

CHAPTER 4-000 TITLE V SERVICES FOR MEDICALLY HANDICAPPED CHILDREN

4-001 Introduction:

4-001.01 Individual Medical Treatment Plan (IMTP): MHCP provides specialized medical services according to an individual medical treatment plan for each client. The plans are arranged with MHCP-contracted specialists and facilities in Nebraska. Each plan must be initiated by an MHCP-contracted specialist or by an MHCP-approved multi-disciplinary team. Any service not specified in the IMTP must be approved by the MHCP medical consultant in the Central Office before authorization for payment is given.

4-001.01A Treatment: Treatment in accordance with the individual medical treatment plan is arranged with MHCP-contracted specialists and/or facilities. Care provided for each client must be directly related to the eligible diagnosis(es), since MHCP does not provide general medical care.

4-001.01B Location of Services: MHCP makes every effort to provide the client's care as close as possible to the client's place of residence. The location and number of MHCP-contracted specialists and facilities which are appropriate determines the choice and site for each client's medical care.

4-001.02 Services Provided Outside Nebraska: MHCP uses resources in Nebraska to provide appropriate services by qualified providers. MHCP may cover specialized care provided outside Nebraska in the following situations:

1. When the client requires a medical service that is not available in Nebraska but is available in another state;
2. When an emergency arises while the client is visiting in another state and the client's health would be endangered if care was postponed until s/he returned to Nebraska or if s/he traveled to Nebraska;
Note: When the client receives emergency services outside Nebraska, MHCP covers those services which would normally be covered if provided within the state. The provider must meet that state's licensure laws and regulations and must agree to accept MHCP payment as payment in full for the covered services. All services are subject to review by the MHCP medical consultant. MHCP covers these emergency situations for no more than 10 days; and
3. When the client customarily obtains services in another state because the service is more accessible.

The client, parent(s), or guardian must request prior approval for all non-emergency out-of-state services.

4-001.02A When the Service is Not Available in the State: When the service is not available within the state, the following criteria must be met for approval:

1. An MHCP-contracted provider must provide written documentation as requested by the MHCP medical consultant that the service is not available in Nebraska;
2. The out-of-state provider must meet that state's licensure laws and regulations and must accept MHCP's established fee schedules for services as payment in full;
3. The treatment and services must be considered standard medical practice and must not be of an experimental nature or the subject of a study to establish acceptance as standard medical practice; and
4. The MHCP medical consultant must give specific prior approval for the service.

4-001.03 Transportation: Transportation of clients to and from evaluations, medical services, and related care can be authorized after all resources have been exhausted. MHCP does consider transportation costs in determining financial eligibility (see 467 NAC 2-004 ff.). All transportation requests must be approved through the Central Office. Reimbursement for mileage will be at 20 cents per mile.

4-001.04 Other Covered Services: MHCP may cover adaptive equipment, such as wheelchairs, van lifts, equipment for home use, or standing tables up to \$3600 when no other resources are available.

4-001.05 Non-Covered Services

4-001.05A Custodial Care: MHCP does not cover or certify children who require only custodial or medical maintenance care. MHCP provides treatment only for conditions which include a plan of active medical treatment and which can be cured or materially improved. However, the services coordinator may assist families by making appropriate referrals for services.

4-001.06 Chapter Organization: This chapter governs the following Title V MHCP services:

1. Asthma (see 467 NAC 4-002);
2. Burns (see 467 NAC 4-003);
3. Cerebral palsy (see 467 NAC 4-004);
4. Craniofacial Conditions (see 467 NAC 4-010);
5. Cystic fibrosis (see 467 NAC 4-011);
6. Diabetes services (see 467 NAC 4-012);
7. Eye (see 467 NAC 4-013);
8. Hearing (see 467 NAC 4-014);
9. Heart (see 467 NAC 4-015);

10. Hemophilia (see 467 NAC 4-016);
11. Major medical (see 467 NAC 4-017);
12. Mid-line Neurological Defects (see 467 NAC 4-018);
13. Neoplasm (see 467 NAC 4-019);
14. Neurological (see 467 NAC 4-020);
15. Orthopedic: General (see 467 NAC 4-021);
16. Premature births (see 467 NAC 4-023);
17. Rheumatoid arthritis (see 467 NAC 4-024);
18. Scoliosis (see 467 NAC 4-025); and
19. Urology (see 467 NAC 4-026).

Regulations for the Genetically Handicapped Persons' Program are in 467 NAC 5-000.
Regulations for the SS-DCP are in 467 NAC 6-000.

4-002 Asthma Service: This service provides treatment for severe persistent asthma in children. Medical eligibility criteria for this service is designed to include those children with severe persistent asthma.

4-002.01 Medical Eligibility: In determining eligibility for this program, the "Guidelines for the Diagnosis and Management of Asthma" disseminated by the National Asthma Education and Prevention Program in 1997 will be the basic outline. The group of children that may qualify for participation in MHCP are those who fit the criteria of severe persistent or moderate persistent with several complicating factors.

Those children with more than two episodes of asthma symptoms per week have persistent asthma. Those children with continual daily symptoms and frequent nightly symptoms prior to treatment fall into the category of severe. Those children with daily symptoms and/or more per month nightly symptoms fall into the more moderate category. Highest priority will be given to those children who have had any life threatening episodes, have had frequent hospitalizations, have evidence of chronic lung disease, have evidence that the disease is adversely affecting their every day functioning such as missed school days and have evidence of accompanying psychological disturbances secondary to their disease.

The medical consultant must determine medical eligibility following evaluation by an asthma specialist, considering their input and recommendations.

4-002.02 Clinics/Diagnostic Evaluations: When determined appropriate by MHCP Central Office staff, the client must receive a diagnostic evaluation from a pediatric allergist (or a pediatric pulmonologist when an allergist is not available) or at an MHCP-sponsored clinic for asthma.

4-002.03 Certification Date: When the child is both medically and financially eligible, the certification date is the date of referral. Exception: For a weekend or holiday admission, the referral must be received within five working days of the date of hospital admission to cover eligibility from the date of admission.

4-002.04 Service Components: If one or more of the following service components is recommended in the IMTP, the services coordinator must authorize payment for the component without requesting approval from the Central Office.

1. Office evaluations for asthma, such as follow-up care with an MHCP contracted pediatric allergist or pediatric pulmonologist or primary care physician as directed by the specialist involved with the child;
2. Laboratory tests, x-rays, cardiopulmonary tests, i.e., lung function tests;
3. Emergency room care as directed by the contracted pediatric specialist;
4. Hospitalizations for asthma under the direct supervision of the pediatric specialist or the primary care physician working in concert with the specialist;

5. Prescribed asthma medication included on the approved list, aerosol treatment and equipment such as nebulizers and spacers;
6. A one-time evaluation of the home environment by an environmental specialist may be paid for when available in the community; and
7. Nutrition services.

If any other service components are recommended in the IMTP, the services coordinator must submit reports to the medical consultant for approval of payment. MHCP Central Office staff must determine coverage.

4-002.05 Specific Providers: Care for asthma is provided primarily by MHCP-contracted pediatric allergists or pediatric pulmonologists. The use of a local physician directly supervised by a pediatric allergist or pediatric pulmonologist is allowed for on-going asthma care with Central Office approval.

4-002.06 Procedures

4-002.06A Non-Medical Referrals: When a non-medical referral is received, the services coordinator must send a letter to the client, parents, or guardian to acknowledge receipt of the referral and to request the release of medical information. A copy of the letter may be sent to the referring party.

When the signed release is received, the services coordinator must request medical reports from physicians and medical facilities involved in the client's asthma care. Upon receipt of the medical reports, the services coordinator must follow the procedures in 467 NAC 4-002.06B and 4-002.06C.

