Addendum – Traumatic Brain Injury](#)

STATUS: Active, expires March 5, 2021

Medicaid: [Behavioral Health FAQs](#)

STATUS: Active

EASING PRESCRIBING REQUIREMENTS

Last updated 02/28/2021

No Reference Found

EASING CONSENT REQUIREMENTS

Last updated 02/28/2021

Medicaid: [General Statewide Telehealth -COVID-19 FAQs](#)

STATUS: Active

Medicaid: [Telehealth Written Statement Requirement, Exception for Emergencies](#)

STATUS: Active, until end of PHE

Medicaid: [Long Term Care COVID–19 FAQs](#)

STATUS: Active

Department of Insurance: [Telehealth Written Statement Requirement](#)

STATUS: Active, until end of NE State of Emergency

Medicaid: [Behavioral Health FAQs](#)

STATUS: Active

CROSS-STATE LICENSING

Last updated 02/28/2021

Medicaid: [General Statewide Telehealth – COVID-19 FAQs](#)

STATUS: Active

PRIVATE PAYER

Last updated 02/28/2021

Medicaid: [General Statewide Telehealth –COVID-19 FAQs](#)

STATUS: Active

Department of Insurance: [Telehealth Written Statement Requirement](#)

STATUS: Active, until end of NE State of Emergency

Department of Insurance: [Telehealth Questions and Responses](#)

STATUS: Varies

MISCELLANEOUS

Last updated 02/28/2021

Office of the Governor: [Telehealth Expansion in Response to COVID-19](#)

STATUS: Active, until end of PHE

Medicaid 1915(c) Waiver: [Appendix K – Aged Adults and Children with Disabilities](#)

STATUS: Active, expires March 5, 2021 (see extension below)

Medicaid 1915(c) Waiver: [Appendix K Addendum – Aged Adults and Children with Disabilities](#)

STATUS: Active, expires March 5, 2021

Medicaid 1915(c) Waiver: [Appendix K – Comprehensive Developmental Disabilities Waiver](#)

STATUS: Active, expires March 5, 2021 (see extension below)

Medicaid 1915(c) Waiver: [Appendix K Addendum – Comprehensive Developmental Disabilities Waiver](#)

STATUS: Active, expires March 5, 2021

Medicaid 1915(c) Waiver: [Appendix K – Traumatic Brain Injury](#)

STATUS: Active, expires March 5, 2021 (see extension below)

Medicaid 1915(c) Waiver: [Appendix K Addendum – Traumatic Brain Injury](#)

STATUS: Active, expires March 5, 2021

Office of the Governor: [Executive Order \(includes telehealth\)](#)

STATUS: Active, expires 30 days after NE State of Emergency

LR 422: [Interim Study, includes telehealth delivery](#)

STATUS: Referred to Health and Human Services Committee

LR 35: [Telehealth COVID-19 Study](#)

STATUS: Referred to Health and Human Services Committee

LB 139: [The COVID-19 Liability Protection Act](#)

STATUS: Introduced

Medicaid

OVERVIEW

Last updated 02/28/2021

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.

DEFINITIONS

Last updated 02/28/2021

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 is 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\(E\)](#) & (F), Ch. 1, & [NE Rev. Statute, 71-8503](#). (Accessed Feb. 2021).

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.

SOURCE: [NE Rev. Statute, 71-8503\(3\)](#). (Accessed Feb. 2021).

LIVE VIDEO

Last updated 02/28/2021

POLICY

Nebraska Medicaid provides coverage for telehealth at the same rate as in-person services when the technology meets industry standards and is HIPAA compliant.

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;
- Payment is not made to the referring health care practitioner who sends the medical documentation. Reimbursement is at the same rate as in-person services.

- 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.

SOURCE: [NE Admin. Code Title 471 Sec. 1-004.08-.09, Ch. 1, p. 9. \(Accessed Feb. 2021\).](#)

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. \(Accessed Feb. 2021\).](#)

Children's Behavioral Health

A trained staff member must be immediately available to a child receiving telehealth behavioral health services. This requirement may be waived by a legal guardian and in cases where there is a threat that the child may harm themselves or others, a safety plan must be developed before the telehealth interaction takes place.

