

EFFECTIVE
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NEBRASKA DEPARTMENT OF
HEALTH AND HUMAN SERVICES

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TITLE 467 MEDICALLY HANDICAPPED CHILDREN'S PROGRAM

CHAPTER 3 DIAGNOSES AND SERVICES FOR THE MEDICALLY HANDICAPPED
CHILDREN'S PROGRAM

001. SPECIALIZED MEDICAL CARE. Specialized medical care is covered, according to each diagnoses' service components, for eligible recipients. The medical care must be outlined in the individual medical treatment plan that is developed and signed by a health care professional. The specialized medical care must be directly related to the medically eligible diagnosis. Routine, general health care is not a covered service.

001.01 LOCATION OF SERVICES. Recipients are encouraged to use medical providers and facilities closest to their place of residence. If a medical provider or facility is available closer to the residence and the recipient chooses one further away, the Department is not obligated to pay for services.

001.02 SERVICES PROVIDED OUTSIDE NEBRASKA. Specialized medical care received from Nebraska medical providers is covered by the Program. The recipient, parent, or legal guardian must obtain prior approval from the Department for all non-emergency services outside of Nebraska. In the following situations, the Department may approve specialized medical care to be provided outside Nebraska:

- (A) A medical service is not available in Nebraska but is available in another state. Written documentation must be provided by the medical provider to explain the medical service requested and that the service is not available in Nebraska;
- (B) Emergency situations that arise while the recipient is visiting in another state and the recipient's health would be jeopardized if care was postponed until the recipient returned to Nebraska. Medical services are covered as if it were provided in Nebraska. Emergency services may be reviewed by the medical consultant. Emergency services will be covered up to five days; or
- (C) The medical service is more accessible in another state.

001.03 NON COVERED SERVICES. Services and care of recipients residing in an institution setting are not covered. Funds are not used to cover fees for long term care facilities, including skilled nursing facilities or intermediate care facilities.

002. ASTHMA DIAGNOSIS AND SERVICES. This service provides treatment for severe, persistent asthma in recipients.

002.01 MEDICAL ELIGIBILITY CONSIDERATIONS. Applicants and recipients must meet specific criteria to establish eligibility factors. Persistent asthma is having more than two episodes of asthma symptoms per week. Severe asthma is continual daily symptoms and

frequent nightly symptoms prior to treatment. Daily symptoms or more per month nightly symptoms fall into the more moderate category. Life threatening episodes, frequent hospitalizations, evidence of chronic lung disease, evidence of the disease adversely affecting every day functioning, including psychological disturbances secondary to the disease will all be taken into account.

002.01(A) MEDICAL ELIGIBILITY DETERMINATION. The medical consultant determines medical eligibility for asthma.

002.01(B) CERTIFICATION DATE. The certification date is the date of referral, once medical and financial eligibility is met.

002.02 SERVICE COMPONENTS. Service components may be covered if recommended in the individual medical treatment plan and funds are available.

003. BURNS DIAGNOSIS AND SERVICES. This service provides treatment for serious burn injuries through the burn centers in the metro-area.

003.01 MEDICAL ELIGIBILITY CONSIDERATIONS. When determining eligibility, the medical consultant takes into account the referring physician's report of the burn injury, the degree of the burn, percentage of body surface burned, and the physical location of the burn.

003.01(A) MEDICAL ELIGIBILITY DETERMINATION. The medical consultant determines medical eligibility for burns.

003.01(B) CERTIFICATION DATE. The certification date is the date of referral, once medical and financial eligibility is met.

003.02 SERVICE COMPONENTS. Service components may be covered if recommended in the individual medical treatment plan and funds are available.

004. CEREBRAL PALSY DIAGNOSIS AND SERVICES. This service provides screening and treatment for applicants or recipients who have residual alterations in motor function as a result of brain or brain stem damage or spinal cord injury from any cause.