4-002.06B Referrals From General Physicians or Pediatricians: The services coordinator must submit a referral from a general physician or pediatrician to the Central Office for review. MHCP Central Office staff must determine if a diagnostic evaluation by a pediatric allergist or pediatric pulmonologist is required to determine medical eligibility. If authorization for the diagnostic evaluation is given, the services coordinator must contact the client, parents, or guardian and arrange the appointment. When the appointment is scheduled, the services coordinator must send -

1. An authorization to the pediatric allergist or pulmonologist, authorizing the diagnostic evaluation and requesting that a report be sent to the services coordinator after the evaluation; and
2. A letter to the pediatric allergist or pulmonologist is optional.

The services coordinator must send the reports with results of the evaluation to the Central Office. MHCP Central Office staff must determine medical eligibility and return to the services coordinator with eligibility coding.

If the diagnostic evaluation is not authorized, the services coordinator must notify the client, parents, or guardian that the client is not medically eligible (see 467 NAC 4-024.06D).

4-002.06C Referrals From Pediatric Allergists or Pediatric Pulmonologists: The services coordinator must submit the medical referral to the Central Office for review. After review, MHCP Central Office staff must determine medical eligibility and return the report to the services coordinator with eligibility coding.

Note: If the client lives outside the city where the pediatric allergist or pulmonologist practices, the services coordinator must request Central Office authorization for the client's local physician to provide routine asthma care under the pediatric allergist's or pulmonologist's direction.

4-002.06D Medical Eligibility Notification: If the client is medically eligible, the services coordinator must -

1. Notify the client, parents, or guardian; and
2. Request a financial application.

If the client is not medically eligible, the services coordinator must notify the client, parents, or guardian of the decision. The services coordinator must enter the case action on the computerized system.

4-002.06E Financial Ineligibility: If the client is financially ineligible, the services coordinator must -

1. Notify the client, parents, or guardian of the determination by letter, citing the appropriate regulation and including the appeal paragraph in the letter; and
2. Enter the case action on the computerized system.

4-002.06F Certification: When the client is financially and medically eligible, the services coordinator must certify the case and -

1. Contact the client, parents, or guardian to explain the service, obtain necessary information to authorize care, such as the name of the pharmacy and local physician, and arrange the follow-up interview required under 467 NAC 2-002.01A. Note: The follow-up interview should be completed before the certification letter is sent, whenever possible;
2. Contact the pharmacy to explain MHCP and billing procedures as appropriate;
3. Send a certification letter to the client, parents, or guardian. The letter must state -
 - a. The service for which the client is certified;

- b. The certification date;
 - c. Medical care eligible for payment;
 - d. Authorized providers;
 - e. Prescribed asthma medications approved by the MHCP medical consultant; and
 - f. Procedure for notifying MHCP for emergency care and hospitalizations (within five working days), and for scheduled appointments and laboratory tests (before receiving the services);
4. Send an authorization to the pediatric allergist or pulmonologist with a copy to local physician, if authorized to provide routine care;
 5. Send an authorization to the pharmacy, noting that insurance, Medicaid, and/or other third parties must be billed first; and
 6. Enter the case action on the computerized system.

4-002.06G Ongoing Services Coordination: The services coordinator must -

1. Provide authorizations as needed;
2. Request medical reports for emergency care and hospitalizations to ensure that the condition treated was related to asthma and that the care was provided or directed by authorized physicians;
3. Review medical reports for office visits and other medical care and keep medical section of the case file up to date;
4. Assist parents, medical providers, and the MHCP payment unit in the Central Office with questions or problems regarding bills;
5. Assist the family in dealing with the psychosocial aspects of the client's condition. Services coordinator should work with asthma specialist if there are any issues of medication compliance;
6. Request financial information update as needed, at least annually or when circumstances change;
7. Arrange and conduct the yearly personal interview required under 467 NAC 2-002.01 (this may be completed as part of the clinic interview); and
8. Assist families in keeping a running log on each asthma case to record hospitalizations, ER visits and reports of school absenteeism. A copy of this log should be added to the MHCP record once each year;
9. Continue to reassess need for other services; assist and refer as appropriate.

4-003 Burn Service: This service provides treatment for serious burn injuries through the burn centers in Lincoln and Omaha.

4-003.01 Medical Eligibility: The MHCP medical consultant must review all referrals for medical eligibility determination based on the referring physician's report of the burn injury. Determining factors are the degree of burn, the percentage of body surface burned, and the physical location of the burn.

4-003.02 Clinics/Diagnostic Evaluations: Diagnostic evaluations are not routinely covered by this service. There are no MHCP-sponsored clinics for this service.

4-003.03 Certification Date: When the client is both financially and medically eligible, the certification date is the date of referral. Exception: For a weekend or holiday admission, the referral must be received within five working days of the date of hospital admission to cover eligibility from the date of admission.

4-003.04 Service Components: If one or more of the following service components is recommended in the IMTP, the services coordinator must authorize payment for the component without requesting approval from MHCP Central Office staff:

1. Hospitalizations;
2. Physician services by an MHCP-contracted burn surgeon, and a pediatrician (for inpatient hospital stays only when requested by an MHCP-contracted burn surgeon);
3. Ace or Jobst bandages;
4. Outpatient hospital burn care or office visits to an MHCP-contracted burn surgeon;
5. Physical therapy (only if not covered through the school system);
6. Psychiatric consultation (no ongoing therapy services); and
7. Nutrition services.

If any other service components are recommended in the IMTP, the services coordinator must submit the medical report to the medical consultant for approval of payment. The services coordinator must submit requests for approval of payment for service components not recommended in the IMTP to MHCP Central Office staff. MHCP Central Office staff must determine coverage.

4-003.05 Specific Providers: Covered services must be provided by St. Elizabeth Community Health Center, Children's Memorial Hospital, MHCP-contracted burn surgeons, and other providers approved by the Central Office.

4-003.06 Procedures

4-003.06A Non-Medical Referrals: When a non-medical referral is received, the services coordinator must send a letter to the client, parents, or guardian to acknowledge receipt of the referral and to request the release of medical information. A copy of the letter may be sent to the referring party.

When the signed release is received, the services coordinator must request medical reports from physicians and/or medical facilities involved in the client's medical care. The services coordinator must send the reports to the medical consultant for a medical eligibility determination. MHCP Central Office staff must determine medical eligibility and return the reports to the services coordinator with eligibility coding.

4-003.06B Medical Referrals: If the services coordinator receives a referral with medical report, s/he must send the report the medical consultant for a medical eligibility decision. After review, MHCP Central Office staff must determine medical eligibility and return the report to the services coordinator with eligibility coding.

4-003.06C Medical Eligibility Notification: After the services coordinator receives the coded medical report and if the client is medically eligible, the services coordinator must -

1. Notify the client, parents, or guardian by letter; and
2. Include a financial application in the letter.

If the client is not medically eligible, the services coordinator must notify the client, parents, or guardian of the decision. The services coordinator must enter the case action into the computerized system.

4-003.06D Financial Ineligibility: If the client is financially ineligible, the services coordinator must -

1. Notify the client, parents, or guardian of the determination by letter, citing the appropriate regulation and including the appeal paragraph in the letter; and
2. Enter the case action into the computerized system.

4-003.06E Certification: When the client is financially and medically eligible, the services coordinator must certify the case and -

1. Contact the client, parents, or guardian to explain the service, obtain necessary information to authorize care, and arrange the follow-up interview required under 467 NAC 2-002.01A. Note: The follow-up interview should be completed before the certification letter is sent, whenever possible;
2. Contact providers to explain MHCP and billing procedures;
3. Send a certification letter to the client, parents, or guardian. The letter must state -
 - a. The service for which the client is certified;
 - b. The certification date;
 - c. Medical care eligible for payment;
 - d. Authorized providers; and
 - e. Procedure for notifying MHCP for emergency care and hospitalizations (within five working days), and for scheduled appointments and lab work (before receiving the services);

4. Send a letter to the physician in charge of care; and
5. Enter the case action into the computerized system.

4-003.06F Ongoing Services Coordination: The services coordinator must -

1. Provide authorizations as needed;
2. Request medical reports for emergency care and hospitalizations to ensure that the condition treated was related to burns and that the care was provided or directed by authorized physicians;
3. Review medical reports for office visits and other medical care and keep medical section of the case file up to date;
4. Assist parents, medical providers, and the MHCP payment unit with questions or problems regarding bills;
5. Assist the family in dealing with the psychosocial aspects of the client's condition;
6. Request financial information update as needed, at least annually or when circumstances change;
7. Arrange and conduct the yearly personal interview required under 467 NAC 2-002.01A; and
8. Continue to reassess need for other services; assist and refer as appropriate.

