

## **Table of Contents**

**State/Territory Name: NE**

**State Plan Amendment (SPA) #: 20-0005**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
601 East 12<sup>th</sup> Street, Suite 355  
Kansas City, Missouri 64106-2898



**Medicaid and CHIP Operations Group**

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May 22, 2020

Jeremy Brunssen, Interim Director  
Division of Medicaid and Long-Term Care  
Nebraska Department of Health & Human Services  
301 Centennial Mall South, 5<sup>th</sup> Floor  
P.O. Box 95026  
Lincoln, NE 68509-5026

Dear Mr. Brunssen:

On March 10, 2020, the Centers for Medicare & Medicaid Services (CMS) received Nebraska's State Plan Amendment (SPA) transmittal #20-0005 to remove the maximum number of chiropractic visits for adults and children; to base the need for treatment by means of manual manipulation on medical necessity; and to allow for coverage guidelines more consistent with the licensure scope of practice for chiropractors.

Nebraska State Plan Amendment (SPA) NE-20-0005 was approved on May 11, 2020, with the effective date of January 01, 2020, as requested by the state. Enclosed are the CMS-179 summary form, with approved pages to be incorporated into the State Plan.

If you have any questions, please contact Barbara Cotterman by e-mail at [Barbara.Cotterman@cms.hhs.gov](mailto:Barbara.Cotterman@cms.hhs.gov).

Sincerely,

Ruth A. Hughes, Acting Director  
Division of Program Operations

Enclosures

cc:  
Carisa Schweitzer Masek  
NE DHHS  
Catherine Geekas-Steeby  
Dawn Kastens  
Nancy Keller

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>	1. TRANSMITTAL NUMBER: 20-0005	2. STATE Nebraska
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE January 1, 2020	

5. TYPE OF PLAN MATERIAL (Check One):

- NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.60	7. FEDERAL BUDGET IMPACT: a. FFY 2020      \$1,301,378 b. FFY 2021      \$1,815,666
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Att. 3.1-A, Item 6c; Att. 4.19-B, Item 6c, Page 1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): *Att. 3.1-A, Item 6c; Att. 4.19-B, Item 6c, Page 1

10. SUBJECT OF AMENDMENT:  
Chiropractic Services

11. GOVERNOR'S REVIEW (Check One):

- GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      Governor has waived review  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:
13. TYPED NAME: Jeremy Brunssen	Dawn Kastens Division of Medicaid & Long-Term Care Nebraska Department of Health & Human Services 301 Centennial Mall South Lincoln, NE 68509
14. TITLE: Interim Director, Division of Medicaid and Long-Term Care	
15. DATE SUBMITTED: March 10, 2020	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:    March 10, 2020	18. DATE APPROVED:    May 11, 2020
<b>PLAN APPROVED – ONE COPY ATTACHED</b>	
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2020	20. SIGNATURE OF REGIONAL OFFICIAL:
21. TYPED NAME: Ruth A. Hughes	22. TITLE:    Acting Director Division of Program Operations

23. REMARKS:

\* Pen and ink change per state authorization received on April 16, 2020.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - CHIROPRACTIC SERVICES

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Nebraska Medicaid limits coverage of chiropractic services to:

1. Certain spinal x-rays;
2. Manual manipulation of the spine;
3. Certain evaluation and management services;
4. Traction;
5. Electrical stimulation;
6. Ultrasound; and
7. Certain therapeutic procedures, activities, and techniques designed and implemented to improve, develop, or maintain the function of the area treated.

The following guidelines outline the maximum number of treatments Medicaid may consider for payment:

1. For clients age 21 and older, chiropractic treatment is limited to those treatments deemed medically necessary;
2. For clients age 20 and younger, chiropractic treatment is limited to those treatments deemed medically necessary; and
3. No more than one treatment per client per day is covered.

Coverage of spinal x-rays is limited to one set of spinal x-rays for a client in a twelve-month period.

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TN No. NE 20-0005

Supersedes

TN No. MS-08-09

Approval Date May 11, 2020

Effective Date January 1, 2020

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
State Nebraska  
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

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CHIROPRACTIC SERVICES

Nebraska Medicaid pays for covered chiropractic services at the lower of:

1. The provider's submitted charge; or
2. The allowable amount for that procedure code in the Nebraska Medicaid Chiropractic Fee Schedule in effect for that date of service.

When services which are reimbursed per a fee schedule, except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. The agency's rates were set as of January 1, 2020, and are effective for chiropractic services on or after that date. All rates are published at: <http://dhhs.ne.gov/Pages/Medicaid-Provider-Rates-and-Fee-Schedules.aspx>. From the landing page, scroll down to the fee schedule for the specific program and year.

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TN #. NE 20-0005

Supersedes

TN #. NE 19-0011

Approval Date May 11, 2020

Effective Date January 1, 2020