004.01 MEDICAL ELIGIBILITY CONSIDERATIONS. The most common diagnoses covered are quadriplegia, hemiplegia, diplegia, and paraplegia. Other applicants and recipients with motor difficulties may be eligible as authorized by the medical consultant or clinic team.

004.01(A) MEDICAL ELIGIBILITY DETERMINATION. The medical consultant determines medical eligibility for cerebral palsy. If a Department sponsored medical clinic is available in the applicant or recipient's community, the clinic evaluation may take the place of the medical consultant review for eligibility determination.

004.01(B) CERTIFICATION DATE. The certification date is the date of referral, once medical and financial eligibility is met. If applicant is utilizing a Department sponsored medical clinic for medical eligibility, the certification date is the date the applicant was first seen at the medical clinic.

004.02 SERVICE COMPONENTS. Service components may be covered if recommended in the individual medical treatment plan and funds are available.

005. CRANIOFACIAL DIAGNOSIS AND SERVICES. This service provides treatment for recipients with craniofacial anomalies.

005.01 MEDICAL ELIGIBILITY CONSIDERATIONS. Eligible diagnosis include bilateral, unilateral, complete, and incomplete cleft lip and cleft palate. Other craniofacial anomalies may be considered. Department sponsored medical clinics may be offered in the applicant or recipient's community to provide diagnostic evaluations.

005.01(A) MEDICAL ELIGIBILITY DETERMINATION. The Department determines medical eligibility for craniofacial diagnosis. The medical consultant only determines eligibility for craniofacial diagnosis which falls under the "other craniofacial anomalies".

005.01(B) CERTIFICATION DATE. The certification date is the date of referral, once medical and financial eligibility is met.

005.02 SERVICE COMPONENTS. Service components may be covered if recommended in the individual medical treatment plan and funds are available.

006. CYSTIC FIBROSIS DIAGNOSIS AND SERVICES. This service provides treatment for cystic fibrosis which is commonly associated with the pancreas, respiratory system, and sweat glands.

006.01 MEDICAL ELIGIBILITY CONSIDERATIONS. The only eligible diagnosis is cystic fibrosis, fibrocystic disease. Cystic fibrosis is an inherited disease of the exocrine glands.

006.01(A) MEDICAL ELIGIBILITY DETERMINATION. The medical consultant determines medical eligibility for cystic fibrosis.

006.01(B) CERTIFICATION DATE. The certification date is the date of referral, once medical and financial eligibility is met.

006.02 SERVICE COMPONENTS. Service components may be covered if recommended in the individual medical treatment plan and funds are available.

007. DIABETES DIAGNOSIS AND SERVICES. This service provides treatment for diabetes mellitus.

007.01 MEDICAL ELIGIBILITY CONSIDERATIONS. The only eligible diagnosis is diabetes mellitus, Type I or Type II.

007.01(A) MEDICAL ELIGIBILITY DETERMINATION. The Department determines medical eligibility for diabetes diagnosis. Medical consultant does not determine medical eligibility.

007.01(B) CERTIFICATION DATE. The certification date is the date of referral, once medical and financial eligibility is met.

007.02 SERVICE COMPONENTS. Service components may be covered if recommended in the individual medical treatment plan and funds are available.

008. EYE DIAGNOSIS AND SERVICES. This service provides treatment for eye defects which include the need for surgeries.

008.01 MEDICAL ELIGIBILITY CONSIDERATIONS. The most common diagnoses covered are ptosis, exotropia, congenital cataracts, glaucoma, and blocked tear ducts. Medical eligibility is dependent upon the need for surgery.

008.01(A) MEDICAL ELIGIBILITY DETERMINATION. The medical consultant determines medical eligibility for eye diagnosis.

008.01(B) CERTIFICATION DATE. The certification date is the date of referral, once medical and financial eligibility is met.

008.02 SERVICE COMPONENTS. Service components may be covered if recommended in the individual medical treatment plan and funds are available.