4-004 Cerebral Palsy (CP) Service: This service provides screening and treatment for children who have residual alterations in motor function as a result of brain or brain stem damage or spinal cord injury from any cause. Other children with motor difficulties may be appropriate as authorized by the MHCP medical consultant.

4-004.01 Medical Eligibility: The most common diagnoses covered are quadriplegia, hemiplegia, diplegia, and paraplegia.

4-004.02 Clinics/Diagnostic Evaluations: Each child is initially evaluated by a multi-disciplinary team at an MHCP-sponsored clinic coordinated with the primary care physician. All covered services must be supervised and recommended by the multi-disciplinary team, which is usually composed of a pediatrician, an orthopedist, a physical therapist, an occupational therapist, a nurse, a nutritionist, the family, the services coordinator, and, in some cases, a psychologist.

4-004.03 Certification Date: The certification date is the date the child is first seen at a cerebral palsy clinic or the date of a private evaluation approved by the MHCP Central Office staff.

4-004.04 Service Components: If one or more of the following service components is recommended in the IMTP, the services coordinator must authorize payment for the component without requesting approval from MHCP Central Office staff:

1. Evaluation through the cerebral palsy clinic;
2. Orthopedic x-rays;
3. Braces and splints;
4. Standing frames, walkers, and crutches;
5. Corrective shoes;
6. Orthopedic surgery;
7. Neurologic care, including evaluations with a contracted neurologist, approved seizure medications, blood levels to check seizure medications, and CT scans;
8. Hospitalizations;
9. Nutrition services; and
10. Feeding and swallowing evaluation.

If any other service components are recommended in the IMTP, the services coordinator must submit the medical reports to the medical consultant for approval of payment. The services coordinator must submit requests for approval of payment for service components not recommended in the IMTP to MHCP Central Office staff for approval or coverage.

Note: Maintenance of braces, splints, standing frames, walkers, crutches, and corrective shoes purchased by MHCP may be authorized without team evaluation to maintain the team's recommendations.

4-004.04A Other Covered Services: MHCP may cover adaptive equipment. See 467 NAC 4-001.04.

4-004.05 Specific Providers: After the multi-disciplinary team has developed the IMTP, the client, parents, or guardian may choose the appropriate MHCP-contracted specialists to carry out the IMTP. MHCP-approved pharmacies and brace shops may be approved to provide other authorized services.

4-004.06 Procedures

4-004.06A Referrals: When a referral is received, the services coordinator must schedule the client for the next available clinic. If the client needs treatment before the next available clinic, the services coordinator must request Central Office approval for an interim evaluation.

The services coordinator must send a letter acknowledging the referral to the parents and to request the release of medical information. This letter should indicate the tentative appointment date.

When the signed release is received, the services coordinator must request medical reports from physicians and medical facilities involved in the client's CP treatment. Once all releases are obtained, the services coordinator must notify the client's primary care physician of the receipt of the referral and the MHCP clinic attendance appointments, if the primary care physician is listed on the release.

After the clinic report is completed, the services coordinator must verify medical eligibility (see 467 NAC 2-003 ff.). If further review is needed, the services coordinator must refer the case to MHCP Central Office staff for review.

4-004.06B Medical Eligibility Notification: If the client is medically eligible, the services coordinator must notify the client, parents, or guardian by letter and include a copy of the clinic report along with the financial application as appropriate.

If the client is not medically eligible, the services coordinator must notify the client, parents, or guardian of the decision and send a copy of the clinic report, including the appeal paragraph in the letter. The services coordinator must enter the case action into the computerized system.

4-004.06C Financial Ineligibility: If the client is financially ineligible, the services coordinator must -

1. Notify the client, parents, or guardian of the determination by letter, citing the appropriate manual reference and including the appeal paragraph in the letter; and
2. Enter the case action into the computerized system.

4-004.06C1 Private-Pay Patients at Clinics: Private-pay patients who are medically eligible for the cerebral palsy service program and under age 21 but financially ineligible may wish to continue to receive clinic evaluations or may request a clinic evaluation.

The family must pay \$100 for the evaluation. The family must give the check or money order (no cash) to the services coordinator at least five working days before the clinic. The check must be made out to "Nebraska Health and Human Services." The services coordinator must send the check or money order to MHCP in the Central Office with an explanation of the purpose of the check.

4-004.06D Certification: When the client is financially and medically eligible, the services coordinator must certify the case and:

1. Contact the client, parents, or guardian if appropriate to obtain information necessary to authorize care, and arrange the follow-up interview required under 467 NAC 2-002.01A. Note: The follow-up interview should be completed before the certification letter is mailed whenever possible;
2. Contact providers to explain MHCP and billing procedures;
3. Send a certification letter to the client, parents, or guardian. The letter must state -
 - a. The service for which the client is certified;
 - b. The certification date;
 - c. Medical care eligible for payment;
 - d. Authorized providers; and
 - e. Procedure for notifying MHCP for emergency care and hospitalizations (within five working days), and for scheduled appointments and lab work (before receiving the services);
4. Send a letter to the physician notifying him/her of eligibility; and
5. Enter the case action into the computerized system.

4-004.06E Ongoing Services Coordination: The services coordinator must -

1. Authorize care as needed;
2. Schedule the client to return to the clinic as recommended at the last clinic evaluation (see 467-000-301);
3. Authorize maintenance care, e.g., brace repair, replacement shoes when necessary;
4. Schedule the client for the next available clinic if any care other than maintenance care, such as new braces, surgery, is needed (see 467-000-30);
5. Review medical reports for office visits and other medical care and keep medical section of the case file up to date;
6. Assist parents, medical providers, and the MHCP payment unit with questions or problems regarding bills;
7. Assist the family in dealing with the psychosocial aspects of the client's condition;
8. Request financial information update as needed, at least annually or when circumstances change; and
9. Arrange and conduct the yearly personal interview required under 467 NAC 2-002.01A (this may be completed as part of the clinic interview);
10. Continue to reassess need for other services; assist and refer as appropriate.

4-004.07 Cerebral Palsy Clinic Procedures

4-004.07A Clinic Purpose: MHCP sponsors cerebral palsy clinics to -

1. Determine medical eligibility for the cerebral palsy service; and
2. Develop a treatment plan for the client.

4-004.07B Scheduling: The MHCP services coordinator must send an appointment letter and "Referral Postcard," to the client, parents, or guardian to inform them of the schedule.

The MHCP services coordinator must review the case of each client scheduled to attend the clinic to determine any items (treatment plan, follow-up care, eligibility status) to be discussed with the team or the client, parents, or guardian. The services coordinator must print the computer screen for each client who is scheduled to attend the clinic.

4-004.07C Clinic Preparation: The services coordinator must -

1. Dictate clinic appointment letters for children to attend clinic using the appropriate letters, and send a stamped postcard or envelope with these letters. This postcard is used to inform the services coordinator of cancellation. It is helpful to put a date by which the postcard must be mailed (7-10 days in advance of clinic). If cards are not returned, it is assumed the child will attend.
2. Notify the Clinic lead services coordinator of any cancellations as soon as possible to allow the coordinator to direct other services coordinators to invite additional clients to the clinic.
3. Photocopy medical information (or the referral if no medical information is available) on new patients and pertinent medical information on ongoing clients, that is, ENT reports, school reports, letters of inquiry from the child's providers, surgical reports and provide this information at least one week before the clinic to the pediatrician and other team members as requested.

