

Swallowing disorder assessment, extended: This includes, at a minimum, a comprehensive evaluation by the occupational therapist and extended evaluations by the speech pathologist, nurse, and nutritionist. The need for a psychology evaluation is determined by intake information; the psychology evaluation is billed separately.

Swallowing disorder assessment, brief: The brief assessment includes approximately two hours of time for the occupational therapist, speech pathologist, and nutritionist.

Follow-up visit, brief: This includes a visit with two or more team members.

Follow-up visit, extended: This includes a visit which involves four or more team members.

The team's services are billed under the physician's provider number on Form CMS-1500 or the standard electronic Health Care Claim: Professional Transaction (ASC C12N 837). Payment is made according to the Nebraska Medicaid Practitioner Fee Schedule.

The physician services are billed under appropriate CPT codes.

18-004.51 Comprehensive Interdisciplinary Treatment for a Severe Feeding Disorder: Comprehensive interdisciplinary treatment means the collaboration of medicine, psychology, nutrition science, speech therapy, occupational therapy, social work, and other appropriate medical and behavioral disciplines in an integrated program. Nebraska Medicaid may cover comprehensive interdisciplinary treatment for an infant or child with a severe feeding disorder that impacts the infant's or child's ability to consume sufficient nutrition orally to maintain adequate growth or weight.

18-004.51A Prior Authorization: Prior authorization is required of all services before the services are provided.

The requesting physician shall submit a request to the Department using the standard electronic Health Care Services Review Request for Review and Response transaction (ASC X12N 278) (see Standard Electronic Transaction Instructions at 471-000-50) or by mail or fax to the following address:

Medical Director  
Nebraska Department of Health and Human Services  
Division of Medicaid and Long-Term Care  
P.O. Box 95026  
Lincoln, NE 68509-5026  
Fax telephone number: (402) 471-9092

The request must include the following information or explanation as appropriate to the case:

1. A referral from the primary care physician that includes current appropriate medical evaluations or treatment plans;
2. Medical records for the last year that include height and weight measurements; and
3. Any records from feeding and swallowing clinic evaluations and other therapeutic interventions that have occurred.

18-004.51B Service Definitions: Nebraska Medicaid defines the services as follows:

Day treatment is defined as daily therapy (M-F) from approximately 8:30 am to 5 pm.

Outpatient is defined as therapy 1 to 2 times per week for 1-3 hours per day.

18-004.51C Billing: Claims for the following services must be submitted by using the paper Form CMS-1500 or the standard electronic Health Care Claim: Professional transaction (ASC X12N 837)

18-004.51D Payment Rates

18-004.51D1 Pediatric Feeding Disorder Clinic Intensive Day Treatment: Reimbursement for pediatric feeding disorder clinic intensive day treatment for medically necessary services will be a bundled rate based on the sum of the fee scheduled amounts for covered services provided by Medicaid enrolled licensed practitioners.

18-004.51D2 Pediatric Feeding Disorder Clinic Outpatient Treatment: Reimbursement for pediatric feeding disorder clinic outpatient treatment for medically necessary services will be based on the appropriate fee schedule amount for a physician consultation for covered services provided by Medicaid enrolled licensed practitioners

18-004.542 Tobacco Cessation: Medicaid covers tobacco cessation services as practitioner and pharmacy services under the following conditions:

1. Up to two tobacco cessation sessions may be covered in a 12-month period. A session is defined as medical encounters and drug products as listed in items 2 and 3 below. Client access to the Nebraska Tobacco Free Quitline will be unlimited.
2. Practitioner Office Visits:
  - a. Clients must see their medical care provider (physician/mid-level practitioner) for evaluation particularly for any contraindications for drug products and to obtain prescription(s) if tobacco cessation products are needed.
  - b. (1) In addition to the evaluation under item 2a, a total of four tobacco cessation counseling visits with a medical care provider or tobacco cessation counselor (see 471 NAC 16-002.04) are covered for each tobacco cessation session. . This may be a combination of intermediate or intensive tobacco cessation counseling visits.  
(2) Tobacco cessation counseling provided by a Tobacco Cessation counselor must be ordered by the physician/mid-level practitioner.
3. Tobacco cessation products are covered by Medicaid as a pharmacy service (see 471 NAC 16-000) for those clients 18 years of age or older who require that particular assistance.
  - a. Coverage of products used for tobacco cessation is limited to a maximum 90 days supply in one tobacco cessation session. The coverage period is limited to 90 consecutive calendar days, beginning with the date the first prescription for the products is dispensed.
  - b. Tobacco cessation products will only be covered when clients are currently enrolled with and actively participating in the Nebraska Tobacco Free Quitline. Disenrollment or lack of active participation in the Nebraska Tobacco Free Quitline will result in discontinuation of Medicaid coverage of drug products.
4. Nebraska Tobacco Free Quitline: For coverage of tobacco cessation products, clients must be enrolled in and active with the Nebraska Tobacco Free Quitline. Referral to the Quitline may be made by a medical professional (physician/mid-level practitioner) or a self referral.

18-005 (Reserved)