13-002.05B Respite: Caregivers/families who are allotted respite hours on a weekly or monthly basis can use those hours in any time configuration they determine best to meet their needs within a calendar month. If they would like to "pool" respite hours across two months, prior approval is required.

The number of respite hours approved is based on each individual situation, taking into consideration the client's and caregiver/family's needs.

13-003 Limitations and Requirements for Skilled Nursing Services

13-003.01 Authorization: Payment for all skilled nursing services must be authorized. The eligibility of the client must be verified by the provider. The Division of Medicaid and Long-Term Care or its designee may grant authorization of payment for skilled nursing services.

Brief Services are performed by a home health or private-duty nursing service provider to complete the client's daily care in a duration of 15 minutes to two hours per day, when medically necessary. The services may be divided into two or more trips. The service shall not exceed two hours per day and providers shall bill for brief services once daily.

Extended Services are performed by a home health or private-duty nursing service provider when the client's needs cannot be appropriately met within the Brief Service limitation of two hours or less.

Providers must send requests for authorization electronically using the standard Health Care Services Review – Request for Review and Response transaction (ASC X12N 278) or by submitting Form MS-81 to the Medicaid designee. Requests must include the physician's order and the treatment plan. The treatment plan must include:

1. The client's name, address, case number, and date of birth;
2. The dates of the period covered (not exceeding 60 days);
3. The diagnosis;
4. The type and frequency of services;
5. The equipment and supplies needed;
6. A brief, specific description of the client's needs and services provided; and
7. Any other pertinent documentation which justifies the medical necessity of the services.

~~If denied, the Department notifies the provider.~~ The service shall be prior authorized by the Department or its designee.

13-003.02 Teaching and Training: The Department limits skilled nursing services ~~visits~~ for teaching and training on an individual basis. The Department requires specific documentation for teaching and training. The client must have a medical condition which has been diagnosed and treated by a physician. There must be a physician's order for the specific teaching and training.

The Department limits postpartum visits for teaching and training to two visits. The necessity of further visits must be justified and well documented. Court-ordered services and requests from local office staff when Adult/Child Protective Services is involved are covered services when medical necessity is documented.

~~13-003.03 Second Visit on Same Day: The medical necessity of a second visit on the same date of service must be well documented. Substantiating documentation must be submitted.~~

13-003.03 (Reserved)

13-003.04 Enterostomal Therapy: ~~NMAP~~ Medicaid recognizes enterostomal therapy visits as a skilled nursing service.

13-003.05 Nursing Services (RN and LPN) for Adults Age 21 and Older: ~~NMAP~~ Medicaid applies the following limitations to nursing services (RN and LPN) for adults age 21 and older (this includes Nursing Services, 471 NAC 13-000):

1. Per diem reimbursement for nursing services for the care of ventilator-dependent clients shall not exceed the average ventilator per diem of all Nebraska nursing facilities which are providing that service. This average shall be computed using nursing facility's ventilator interim rates which are effective January 1 of each year, and are applicable for that calendar year period.
2. Per diem reimbursement for all other in-home nursing service shall not exceed the average case-mix per diem for the Extensive Special Care 2 case-mix reimbursement level (see 471 NAC 12-013). This average shall be computed using the Extensive Special Care 2 case-mix nursing facility interim rates which are effective January 1 of each year, and applicable for that calendar year period.

   Under special circumstances, the per diem reimbursement may exceed this maximum for a short period of time - for example, a recent return from a hospital stay. However, in these cases, the 30-day average of the in-home nursing per diems shall not exceed the maximum above. (The 30 days are defined to include the days which are paid in excess of the maximum plus those days immediately following, totaling 30.)

13-003.06 Extended-Hour Nursing: When providing extended-hour nursing care, the Department will authorize payment to a provider for a maximum of 48-56 hours/week, depending upon the complexity of a client's care. A maximum of 12 hours may be approved in a 24-hour period. Extended hours service codes must be used when the combined total of skilled nursing services is expected to be over two hours per day.

13-004 Non-Covered Services: ~~NMAP~~ Medicaid does not cover nursing services when the private-duty nurse is an employee of another provider and the services performed are the responsibility of that provider.