4-004.07D Team Responsibilities: See Quality Assurance document.

4-004.07E Services Coordinator Responsibilities: The MHCP services coordinator must meet with the client, parents, or guardian to discuss, as appropriate -

1. The purpose of the clinic and MHCP eligibility requirements (for new patients);
2. The client's treatment plan;
3. Follow-up care;
4. Any problems or concerns; and
5. Other resources which may cover needs of the client that MHCP cannot cover.

4-004.07E1: The services coordinator is a member of the clinic team during assessment and at the team meeting following the clinic. This includes -

1. Assisting the family to provide social information to team members;
2. Being familiar with the client's treatment plan and previous clinic recommendations;
3. Advocating for the client, parents, or guardian regarding any questions or concerns about the client's treatment;
4. Providing team members with information on the client's eligibility for MHCP;
5. Identifying concerns or problems regarding the client's treatment that the client, parents, or guardian may have and assisting them as appropriate when requested to do so by the family; and
6. Assisting the client, parents, or guardian in understanding the team's recommendations and assisting them in obtaining follow-up care and make referrals as appropriate.

4-004.07F Clinic Follow-Up: The services coordinator may need to take immediate action before the clinic reports are completed, based on decisions or questions raised by the team (such as, authorizing equipment or hospitalization).

After the services coordinator receives the reports, the services coordinator must send a follow-up letter to each client. The letter may -

1. Summarize for emphasis or clarity the recommendations made at the clinic as well as the client's current eligibility status, MHCP-covered services, and return clinic dates;
2. Give instructions for any care or procedures recommended by the clinic team but not covered by MHCP;
3. Discuss any questions or problems raised at the clinic; and
4. Make referrals to other sources when appropriate.

The clinic follow-up letter may be combined with a certification or rejection letter.

The services coordinator must update the computerized system, as appropriate.

The services coordinator must provide a summary of clinic results to all individuals who are determined not eligible for MHCP.

The services coordinator must assign new clinic appointment dates in computerized clinic system of names of any clients who are eligible and were recommended to return to another clinic for continued care.

4-005 through 4-009 (Reserved)

4-010 Craniofacial Service: This service provides treatment for children with craniofacial anomalies.

4-010.01 Medical Eligibility: Medically eligible diagnoses include bilateral, unilateral, complete, and incomplete cleft lip and cleft palate.

The MHCP medical consultant must review other craniofacial anomalies for a medical eligibility determination.

4-010.02 Clinics/Diagnostic Evaluations: MHCP provides diagnostic evaluations at MHCP-sponsored craniofacial clinics.

4-010.03 Certification Date: When the client is both medically and financially eligible, the certification date is the date of referral. The child must be scheduled for the earliest appropriate clinic.

4-010.04 Service Components: If one or more of the following service components is recommended in the IMTP, the services coordinator must authorize payment for the component without requesting approval from MHCP Central Office staff:

1. Diagnostic clinic evaluations;
2. Surgical repair of cleft lip and cleft palate, tympanoplasty, tubes and other surgical procedures related to eligible conditions, for example, pharyngeal flap, nose/lip revisions). For other conditions, the services coordinator must send reports to the MHCP medical consultant for approval;
3. Orthodontic services for cleft palate (orthodontic treatment and routine dental care not associated with cleft palate are not covered;)
4. Routine dental care for cleft palate;
5. X-rays required for dental/orthodontic care and surgical procedures;
6. Pathology (lab);
7. Hearing aids, batteries, ear molds, repairs under \$150, and three years of insurance premiums;
8. Physician services -
 - a. Plastic surgeon; and
 - b. Otolaryngologist;
9. Genetic consultation;
10. Nutrition;
11. Feeding and swallowing evaluation; and
12. Specialized feeding equipment and supplies relating to cleft lip and palate.

Note: MHCP requires pediatric pre-operative exams. These exams are always covered.

For service components not recommended in the IMTP, the services coordinator must submit requests for approval to MHCP Central Office staff, who determine coverage.

4-010.05 Specific Providers: The craniofacial clinic team consists of the family, a plastic surgeon, a speech pathologist, a pedodontist, an orthodontist, a prosthodontist, a pediatrician, clinic nurse coordinator, a nutritionist, audiologist, services coordinator, and a psychologist. The team may also include an otolaryngologist, an oral surgeon, and a dental hygienist.

MHCP-contracted plastic surgeons, otolaryngologists, dentists, orthodontists, recommended prosthodontists, audiologists, hearing aid dealers, pediatricians, nutritionists, and oral surgeons provide team recommended services.

4-010.06 Procedures

4-010.06A Referrals: When a referral is received, the services coordinator must schedule the client for the next available clinic. If the client needs treatment before the next available clinic, the services coordinator must request Central Office approval for an interim evaluation.

The services coordinator must send a letter acknowledging the referral to the client, parents, or guardian to acknowledge receipt of the referral and to request the release of medical information. The services coordinator must send a letter acknowledging the referral to the referral source, if appropriate, indicating the date the client is scheduled for the clinic.

When the signed release is received, the services coordinator must request medical reports from physicians and medical facilities involved in the client's treatment. The multi-disciplinary team may review any medical reports at the clinic. The client may be scheduled for clinic even if this information is not available.

After the clinic report is completed, the services coordinator must verify medical eligibility (see 467 NAC 2-003 ff.). If further review is needed, the MHCP services coordinator must refer the case to MHCP Central Office staff who determine medical eligibility.

4-010.06B Referrals for Services Not Covered: Some referrals received by MHCP will not be approved for the craniofacial clinics. In such a situation, that is, purely orthodontic problems - malocclusion I without clefts) the services coordinator must consult with the Central Office for recommendations.

4-010.06C Eligibility Notification: If the client is medically eligible, the services coordinator must -

1. Notify the client, parents, or guardian by letter and include a copy of the clinic report, include a financial application as appropriate; and
2. Request a financial application.

If the client is not medically eligible, the services coordinator must notify the client, parents, or guardian of the decision and send a copy of the clinic report, including the appeal paragraph in the letter. The services coordinator must enter the case action into the computerized system.

4-010.06D Financial Ineligibility: If the client is financially ineligible, the services coordinator must -

1. Notify the client, parents, or guardian of the determination by letter, citing the appropriate regulation and include the appeal paragraph in the letter; and
2. Enter the case action into the computerized system.

4-010.06D1 Private-Pay Patients at Clinics: Private-pay patients who are medically eligible for the craniofacial service and under age 21 but financially ineligible may wish to continue to receive clinic evaluations or may request a clinic evaluation.

The family must pay \$100 for the evaluation. The family must give the check or money order (no cash) to the services coordinator at least five working days before the clinic. The check must be made out to "Nebraska Department of Health and Human Services." The services coordinator must send the check or money order to MHCP in the Central Office with an explanation of the purpose for the check.

4-010.06E Certification: When the client is financially and medically eligible, the services coordinator must certify the case and:

1. Contact the client, parents, or guardian if appropriate to obtain information necessary to authorize care, and arrange the follow-up interview required under 467 NAC 2-002.01A. Note: The follow-up interview should be completed before the certification letter is mailed whenever possible;
2. Contact providers to explain MHCP and billing procedures;
3. Send a certification letter to the client, parents, or guardian. The letter must state -
 - a. The service for which the client is certified;
 - b. The certification date;
 - c. Medical care eligible for payment;
 - d. Authorized providers; and
 - e. Procedure for notifying MHCP for emergency care and hospitalizations (within five working days), and for scheduled appointments and lab work (before receiving the services);
4. Send a letter to the physician notifying him/her of eligibility; and
5. Enter the case action into the computerized system.

