

Attachment 3.1-A
Item 3
Applies to both
Categorically and
Medically needy

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS – OTHER LABORATORY AND X-RAY SERVICES

PRIOR AUTHORIZATION: NMAP requires prior authorization for certain radiology services. Prior authorization must be obtained before the service is provided. All non-emergency outpatient computerized tomography (CT) scans, magnetic resonance angiogram (MRA) scans, magnetic resonance imaging (MRI) scans, magnetic resonance spectroscopy (MRS) scans, nuclear medicine cardiology scans, positron emission tomography (PET) scans, and single photon emission computed tomography (SPECT) scans will require prior authorization. These prior authorization requirements apply for all Medicaid clients enrolled in fee-for-service programs and must be completed prior to the scan being performed. These requirements do not apply to these scans when performed during an inpatient hospitalization or for treatment of an emergency medical condition through the hospital's emergency room.

Telehealth:

Other laboratory and x-ray services are covered when provided via telehealth technologies subject to the limitations as set forth in state regulations, as amended.

Transmittal # NE-09-02

Supersedes

Approved JUN 30 2009 Effective JUL 01 2009

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