

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nebraska

LIMITATIONS – OUTPATIENT HOSPITAL

PSYCHIATRIC PARTIAL HOSPITALIZATION SERVICES

Psychiatric Partial Hospitalization services are diagnostic, therapeutic, treatment and rehabilitation services provided in a outpatient hospital setting under the direction of a licensed physician, preferably a psychiatrist, enrolled with Nebraska Medicaid.

Services are provided in a facility licensed as a hospital by Health and Human Services, Division of Public Health or if the service is provided in another state, the state agency assigned this responsibility. The facility must have achieved and maintained national accreditation by the Joint Commission on Accreditation of healthcare Organizations or by the American Osteopathic Association. The provider must be enrolled as a hospital with Nebraska Medicaid. Services are provided at a level of intensity that meets the client's mental health/substance abuse treatment needs but less than a 24-hour period. Services are available a minimum of three hours per day and may be provided a full day of 6 or more treatment hours. Services must be available a minimum of 5 days per week but may be available 7 days per week.

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State Nebraska

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

OUTPATIENT HOSPITAL SERVICES

NMAP pays for covered psychiatric partial hospitalization services at the lower of:

1. The provider's submitted charge; or
2. The allowable amount for that procedure code in the Nebraska Medicaid Practitioner Fee Schedule in effect for that date of service. The allowable amount is indicated in the fee schedule as:
 - a. The unit value multiplied by the conversion factor;
 - b. The invoice cost (indicated as "IC" in the fee schedule);
 - c. The maximum allowable dollar amount; or
 - d. The reasonable charge for the procedure as determined by the Medicaid Division (indicated as "BR" - by report or "RNE" - rate not established - in the fee schedule).

The Nebraska Medicaid Practitioner Fee Schedule is effective July 1 through June 30 of each year. The effective date for this service was July 1, 2009.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of Partial Hospitalization and annual periodic adjustments to the fee schedule are published in www.dhhs.ne.gov/med/medindex.htm.

Revisions of the Fee Schedule: The Department reserves the right to adjust the fee schedule to:

1. Comply with changes in state or federal requirements;
2. Comply with changes in nationally-recognized coding systems, such as HCPCS and CPT;
3. Establish an initial allowable amount for a new procedure based on information that was not available when the fee schedule was established for the current year; and
4. Adjust the allowable amount when the Medicaid Division determines that the current allowable amount is:
 - a. Not appropriate for the service provided; or
 - b. Based on errors in data or calculation.

The Department may issue revisions of the Nebraska Medicaid Fee Schedule during the year that it is effective. Providers will be notified of the revisions and their effective dates.

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