009. HEARING DIAGNOSIS AND SERVICES. This service provides treatment for recipients with significant hearing loss requiring amplification or a condition which may result in a hearing loss. The purpose is to improve hearing acuity and prevent further hearing loss.

009.01 MEDICAL ELIGIBILITY CONSIDERATIONS. The hearing diagnosis may be used to fill the service gaps for infants that need additional diagnostic, medical treatment planning, and medical treatment services beyond the newborn hearing screening phase, subject to local school system's responsibilities. Eligibility for hearing services must be evidenced by a permanent hearing loss or a medical condition resulting in a permanent hearing loss. Medical conditions which include hearing loss but respond to medication and placement of tube, myringotomy, and usually result in normal hearing are considered acute conditions which are not medically eligible.

009.01(A) MEDICAL ELIGIBILITY DETERMINATION. The medical consultant determines medical eligibility for hearing.

009.01(B) CERTIFICATION DATE. The certification date is the date of referral, once medical and financial eligibility is met.

009.02 SERVICE COMPONENTS. Service components may be covered if recommended in the individual medical treatment plan and funds are available.

010. HEART DIAGNOSIS AND SERVICES. This service provides treatment for congenital and acquired heart disease.

010.01 MEDICAL ELIGIBILITY CONSIDERATIONS. The most common diagnoses covered are Tetralogy of Fallot, transposition of the great vessels, and coarctation of the aorta, mitral/aortic valve stenosis, ventricular septal defect, and atrial septal defect. Other chronic heart conditions may be considered.

010.01(A) MEDICAL ELIGIBILITY DETERMINATION. The Department determines medical eligibility for heart diagnosis. The medical consultant only determines eligibility for heart diagnosis which falls under the "other diagnoses may be considered" category.

010.01(B) CERTIFICATION DATE. The certification date is the date of referral, once medical and financial eligibility is met.

010.02 SERVICE COMPONENTS. Service components may be covered if recommended in the individual medical treatment plan and funds are available.

011. HEMOPHILIA DIAGNOSIS AND SERVICES. This service provides treatment for hemophilia and certain bleeding disorders.

011.01 MEDICAL ELIGIBILITY CONSIDERATIONS. Hemophilia is a genetically transmitted disease caused by deficiency of an antihemophilic globulin, Factor VIII. Bleeding episodes may occur due to minor injuries, surgeries, dental work, and other procedures and may require extensive treatment. Medically eligible diagnoses are congenital Factor VII and severe Factor IX disorders, such as hemophilia and Christmas disease.

011.01(A) MEDICAL ELIGIBILITY DETERMINATION. The medical consultant determines medical eligibility for hemophilia diagnosis.

011.01(B) CERTIFICATION DATE. The certification date is the date of referral, once medical and financial eligibility is met.

011.02 SERVICE COMPONENTS. Service components may be covered if recommended in the individual medical treatment plan and funds are available.

012. MAJOR MEDICAL DIAGNOSIS AND SERVICES. This service provides treatment for diagnoses determined to be congenital, chronic, or prolonged, and in need of active treatment. If the applicant or recipient's diagnosis does not meet criteria for other services, the applicant or recipient may be considered for this service.

012.01 MEDICAL ELIGIBILITY CONSIDERATIONS. Common diagnoses covered are Addison's disease, Turner's syndrome, hypothyroidism, esophageal strictures, imperforate anus, tracheoesophageal fistula, choanal atresia, enterocolitis, Hirschsprung's disease, aplastic anemia, gastroschisis, growth hormone deficiency, phenylketonuria, and duodenal atresia. Medically eligible immunological deficiencies are congenital hypogammaglobinemia, acquired hypogammaglobinemia, DiGeorge's syndrome, severe combined immunodeficiency, ataxia-telangiectasia syndrome, Wiskott-Aldrich syndrome,

chronic granulomatous disease, Chediak-Higashi syndrome, and Kostmann's syndrome. Complement deficiencies may be considered. Not covered are growth hormone transplants of bone marrow and thymus or selective IgA deficiency, chronic mucocutaneous candidiasis, hyper IgE syndrome, and Quie-Hill syndrome.