SOURCE: [NE Admin. Code Title 471, Sec. 1-004.05, Ch. 1, p. 8. \(Accessed Feb. 2021\).](#)

ELIGIBLE SERVICES/SPECIALTIES

Federally Qualified Health Centers & Rural Health Clinics

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, p. 5](#) & [NE Admin. Code Title 471, Sec. 34-007, Ch. 34, Manual Letter #11-2010](#). (Accessed Feb. 2021).

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, p. 26](#). (Accessed Feb. 2021).

Indian Health Service (IHS) Facilities

Telehealth services may be used to conduct a face-to-face visit (encounter) for the provision of medically necessary Medicaid-defined services in an IHS or Tribal 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, p. 1](#). (Accessed Feb. 2021).

Services for Individuals with Developmental Disabilities

Providers may conduct observations for the development, modification, evaluation, or implementation of a behavioral support plan 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 Feb. 2021).

ELIGIBLE PROVIDERS

Nebraska Medicaid-enrolled providers licensed, registered, or certified to practice in Nebraska are eligible for reimbursement.

SOURCE: [NE Rev. Statute, 71-8503\(2\)](#) (Accessed Feb. 2021).

ELIGIBLE SITES

Health care practitioners must assure that the originating sites meet the standards for telehealth, including providing a place where the client's right for confidential and private services is protected.

SOURCE: [NE Admin. Code Title 471 Sec. 1-004.03, Ch. 1, p. 8. \(Accessed Feb. 2021\).](#)

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

An originating site fee is paid to the Medicaid-enrolled facility hosting the client.

SOURCE: [NE Admin. Code Title 471 Sec. 1-004.06 & 1-004.010, Ch. 1, 8 & 10. \(Accessed Feb. 2021\).](#)

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

SOURCE: [NE Admin. Code Title 471, Sec. 29-004.05A, Ch. 29, Manual Letter #11-2010, p. 5](#) & [NE Admin. Code Title 471, Sec. 34-007.01, Ch. 34, Manual Letter #11-2010, p. 6. \(Accessed Feb. 2021\).](#)

STORE-AND-FORWARD

Last updated 02/28/2021

POLICY

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

SOURCE: [NE Rev. Statute, 71-8503\(3\) \(Accessed Feb. 2021\)](#).

ELIGIBLE SERVICES/SPECIALTIES

Nebraska Medicaid will reimburse for tele-radiology 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, p.9. \(Accessed Feb. 2021\)](#).

GEOGRAPHIC LIMITS

No Reference Found

TRANSMISSION FEE

No Reference Found

REMOTE PATIENT MONITORING

Last updated 02/28/2021

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 assess 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 is allowed.

SOURCE: [NE Admin. Code Title 471 Sec. 1-004.01\(F\) & 1-004.07, Ch. 1, p. 7 & 9. \(Accessed Feb. 2021\).](#)

CONDITIONS

No Reference Found

PROVIDER LIMITATIONS

No Reference Found

OTHER RESTRICTIONS

No Reference Found

EMAIL, PHONE & FAX

Last updated 02/28/2021

No reimbursement for telephone. Follow-up calls after the initial evaluation are included in the cost of the evaluation. Reimbursement may be made for 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, Sec. 18-004.38, Ch. 18, Manual Letter #59-2003 & NE Admin. Code Title 471, Sec. 18-004.50B, Ch. 18, Manual Letter #93-2008. \(Accessed Feb. 2021\).](#)

CONSENT REQUIREMENTS

Last updated 02/28/2021

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 client shall be informed of all parties present at both ends of the consult, and the client may exclude anyone from either site;
- For each adult client or for a client who is a child but who is not receiving telehealth behavioral health services, a safety plan must be developed, should it be needed at any time during or after the provision of telehealth; Special rules apply for a child who is receiving telehealth behavioral health services;
- Written consent will become part of the client's medical record and a copy must be provided to the client or authorized representative; and
- If the client is a child or otherwise unable to sign the consent form, the client's legally authorized representative shall provide the consent.

Sample patient consent form available in Manual Appendix.