4-010.06F Ongoing Services Coordination: The services coordinator must -

1. Provide authorizations as needed;
2. Request medical reports for emergency care and hospitalizations to ensure that the condition treated was related to the oral craniofacial condition and that the care was provided or directed by authorized physicians;
3. Review medical reports for office visits and other medical care and keep medical section of the case file up to date;
4. Assist parents, medical providers, and the MHCP payment unit with questions or problems regarding bills;
5. Assist the family in dealing with the psychosocial aspects of the client's condition;
6. Request financial information update as needed, at least annually or when circumstances change;
7. Arrange and conduct the yearly personal interview required under 467 NAC 2-002.01; and
8. Continue to reassess need for other services; assist and refer as appropriate.

4-010.07 Craniofacial Clinic Procedures:

4-010.07A Clinic Purpose: MHCP sponsors clinics for the oral plastic service to -

1. Evaluate children with cleft lip, cleft palate, or any other cranio-facial anomalies;
2. Establish a diagnosis for medical eligibility determination;
3. Establish and monitor an individual medical treatment plan; and
4. Collect and report data on outcomes of treatment.

4-010.07B Scheduling Priorities: Priorities for craniofacial clinics are as follows:

1. Unrepaired cleft and lip;
2. New clients;
3. Ongoing clients due for evaluation for surgery;
4. Ongoing clients due for surgical follow-up;
5. Ongoing clients when the parents, school and/or medical/dental/orthodontic providers have requested input from the clinic team and/or a decision regarding the treatment plan; and
6. Ongoing clients due for regular clinic re-evaluation as recommended in the last IMTP.

Using these priorities, the services coordinator must assign the priority codes listed in the computer system.

4-010.07C Clinic Preparation: When scheduling children for clinics, the services coordinator must:

1. Review computer generated listings for children who are scheduled for any given clinic;
2. Prioritize those children to be scheduled and given clinic appointments;
3. Create a final list by computer for those who attend clinic, giving consideration for time and travel distances, evaluation needs, and a commitment from the family about their willingness to attend;
4. Contact individual families to verify medical status of previous recommendation, elicit the family's concerns, and get commitments of the families willingness and ability to attend;
5. Print and distribute clinic lists to team members as appropriate;
6. Send appointment notices to inform the families of the date, time, and place of the clinic, along with any appropriate instructions. This may include a return addressed post card in which the family can indicate whether or not they plan to keep the appointment;
7. Send the child's appointment notice to the primary care physician as appropriate to keep the physician informed and give the physician an opportunity to have his/her questions and/or concerns addressed by the evaluation team; and
8. Photocopy medical information (or the referral if no medical information is available) on new patients and pertinent medical information on ongoing clients, that is, ENT reports, school reports, letters of inquiry from the child's providers, surgical reports) and provide this information to the team as appropriate prior to the clinic.

4-010.07D Team Responsibilities: The individual team members must examine the client and as a team make recommendations for the IMTP.

4-010.07E Services Coordinator Responsibilities: The services coordinator must meet with each client and his/her parents or guardian. At this meeting, the services coordinator must -

1. Explain MHCP to all new clients;
2. Explain the clinic process and the client's eligibility status for MHCP;
3. Encourage the client, parents, or guardian to ask questions of the team members and explain what will occur as follow-up from the clinic evaluations;
4. Assess the family situation and with the families' permission make appropriate referrals to other appropriate services, including other MHCP services;
5. Review the care being received to identify problems or questions; and
6. Relay questions, concerns, and/or problems to the team members as well as eligibility information.

4-010.07F Clinic Follow-Up: The services coordinator may need to take immediate action before the clinic reports are completed, based on decisions or questions raised by the team (i.e., authorizing equipment or hospitalization).

After the services coordinator receives the reports, the services coordinator must send a report to each client and other providers as indicated by the parent/guardian. A follow-up clinic letter may be sent which may include eligibility information, questions, or answers raised at clinic; information about referrals and resources as appropriate.

The services coordinator must update the computerized system, as appropriate, which includes entering clinic appointment dates.

4-010.07G Scheduling Surgeries: The services coordinator, in coordination with the clinic nurse coordinator, must assist clients by keeping track of recommended surgeries and dates when these should be scheduled, that is, at least 6-8 weeks before surgery). Clients are directed to contact the office of the MHCP-contracted surgeon of their choice to request a surgery date and to schedule a pre-operative exam with an MHCP-contracted physician. Parents must notify the services coordinator of scheduled pre-operative appointment, hospital admission date, and surgery date. The services coordinator must send the appropriate authorizations. The services coordinator must send copies of the clinic report with surgical recommendations to the surgeon and the physician who will perform the pre-operative evaluation.

4-011 Cystic Fibrosis Service: This service provides treatment for cystic fibrosis.

4-011.01 Medical Eligibility: The only eligible diagnosis is cystic fibrosis (fibrocystic disease). Cystic fibrosis is an inherited disease of exocrine glands, affecting most characteristically the pancreas, respiratory system, and sweat glands.

4-011.02 Clinics/Diagnostic Evaluations: Only UNMC Cystic Fibrosis Center staff provide diagnostic and follow-up evaluations at designated area clinics. The services coordinator in conjunction with UNMC staff must arrange appointments for community-based clinics.

4-011.03 Certification Date: The certification date is the date of the referral. Exception: For a weekend or holiday admission, the referral must be received within five working days of the date of hospital admission to cover eligibility from the date of admission.

4-011.04 Service Components: If one or more of the following service components is recommended in the IMTP, the services coordinator must authorize payment for the component without requesting approval from MHCP Central Office staff:

1. UNMC Cystic Fibrosis Center office evaluations;
2. Chest x-rays;
3. Laboratory tests, including throat cultures, sensitivity discs, urinalysis, and CBC with differential;
4. Approved medications, including, but not limited to -
 - a. Pancreatic enzymes;
 - b. Antibiotics for lung infections; and
 - c. Bronchodilators;
5. Approved durable medical equipment -
 - a. Purchase of compressors and nebulizers;
 - b. Purchase of mechanical percussors;
 - c. Rental of oxygen equipment; and
 - d. Diabetic equipment including syringes;
6. Inpatient hospitalization at UNMC;
7. Treatment and evaluations with primary care physicians in consultation with the UNMC Cystic Fibrosis Center;
8. Treatment and evaluations related to secondary diagnoses resulting from cystic fibrosis, for example, diabetes, bowel obstructions; and
9. Nutrition services.

Note: The UNMC contract includes direct payment for respiratory therapist, nutritionist, or nurse clinician staff. MHCP will not pay for these services while the child is at UNMC.

The services coordinator must submit requests for approval of payments for service components not recommended in the IMTP to MHCP Central Office staff. MHCP Central Office staff must determine coverage.

4-011.04A Non-Covered Services: MHCP does not cover over-the-counter antihistamines, decongestants, and routine and/or acute health care, medication or routine health care unrelated to cystic fibrosis diagnosis.

4-011.05 Specific Providers: The UNMC Cystic Fibrosis Team is composed of a pediatric pulmonologist, a pediatric gastroenterologist, a nurse, a dietician, respiratory therapist, and lab technician (for sweat tests). When this team functions as the MHCP contracted Cystic Fibrosis Team, the family and services coordinator are part of the team makeup. The UNMC Hospital provides inpatient hospital care. MHCP-approved pharmacies provide prescribed medication. MHCP-approved durable medical equipment providers provide recommended equipment.

4-011.06 Procedures

4-011.06A Referrals: When a non-medical referral is received, the services coordinator must send a letter to the client, parents, or guardian to acknowledge receipt of the referral and to request the release of medical information. A copy of the letter may be sent to the referring party.

When the signed release is received, the services coordinator must request medical reports from physicians and medical facilities involved in the client's cystic fibrosis care. Upon receipt of the medical reports, the services coordinator must follow the procedures in 467 NAC 4-011.06B and 4-011.06C.