012.01(A) MEDICAL ELIGIBILITY DETERMINATION. The medical consultant determines medical eligibility for major medical.

012.01(B) CERTIFICATION DATE. The certification date is the date of referral, once medical and financial eligibility is met.

012.02 SERVICE COMPONENTS. Service components may be covered if recommended in the individual medical treatment plan and funds are available.

013. MIDLINE NEUROLOGICAL DEFECT DIAGNOSIS AND SERVICES. This service provides treatment for spina bifida, meningomyelocele, or other central nervous system neurological defects.

013.01 MEDICAL ELIGIBILITY CONSIDERATIONS. Common diagnoses covered are spina bifida aperta with hydrocephalus, spina bifida aperta without hydrocephalus, spina bifida occulta, congenital hydrocephalus, encephalocele, obstructive hydrocephalus – acquired, hydranencephaly, spinal cord lesion, and craniosynostosis requiring surgery. Other central nervous system neurological defects may be considered.

013.01(A) MEDICAL ELIGIBILITY DETERMINATION. The medical consultant determines medical eligibility for midline neurological defect.

013.01(B) CERTIFICATION DATE. The certification date is the date of referral, once medical and financial eligibility is met.

013.02 SERVICE COMPONENTS. Service components may be covered if recommended in the individual medical treatment plan and funds are available.

014. NEOPLASM DIAGNOSIS AND SERVICES. This service provides treatment for neoplastic (cancerous) diseases or non-malignant tumors when the tumor is potentially disabling.

014.01 MEDICAL ELIGIBILITY CONSIDERATIONS. Common diagnoses covered are leukemia, lymphoma, Ewing's sarcoma, Wilm's tumor, rhabdomyosarcoma, neuroblastoma, astrocytoma, and osteogenic sarcoma. Other brain tumors that are potentially disabling may be considered.

014.01(A) MEDICAL ELIGIBILITY DETERMINATION. The medical consultant determines medical eligibility for neoplasm.

014.01(B) CERTIFICATION DATE. The certification date is the date of referral, once medical and financial eligibility is met.

014.02 SERVICE COMPONENTS. Service components may be covered if recommended in the individual medical treatment plan and funds are available.

015. NEUROLOGICAL DIAGNOSIS AND SERVICES. This service provides treatment for neurological conditions.

015.01 MEDICAL ELIGIBILITY CONSIDERATIONS. Common diagnoses covered are seizures, subdural hematoma, encephalocele, and Guillain-Barre syndrome. Seizures are not a covered diagnosis during a newborn's initial hospitalization at birth. Other chronic neurological conditions may be considered.

015.01(A) MEDICAL ELIGIBILITY DETERMINATION. The medical consultant determines medical eligibility for neurological.

015.01(B) CERTIFICATION DATE. The certification date is the date of referral, once medical and financial eligibility is met.

015.02 SERVICE COMPONENTS. Service components may be covered if recommended in the individual medical treatment plan and funds are available.

016. ORTHOPEDIC DIAGNOSIS AND SERVICES. This service provides treatment for general orthopedic problems, congenital or acquired, excluding recent fractures.

016.01 MEDICAL ELIGIBILITY CONSIDERATIONS. Common diagnoses covered are talipes equinovarus, arthrogyposis, Legg-Calve-Perthes disease, congenital dislocation of the hip, and the need for prostheses. Spinal cord injuries may be considered for rehabilitative care. Additional diagnoses that may be considered are tibial torsion, bowed legs, torn medial meniscus, leg length discrepancy, and fractures that have not healed properly. Other severe and chronic orthopedic conditions may be considered.

016.01(A) MEDICAL ELIGIBILITY DETERMINATION. The medical consultant determines medical eligibility for orthopedic.