SOURCE: [NE Admin. Code Title 471 Sec. 1-004.04, Ch. 1, p. 8 & Appendix, 471-000-10 Instructions for Completing NE Medicaid Telehealth Patient Consent Form. \(Accessed Feb. 2021\).](#)

Written patient consent is required prior to an initial telehealth consultation. If the patient is a minor, incapacitated, or mentally incompetent such that they are unable to sign the

written statement, written consent must be obtained from the patient's legally authorized representative. Consent is not required in emergency situations.

SOURCE: [NE Revised Statutes Sec. 71-8505\(2\).](#) (Accessed Feb. 2021).

OUT OF STATE PROVIDERS

Last updated 02/28/2021

Out-of-State Telehealth Services are covered:

- During an emergency from an accident or sudden illness when the enrollee is out of state and the health of the enrollee is endangered if medical attention is postponed until a return to Nebraska;
- When the enrollee customarily obtains a medically necessary service in another state because the service is more accessible;
- When the client requires a medically necessary service that is not available in Nebraska.

Prior authorization is required for out-of-state services.

Out-of-state is covered if the telehealth otherwise meets 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 Sec. 1-002.02\(E\) & 1-004.11, p. 3 & 10.](#) (Accessed Feb. 2021).

MISCELLANEOUS

Last updated 02/28/2021

NE Medicaid does provide an outpatient cardiac rehabilitation program consisting of physical exercise or conditioning and concurrent telemetric monitoring are considered a valuable therapeutic modality. 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\(B\).](#), p. 48-95 (Accessed Feb. 2021).

Private Payer

DEFINITIONS

Last updated 02/28/2021

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 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 provider at another site for medical evaluation, and telemonitoring.

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 Feb. 2021).

REQUIREMENTS

Last updated 02/28/2021

Any insurer offering any policy, certificate, contract, or plan 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 Feb. 2021).

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);

- Requirements for licensing status of health care providers providing telehealth and telemonitoring services; and
- Requirements for demonstrating compliance with the signed written statement requirement.

SOURCE: [NE Revised Statute, Sec. 44-312. \(Accessed Feb. 2021\).](#)

PARITY

Last updated 02/28/2021

SERVICE PARITY

Private payers and self-funded employee benefit plans are prohibited from excluding a service from coverage solely because the service is delivered through telehealth and is not provided through in-person consultation or contact between a licensed health care provider and a patient. This does not apply to policies, certificates, contracts, or plans that provide coverage for a specified disease or other limited-benefit coverage.

SOURCE: [NE Revised Statutes, Sec. 44-7,107. \(Accessed Feb. 2021\).](#)

PAYMENT PARITY

No explicit payment parity.

Professional Requirements

DEFINITIONS

Last updated 02/28/2021

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. \(Accessed Feb. 2021\).](#)

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. \(Accessed Feb. 2021\).](#)

CONSENT REQUIREMENTS

Last updated 02/28/2021

No Reference Found

ONLINE PRESCRIBING

Last updated 02/28/2021

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

SOURCE: [NE Revised Statute 38-1,143. \(Accessed Feb. 2021\).](#)

CROSS-STATE LICENSING

Last updated 02/28/2021

No Reference Found

LICENSURE COMPACTS

Last updated 02/28/2021

Member of the Interstate Medical Licensure Compact.

SOURCE: [The IMLC. Interstate Medical Licensure Compact. \(Accessed Feb. 2021\).](#)

Member of the Psychology Interjurisdictional Compact of the Association of State and Provincial Psychology Boards.

SOURCE: [Legislative Updates. Psypact. \(Accessed Feb. 2021\).](#)

Member of the Nurse Licensure Compact.

SOURCE: [Current NLC States and Status. Nurse Licensure Compact \(NLC\). \(Accessed Feb. 2021\).](#)

Member of the Physical Therapy Compact.

SOURCE: [Compact Map. Physical Therapy Compact. \(Accessed Feb. 2021\).](#)

Member of the EMS Compact.

SOURCE: [EMS Compact Map. \(Accessed Feb. 2021\).](#)

MISCELLANEOUS

Last updated 02/28/2021

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. \(Accessed Feb. 2021\).](#)

PROFESSIONAL BOARDS STANDARDS

Last updated 02/28/2021

No Reference Found