4-011.06B Medical Eligibility Notification: If the client is medically eligible, the services coordinator must -

1. Notify the client, parent(s), or guardian;
2. Request a financial application; and
3. Notify primary care physician.

If the client is not medically eligible, the services coordinator must notify the family of the decision. The services coordinator must enter the case action into the computerized system.

4-011.06C Financial Ineligibility: If the client is financially ineligible, the services coordinator must -

1. Notify the client, parents, or guardian of the determination by letter, citing the appropriate manual reference and including the appeal paragraph in the letter; and
2. Enter the case action into the computerized system.

4-011.06D Certification: When the client is financially and medically eligible, the services coordinator must certify the case. The services coordinator must -

1. Contact the client, parents, or guardian to explain the service, obtain necessary information to authorize care, and arrange the follow-up interview as required by 467 NAC 2-002.01, unless completed at clinic. Note: The follow-up interview should be completed before the certification letter is sent, whenever possible;
2. Contact the providers to explain MHCP and billing procedures;
3. Send a certification letter to the client, parents, or guardian. The letter must state -
 - a. The service for which the client is certified;
 - b. The certification date;
 - c. Medical care eligible for payment;
 - d. Authorized providers; and
 - e. Procedure for notifying MHCP for emergency care and hospitalizations (within five working days), and for scheduled appointments and lab work (before receiving the services);
4. Send a letter to the primary care physician; and
5. Enter the case action into the computerized system.

4-011.06E Ongoing Services Coordination: The services coordinator must -

1. Provide authorizations as needed;
2. Request medical reports for emergency care and hospitalizations to ensure that the condition treated was related to cystic fibrosis and that the care was provided or directed by authorized physicians;
3. Review medical reports for office visits and other medical care and keep medical section of the case file up to date;
4. Assist parents, medical providers, and the MHCP payment unit with questions or problems regarding bills;
5. Assist the client, parents, or guardian in dealing with the psychosocial aspects of the client's condition;
6. Request financial information update as needed, at least annually or when circumstances change;
7. Arrange and conduct the yearly personal interview required under 467 NAC 2-002.01; and
8. Assist the family in understanding the team's recommendations, assist in obtaining follow-up care, and make referrals as appropriate.

4-011.07 Cystic Fibrosis Clinic Procedures

4-011.07A Clinic Purpose: MHCP sponsors cystic fibrosis clinics to provide -

1. Diagnostic team evaluations; and
2. Team evaluations for certified patients to monitor progress, provide an IMTP, and give instructions to the patient for on-going care.

4-011.07B Scheduling: The services coordinator must -

1. Work in conjunction with the clinic coordinator to schedule children for evaluations;
2. Notify clients of scheduled appointments and may include authorization for lab and x-ray;
3. Review files of the clients scheduled for the clinic and print the computerized system screen for each client scheduled for this clinic.

MHCP Central Office staff must notify the hospital lab and x-ray departments regarding the clinic and indicate the number of clients scheduled, and notify the area physicians, hospitals of the clinic and staff attending the clinic.

4-011.07C Team Responsibilities: The cystic fibrosis team may be composed of the family, a pediatric pulmonologist, a pediatric gastroenterologist, a nurse-dietitian, a respiratory therapist, a social services coordinator, and a cystic fibrosis coordinator. The MHCP services coordinator may function as the social services coordinator on the team. The individual team members must examine the client and make recommendations regarding the client's treatment plan.

4-011.07D Services Coordinator Duties: The services coordinator may meet with each client, parents, or guardian to -

1. Explain the program to new patients;
2. Explain MHCP, the clinic evaluation process, and the client's MHCP eligibility status;
3. Encourage the client, parents, or guardian to ask questions of team members and explain what will occur as follow-up from the clinic evaluations;
4. Assess the family situation and make appropriate referrals to other community resources or for other MHCP services;
5. Review care being received to identify problems or questions;
6. Relay questions, concerns, and problems to the team members along with social and eligibility information; and
7. Interview the client, parent(s), and/or guardian as required in 467 NAC 4-011.06E.

4-011.07E Clinic Follow-Up: The services coordinator may need to take immediate follow-up action based on clinic recommendations before clinic reports have been completed, such as authorizing medication or authorizing and arranging hospitalization, etc. The services coordinator must update the computerized system as appropriate.

After the clinic reports are received, the services coordinator may send a clinic follow-up letter to the client, parents, or guardian to -

1. Summarize the clinic recommendations;
2. State the client's current eligibility status and return clinic date;
3. Specify what services are covered;
4. Address any questions or problems discussed at the clinic; and
5. Make referrals to other resources, if appropriate.

The clinic follow-up letter may be combined with the certification or rejection letter (see 467 NAC 4-011.06B).

The services coordinator maintains in the computer a tentative clinic list of the next clinic and add the names of any clients who are eligible and were recommended to return to the clinic for follow-up, using the MHCP computerized clinic system.

4-012 Diabetes Service: This service provides treatment for children who have diabetes mellitus.

4-012.01 Medical Eligibility: The only eligible diagnosis is diabetes mellitus, Type I or Type II.

Medical eligibility is determined by both the medical diagnosis and the IMTP. The medical consultant must review all cases for medical eligibility determination.

4-012.02 Clinics/Diagnostic Evaluations: When determined appropriate by MHCP Central Office staff, the client must receive a diagnostic evaluation from a pediatric endocrinologist.

4-012.03 Certification Date: The certification date is the date of referral. Exception: For weekend or holiday, the referral must be received within five working days of the date of referral to cover eligibility.

4-012.04 Service Components: If one or more of the following service components is recommended in the IMTP, the services coordinator must authorize payment for the component without requesting approval from MHCP Central Office staff:

1. Diabetic specialist or pediatric office visits related directly to the diabetes;
2. Lab tests, including metabolic tests, urinalysis, and CBC with differentials;
3. Approved medications and insulin;
4. Syringes, needles, glucometers and other diabetic supplies;
5. Treatment and evaluations can be authorized with primary care physicians in consultation with the endocrinologist;
6. Inpatient hospitalizations; and
7. Nutrition services/diabetic counseling.

Note: MHCP Central Office staff must determine whether to purchase or rent infusion pumps.

4-012.05 Specific Providers: The MHCP contracted providers for this service is through a contracted endocrinologist or MHCP contracted pediatricians. The MHCP contracted Hospital provides inpatient hospital care. MHCP-approved pharmacies provide prescribed medication. MHCP-approved durable medical equipment providers provide recommended equipment.

4-012.06 Procedures

4-012.06A Non-Medical Referrals: When a non-medical referral is received, the services coordinator must send a letter to the client, parents, or guardian to acknowledge receipt of the referral and to request the release of medical information. A copy of the letter may be sent to the referring party.

When the signed release is received, the services coordinator must request medical reports from physicians and medical facilities involved in the diabetes care.

4-012.06B Medical Eligibility Notification: If the client is medically eligible, the services coordinator must -

1. Notify the client, parent(s), or guardian;
2. Request a financial application; and
3. Notify primary care physician.

If the client is not medically eligible, the services coordinator must notify the family of the decision. The services coordinator must enter the case action into the computerized system.

4-012.06C Referrals From A Diabetes Team: When a referral is received from a diabetes team, the services coordinator must send the referral to the Central Office for medical eligibility determination. The services coordinator must also send a letter to the client, parents, or guardian, acknowledging the referral.

If the client is not medically eligible, the services coordinator must notify the family of the decision. The services coordinator must enter the case action into the computerized system.

4-012.06D Financial Ineligibility: If the client is financially ineligible, the services coordinator must -

1. Notify the client, parents, or guardian of the determination by letter, citing the appropriate regulation and including the appeal paragraph in the letter; and
2. Enter the case action into the computerized system.