016.01(B) CERTIFICATION DATE. The certification date is the date of referral, once medical and financial eligibility is met.

016.02 SERVICE COMPONENTS. Service components may be covered if recommended in the individual medical treatment plan and funds are available.

017. PREMATURE BIRTHS DIAGNOSIS AND SERVICES. This service provides treatment for certain premature infants with medical complications and must be referred to other available resources or programs that assist with this population.

017.01 MEDICAL ELIGIBILITY CONSIDERATIONS. Medical eligibility is based on seriousness of the condition for each applicant or recipient. Covered diagnoses may include bronchopulmonary dysplasia and hyaline membrane disease or respiratory distress syndrome when the infant has been on mechanical ventilation for more than five days. Certain other conditions associated with prematurity may be considered. Diagnoses not covered are

meconium aspiration, neonatal sepsis, hypoglycemia, and neonatal meningitis. Low birth weight and gestational age alone are not medically eligible. Hospitalizations for acute care or weight gain are not medically eligible.

017.01(A) MEDICAL ELIGIBILITY DETERMINATION. The medical consultant determines medical eligibility for premature births. All inpatient hospitalization discharge summaries are required.

017.01(B) CERTIFICATION DATE. The certification date is the date of birth, if referred within 30 days of the date of birth, once medical and financial eligibility is met. If the referral is not made within the 30 days of birth, the certification date is the date of referral, once medical and financial eligibility is met.

017.02 SERVICE COMPONENTS. Service components may be covered if recommended in the individual medical treatment plan and funds are available.

018. RHEUMATOID ARTHRITIS DIAGNOSIS AND SERVICES. This service provides treatment for juvenile rheumatoid arthritis and related conditions.

018.01 MEDICAL ELIGIBILITY CONSIDERATIONS. The covered diagnosis is juvenile rheumatoid arthritis. Other related conditions may be considered.

018.01(A) MEDICAL ELIGIBILITY DETERMINATION. The medical consultant determines medical eligibility for rheumatoid arthritis.

018.01(B) CERTIFICATION DATE. The certification date is the date of referral, once medical and financial eligibility is met.

018.02 SERVICE COMPONENTS. Service components may be covered if recommended in the individual medical treatment plan and funds are available.

019. SCOLIOSIS DIAGNOSIS AND SERVICES. This service provides treatment for anomalies of the spine.

019.01 MEDICAL ELIGIBILITY CONSIDERATIONS. Eligible diagnoses are congenital scoliosis, spondylolisthesis, and congenital absence of vertebra, hemivertebra, and congenital fusion of the spine. Other conditions of the spine may be considered.

019.01(A) MEDICAL ELIGIBILITY DETERMINATION. The medical consultant determines medical eligibility for scoliosis.

019.01(B) CERTIFICATION DATE. The certification date is the referral date, once medical and financial eligibility is met.

019.02 SERVICE COMPONENTS. Service components may be covered if recommended in the individual medical treatment plan and funds are available.

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020. UROLOGY DIAGNOSIS AND SERVICES. This service provides treatment for kidney, urinary, and genital anomalies determined to be chronic and disabling or potentially disabling and active treatment is necessary.

020.01 MEDICAL ELIGIBILITY CONSIDERATIONS. Covered diagnoses are exstrophy of the bladder, bilateral ureteral reflux, extensive hypospadias, ambiguous genitalia, and hydronephrosis. Other related diagnoses may be considered. Eligibility ends when dialysis or transplant is required – other public programs are available for this stage of disease.

020.01(A) MEDICAL ELIGIBILITY DETERMINATION. The medical consultant determines medical eligibility for urology.

020.01(B) CERTIFICATION DATE. The certification date is the date of referral, once medical and financial eligibility is met.

020.02 SERVICE COMPONENTS. Service components may be covered if recommended in the individual medical treatment plan and funds are available.