

Table of Contents

State/Territory Name: Nebraska

State Plan Amendment (SPA) #: 24-0027

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 3) Approved SPA Page

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

601 E. 12th St., Room 355

Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

December 17, 2024

Drew Gonshorowski, State Medicaid Director

Nebraska State Medicaid Agency

Division of Medicaid and Long-Term Care

P.O. Box 95026

Lincoln, NE 68509-5026

Re: Nebraska State Plan Amendment (SPA) 24-0027

Dear Director Gonshorowski:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number 24-0027. This amendment clarifies coverage of durable medical equipment, prosthetics, orthotics, and supplies.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act. This letter is to inform you that Nebraska Medicaid SPA 24-0027 was approved on December 13, 2024, with an effective date of July 1, 2024.

If you have any questions, please contact Sandra Porter at 312-353-8310, or via email at Sandra.Porter@CMS.hhs.gov.

Sincerely,

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Matt Ahern
Dawn Kastens
Crystal Georgiana

FORM CMS-179 (09/24)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS – MEDICAL SUPPLIES, EQUIPMENT, AND APPLIANCES
SUITABLE FOR USE IN THE HOME

Nebraska Medicaid covers the purchase or rental of durable medical equipment, medical supplies that meet program guidelines when prescribed by a physician or other licensed practitioner whose licensure allows prescribing these items. To qualify as a covered service under Nebraska Medicaid, the item must be medically necessary and provided in accordance with 42 CFR 440.70.

Nebraska Medicaid does not cover items that primarily serve personal comfort; convenience; or educational, hygienic, safety, or cosmetic functions; or new equipment of unproven value and/or equipment of questionable current usefulness or therapeutic value.

Home health agencies may provide durable medical equipment and oxygen only.

Durable medical equipment and supplies providers shall complete and sign the Medical Assistance Provider Agreement, and submit the completed form to the Department for approval. Providers shall meet any applicable state and federal laws governing the provision of their services. Nebraska Medicaid enrolls, as providers of durable medical equipment, medical supplies, or orthotics, only those providers who are involved in the direct provision of services or items to the client.

Durable medical equipment is equipment which:

1. Withstands repeated use;
2. Is primarily and customarily used to serve a medical purpose;
3. Generally is not useful to a person in the absence of an illness or injury; and
4. Is appropriate for use in the beneficiary's home. This generally does not include long term care facilities.

For initial order a face-to-face encounter must occur within six months before or 30 days after the durable medical equipment, orthotics, and medical supplies order is written.

Nebraska Medicaid became compliant with the Electronic Visit Verification System (EVV) requirements for home health services on February 1, 2024, in accordance with section 12006 of the 21st Century CURES Act.

TN No. NE 24-0027

Supersedes

TN No. NE 13-08

Approval Date December 13, 2024

Effective Date July 1, 2024