4-012.06E Certification: When the client is financially and medically eligible, the services coordinator must certify the case and -

1. Contact the parents or guardian to explain the service, obtain necessary information to authorize care, and arrange a follow-up interview as required under 467 NAC 2-002.01. Note: The follow-up interview should be completed before the certification letter is sent, whenever possible;
2. Contact providers to explain MHCP and billing procedures;
3. Send a certification letter to the family. The letter must state -
 - a. The service for which the client is certified;
 - b. The certification date;
 - c. Medical care eligible for payment;
 - d. Authorized providers; and

- e. Procedure for notifying MHCP for emergency care and hospitalizations (within five working days), and for scheduled appointments and lab work (before receiving the services);
4. Send letter to the physician in charge of care; and
5. Enter the case action into the computerized system.

4-012.06F Ongoing Services Coordination: The services coordinator must -

1. Provide authorizations as needed;
2. Request medical reports for emergency care and hospitalizations to ensure that the condition treated was related to diabetes and that the care was provided or directed by authorized physicians;
3. Review medical reports for office visits and other medical care and keep medical section of the case file up to date;
4. Assist parents, medical providers, and the MHCP payment unit with questions or problems regarding bills;
5. Assist the client, parents, or guardian in dealing with the psychosocial aspects of the client's condition;
6. Request financial information update as needed, at least annually or when circumstances change;
7. Arrange and conduct the yearly personal interview required under 467 NAC 2-002.01;
8. Continue to reassess need for other services; assist and refer as appropriate.

4-013 Eye Service: This service provides treatment for children who have eye defects which may be surgically corrected.

4-013.01 Medical Eligibility: The most common diagnoses covered are ptosis, exotropia, esotropia, congenital cataracts, glaucoma, and blocked tear ducts. Medical eligibility for this service is dependent upon the need for surgery.

4-013.02 Clinics/Diagnostic Evaluations: All appointments must be scheduled with MHCP-contracted ophthalmologists. There are no MHCP-sponsored clinics for eye services.

4-013.03 Certification Date: The certification date is the date of referral. Exception: For a weekend or holiday admission, the referral must be received within five working days of the date of hospital admission to cover eligibility from the date of admission.

4-013.04 Service Components: If one or more of the following service components is recommended in the IMTP, the services coordinator must authorize payment for the component without requesting approval from MHCP Central Office staff:

1. Diagnostic eye evaluations, only when referred by a medical professional or para-professional;
2. Office visits with contracted ophthalmologists; and
3. Surgery and hospitalization for correction of an eye defect when prior authorization has been received.

If any other service components are recommended in the IMTP, the services coordinator must submit reports to the medical consultant. The services coordinator must submit requests for approval of service components not recommended in the IMTP to MHCP Central Office staff. MHCP Central Office staff must determine coverage.

Note: MHCP may cover only the first pair of eye glasses or contact lenses provided after each surgery. The services coordinator must submit requests for eye glasses or contact lenses to MHCP Central office staff.

4-013.05 Specific Providers: Services are provided through MHCP-contracted ophthalmologists and MHCP-contracted hospitals. MHCP-approved optometrists may provide eyeglasses or contact lenses.

4-013.06 Procedures

4-013.06A Non-Medical Referrals: When a non-medical referral is received, the services coordinator must send a letter to the client, parents, or guardian to acknowledge receipt of the referral and request the release of medical information. A copy of the acknowledgement letter may be sent to the referring party.

When the signed release is received, the services coordinator must request relevant medical reports from physicians and/or medical facilities involved in the client's eye care. Upon receipt of the medical reports, the services coordinator must follow the procedures in 467 NAC 4-013.06B and 4-013.06C.

4-013.06B Referrals From General Physicians or Pediatricians: If the referral is not from a contracted ophthalmologist but the client has been seen by a contracted ophthalmologist, the services coordinator must request release of medical information from the client to obtain relevant reports and treatment plan. When the IMTP is received, the services coordinator must verify medical eligibility. If further medical review is necessary, the services coordinator must submit the report to the Central Office.

If the referral is from another source, the services coordinator or the family must schedule the client for a diagnostic evaluation with a contracted ophthalmologist. After the report is received, the services coordinator must verify medical eligibility. If further medical review is necessary, the services coordinator must submit the report to the Central Office.

4-013.06C Referrals from Contracted Specialists: If the referral is from a contracted ophthalmologist and the client has an eligible diagnosis and surgery has been recommended, the services coordinator must verify medical eligibility (see 467 NAC 2-003 ff.). If further review is needed, the services coordinator must refer the case to MHCP Central Office staff. MHCP Central Office staff must determine medical eligibility and return reports to the services coordinator with eligibility coding.

4-013.06D Medical Eligibility Notification: If the client is medically eligible, the services coordinator must -

1. Notify the client, parents, or guardian; and
2. Request a financial application.

If the client is not medically eligible, the services coordinator must notify the family of the decision. The services coordinator must enter the case action into the computerized system.

4-013.06E Financial Ineligibility: If the client is financially ineligible, the services coordinator must -

1. Notify the client's parents of the determination by letter, citing the appropriate manual reference and including the appeal paragraph in the letter; and
2. Enter the case action into the computerized system.

4-013.06F Certification: When the client is financially and medically eligible, the services coordinator must certify the case and -

1. Contact the client, parents, or guardian to explain the service, obtain necessary information to authorize care, and arrange the follow-up interview as required under 467 NAC 2-002.01. Note: The follow-up interview should be completed before the certification letter is sent, whenever possible;
2. Contact providers to explain MHCP and billing procedures;
3. Send a certification letter to the client, parents, or guardian. The letter must state -
 - a. The service for which the client is certified;
 - b. The certification date;
 - c. Medical care eligible for payment;
 - d. Authorized providers; and
 - e. Procedure for notifying MHCP for emergency care and hospitalizations (within five working days), and for scheduled appointments and lab work (before receiving the services);
4. Make sure MHCP Clinic reports are sent to the primary care physician; and
5. Enter the case action into the computerized system.

4-013.06G Ongoing Services Coordination: The services coordinator must -

1. Provide authorizations as needed;
2. Request medical reports for emergency care and hospitalizations to ensure that the condition treated was related to eye care and that the care was provided or directed by authorized physicians;
3. Review medical reports for office visits and other medical care and keep medical section of the case file up to date;
4. Assist parents, medical providers, and the MHCP payment unit with questions or problems regarding bills;
5. Assist the family in dealing with the psychosocial aspects of the client's condition;
6. Request financial information update as needed, at least annually or when circumstances change;
7. Arrange and conduct the yearly personal interview required under 467 NAC 2-002.01; and
8. Continue to reassess need for other services; assist and refer as appropriate.

4-014 Hearing Service: This service provides treatment for children who have a significant hearing loss requiring amplification or have a condition which may result in a hearing loss. The purpose of these services is to improve hearing acuity and/or to prevent further loss of hearing.

4-014.01 Medical Eligibility: The Medically Handicapped Children's Program may fill service gaps for infants needing additional diagnostic, medical treatment planning, and medical treatment services beyond the newborn hearing screening phase, subject to the 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. MHCP Central Office staff must review each case.

Medical conditions which include a hearing loss but respond to medication and placement of tubes (myringotomy) and usually result in normal hearing are considered acute conditions and are not medically eligible.

4-014.02 Diagnostic Evaluations: MHCP Central Office staff must review reports from the following practitioners to determine medical eligibility:

1. An MHCP-contracted physician specializing in diseases and conditions of the ear, nose, and throat (ENT/otolaryngologist);
2. An audiologist; and
3. A pediatric/family physician report or evaluation, if required by MHCP Central Office staff to establish eligibility.

MHCP pays for these evaluations when provided by MHCP-contracted specialists after referral by a medical professional or para-professional.

4-014.03 Certification Date: The certification date is the date of referral. Exception: For a weekend or holiday admission, the referral must be received within five working days of the date of hospital admission to cover eligibility from the date of admission.

