

Nebraska

Medicaid Program: Nebraska Medicaid

Program Administrator: NE Dept. of Health and Human Services

Regional Telehealth Resource Center: Great Plains Telehealth Resource and Assistance Center <https://www.gptrac.org>

Nebraska At-a-Glance

MEDICAID REIMBURSEMENT			PRIVATE PAYER LAW		PROFESSIONAL REQUIREMENTS	
LIVE VIDEO	STORE-AND-FORWARD	REMOTE PATIENT MONITORING	LAW EXISTS	PAYMENT PARITY	LICENSURE COMPACTS	CONSENT REQUIREMENT
✓	✗	✓	✓	✗	IMLC, NLC, PTC, PSYPACT, EMS	✓

Nebraska Detailed Policy

Medicaid Telehealth Reimbursement	Summary	<p>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.</p>
	Definitions	<p>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.</p> <p>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.</p> <p>Source: NE Admin. Code Title 471 Sec. 1-006.02, Ch. 1, Manual Letter #52-2016. & NE Rev. Statute, 71-8503. (Accessed Sept. 2020).</p> <p>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.</p> <p>Source: NE Rev. Statute, 71-8503(3). (Accessed Sept. 2020)</p>



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. 1-006.08-.09, Ch. 1, Manual Letter #52-2016, p. 19. (Accessed Sept. 2020).

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 Sept. 2020).

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. 1-006.05(6), Ch. 1, Manual Letter #52-2016, p. 18. (Accessed Sept. 2020).

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, Manual Letter #11-2010, p. 5. & NE Admin. Code Title 471, Sec. 34-007, Ch. 34, Manual Letter #11-2010. (Accessed Sept. 2020).

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, Manual Letter #89-2008, p. 26. (Accessed Sept. 2020).



Eligible Services / Specialties

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, Manual Letter #51-2018, p. 1. (Accessed Sept. 2020).

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 Sept. 2020).

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 Sept. 2020)

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. 1-006.04, Ch. 1, Manual Letter #52-2016, p. 17. (Accessed Sept. 2020).

Geographic Limits

No reference found.

Facility/Transmission Fee

Nebraska Medicaid reimburses for transmission costs for two-way, real-time interactive communication, unless provided by an internet service provider.

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

Source: NE Admin. Code Title 471 Sec. 1-006.010-.11, Ch. 1, Manual Letter #52-2016, p. 19-20. (Accessed Sept. 2020).

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 Sept. 2020).



Medicaid Telehealth Reimbursement

Store-and-Forward	Policy	<p>Asynchronous service is included in the definition for telehealth in Nebraska statutes.</p> <p>Source: NE Rev. Statute, 71-8503(3). (Accessed Sept. 2020)</p>
	Eligible Services/Specialties	<p>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.</p> <p>Source: NE Admin. Code Title 471 Sec. 1-006.06, Ch. 1, Manual Letter #52-2016, p. 18. (Accessed Sept. 2020).</p>
	Geographic Limits	<p>No reference found.</p>
	Transmission Fee	<p>No reference found.</p>
Remote Patient Monitoring	Policy	<p>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.</p> <p>Medicaid will reimburse for telemonitoring when all of the following requirements are met:</p> <ul style="list-style-type: none"> • 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. <p>Paid at daily per diem-rate and includes:</p> <ul style="list-style-type: none"> • 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. <p>No additional or separate payment is allowed.</p> <p>Source: NE Admin. Code Title 471 Sec. 1-006.07, Ch. 1, Manual Letter #52-2016, p. 18-19. (Accessed Sept. 2020).</p>



Medicaid Telehealth Reimbursement

Remote Patient Monitoring	Conditions	No reference found.
	Provider Limitations	No reference found.
	Other Restrictions	No reference found.
Email / Phone / Fax	<p>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.</p> <p>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 Sept. 2020).</p>	
Consent	<p>Written or email consent required before initial service delivery. Must include this information:</p> <ul style="list-style-type: none"> • 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. <p>Sample patient consent form available in Manual Appendix.</p> <p>Source: NE Admin. Code Title 471 Sec. 1-006.05, Ch. 1, Manual Letter #52-2016, p. 17-18 & Appendix, 471-000-10 Instructions for Completing NE Medicaid Telehealth Patient Consent Form. (Accessed Sept. 2020).</p> <p>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.</p> <p>Source: NE Revised Statutes Sec. 71-8505(2). (Accessed Sept. 2020).</p>	



Medicaid Telehealth Reimbursement

Out of State Providers

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;
- When the client requires a medically necessary nursing facility.

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. 1-002.02G & 1-006.12, Ch. 1, Manual Letter #52-2016, p. 8 & 20. (Accessed Sept. 2020).

Miscellaneous

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. 10-005.19, Ch. 10, Manual Letter 48-95, p. 53. (Accessed Sept. 2020).

Private Payer Laws

Definitions

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 Sept. 2020).

Requirements

Recently Passed Legislation

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 Sept. 2020).



	Requirements	<p>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:</p> <ul style="list-style-type: none"> • 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. <p>Source: NE Revised Statute, Sec. 44-312.. (Accessed Sept. 2020).</p>
Private Payer Laws	Parity	<p>Service Parity</p> <p>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.</p> <p>Source: NE Revised Statutes, Sec. 44-7,107. (Accessed Sept. 2020).</p>
	Payment Parity	<p>No explicit payment parity.</p>
Professional Regulation/Health & Safety	Definitions	<p>Uniform Credentialing Act (Licensed/Credentialed Health Professionals)</p> <p>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.</p> <p>Source: NE Revised Statutes Sec. 38-120.01. (Accessed Sept. 2020).</p> <p>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.</p> <p>Source: NE Revised Statutes Sec. 38-120.02. (Accessed Sept. 2020).</p>
	Consent	<p>No reference found.</p>



Online Prescribing

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 Sept. 2020).

Cross-State Licensing

Member of the Interstate Medical Licensure Compact.

Source: The IMLC. Interstate Medical Licensure Compact. (Accessed Sept. 2020).

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

Source: Legislative Updates. Psypact. (Accessed Sept. 2020).

Member of the Nurse Licensure Compact.

Source: Current NLC States and Status. Nurse Licensure Compact (NLC). (Accessed Sept. 2020).

Member of the Physical Therapy Compact.

Source: Compact Map. Physical Therapy Compact. (Accessed Sept. 2020).

Member of Emergency Medical Services Compact.

Source: Interstate Commission for EMS Personnel Practice. EMS Member States and Commissions. (Accessed Sept. 2020).

Miscellaneous

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 Sept. 2020).