4-014.04 Service Components: If one or more of the following service components is recommended in the IMTP, the services coordinator must authorize payment for the component without requesting approval from MHCP Central Office staff:

1. Diagnostic evaluations and ongoing care with ear, nose, and throat specialists;
2. Diagnostic and ongoing services with contracted audiologists;
3. Hearing aids, ear molds, and repairs;
4. Hospitalizations;
5. An evaluation by an MHCP-contracted pediatrician if surgery or a hearing aid is recommended; and
6. Insurance for loss and destruction of aid purchased by MHCP.

If any other service components are recommended in the IMTP, the services coordinator must submit the reports to the medical consultant for approval of payment.

4-014.05 Specific Providers: Care is provided by MHCP-contracted physicians specializing in diseases of the ear, nose, and throat (ENT/otolaryngologists), MHCP-contracted audiologists, and MHCP-contracted hearing aid dealers.

4-014.06 Procedures

4-014.06A Referrals From Audiologists or Para-Professionals: When a referral from an audiologist or other para-professional is received, the services coordinator must send a letter to the client, parents, or guardian to acknowledge receipt of the referral and to request the release of medical information. A copy of the letter may be sent to the referring party.

If the referral is generated by a failed newborn screening, the services coordinator must request a report of the second hearing screening. If the child has failed the second screening, the services coordinator contacts Early Development Network in the child's community to access school services by contacting the Local Early Development Network services coordinator. The reports must then be sent to Central Office staff for review.

When the signed release is received, the services coordinator must request the audiologist's report and information from medical facilities involved in the client's hearing care. Upon receipt of the medical reports, the services coordinator must follow the procedures in 467 NAC 4-014.06B and 4-014.06C.

4-014.06B Referrals From General Physicians or Pediatricians: When a referral from a family physician or pediatrician is received, the services coordinator must acknowledge receipt of the referral by sending the acknowledgement letter to the client, parents, or guardian. The services coordinator, with the client, parents, or guardian, must arrange an otolaryngology evaluation. The services coordinator must send an authorization if needed, to the provider and request a medical report. If an audiologist has not evaluated the client, the services coordinator, with the client, parents, or guardian, must arrange for an audiology evaluation. The services coordinator must send an authorization requesting an audiogram.

The services coordinator must send the results of the evaluation to the Central Office. MHCP Central Office staff must determine medical eligibility and return to the services coordinator with eligibility coding.

4-014.06C Referrals From Otolaryngologists: The services coordinator must submit referrals from specialists to the Central Office for review.

4-014.06D Medical Eligibility Notification: If the client is medically eligible, the services coordinator must -

1. Notify the client, parents, or guardian; and
2. Request a financial application.

If the client is not medically eligible, the services coordinator must notify the client, parents, or guardian of the decision. The services coordinator must enter the case action into the computerized system.

4-014.06E Financial Ineligibility: If the client is financially ineligible, the services coordinator must -

1. Notify the client, parents, or guardian of the determination by letter, citing the appropriate manual reference and including the appeal paragraph in the letter; and
2. Enter the case action into the computerized system.

4-014.06F Certification: When the client is financially and medically eligible, the services coordinator must certify the case and -

1. Contact the client, parents, or guardian to explain the service, obtain necessary information to authorize care, and arrange the follow-up interview required under 467 NAC 2-002.01. Note: The follow-up interview should be completed before the certification letter is sent, whenever possible;
2. Contact providers to explain MHCP and billing procedures;
3. Send a certification letter to the family. The letter must state -
 - a. The service for which the client is certified;
 - b. The certification date;
 - c. Medical care eligible for payment;
 - d. Authorized providers; and
 - e. Procedure for notifying MHCP for emergency care and hospitalizations (within five working days), and for scheduled appointments and lab work (before receiving the services);
4. Send letter to the contracted provider; and
5. Enter the case action into the computerized system.

4-014.06G Ongoing Services Coordination: The services coordinator must -

1. Provide authorizations as needed;
2. Request medical reports for emergency care and hospitalizations to ensure that the condition treated was related to the hearing condition and that the care was provided or directed by authorized physicians;
3. Review medical reports for office visits and other medical care and keep medical section of the case file up to date;

4. Assist parents, medical providers, and the MHCP payment unit with questions or problems regarding bills;
5. Assist the family in dealing with the psychosocial aspects of the client's condition;
6. Request financial information update as needed, at least annually or when circumstances change; and
7. Arrange and conduct the yearly personal interview required under 467 NAC 2-002.01; and
8. Continue to reassess need for other services; assist and refer as appropriate.

4-015 Heart Service: This service covers treatment for children with congenital or acquired heart disease.

4-015.01 Medical Eligibility: Common diagnoses which are covered by this service are -

1. Tetralogy of Fallot;
2. Transposition of the great vessels;
3. Coarctation of the aorta;
4. Mitral/aortic valve stenosis;
5. Ventricular septal defect (VSD); and
6. Atrial septal defect (ASD).

The MHCP medical consultant must review all other diagnoses.

4-015.02 Clinics/Diagnostic Evaluations: Diagnostic evaluations are provided through contracted pediatric cardiologists.

4-015.03 Certification Date: When the client is both medically and financially eligible, the certification date is the date of referral. Exception: For a weekend or holiday admission, the referral must be received within five working days of the date of hospital admission to cover eligibility from the date of admission.

4-015.04 Service Components: If one or more of the following service components is recommended in the IMTP, the services coordinator must authorize payment for the component without requesting approval from MHCP Central Office staff:

1. Diagnostic evaluations, including chest x-rays, echocardiograms, electrocardiograms, stress tests, treadmill, Holter monitors, etc.;
2. Physician services by -
 - a. A pediatric cardiologist;
 - b. A pediatrician, for follow-up care such as blood level tests under the supervision of the cardiologist; and
 - c. A pediatric thoracic surgeon;
3. Hospitalization for heart surgery, cardiac catheterizations, and pacemakers evaluations;
4. X-rays;
5. Central Office-approved heart medications;
6. Pathology; and
7. Nutrition services.

The services coordinator must submit requests for approval of service components not recommended in the IMTP to MHCP Central Office staff.

4-015.05 Specific Providers: MHCP covers heart services provided by an MHCP-contracted pediatric cardiologist, pediatrician, or pediatric thoracic surgeon. These services may be provided at the UNMC Pediatric Cardiology Clinic, MHCP-sponsored clinics, an MHCP-contracted pediatric cardiologist's office, or MHCP-contracted hospitals.

MHCP covers hospitalization for open-heart surgery only at UNMC Hospital and Children's Memorial Hospital in Omaha, Nebraska.

Pharmacy services, radiology and pathology services, and durable medical equipment may be provided by MHCP-approved providers.

Any exceptions in providers must be reviewed by the medical consultant.

4-015.06 Procedures

4-015.06A Non-Medical Referrals: When the services coordinator receives a referral that has no medical information, the services coordinator must arrange a diagnostic evaluation at the first available heart clinic. The services coordinator must notify the client, parents, or guardian regarding the appointment. After receipt of the report of diagnostic evaluation, the services coordinator must verify medical eligibility (see 467 NAC 2-003 ff.). If further review is needed, the services coordinator must send the report to the medical consultant for a medical eligibility determination.

4-015.06B Referrals From General Physicians or Pediatricians: When the services coordinator receives a referral from a general physician or pediatrician, the services coordinator must schedule a diagnostic evaluation for the child and notify the client, parents, or guardian and the referring physician. After receipt of the report of diagnostic evaluation, the services coordinator must verify medical eligibility (see 467 NAC 2-003 ff.). If further review is needed, the services coordinator must send the report to the medical consultant for a medical eligibility determination.

4-015.06C Referrals From Pediatric Cardiologists: When the services coordinator receives a referral from an MHCP-contracted pediatric cardiologist, the services coordinator must verify medical eligibility (see 467 NAC 2003 ff.). If review is necessary, the services coordinator must send the referral to the MHCP medical consultant.

4-015.06D Medical Eligibility Notification: If the client is medically eligible, the services coordinator must -

1. Notify the client, parents, or guardian;
2. Request a financial application;
3. Notify the referring physician regarding eligibility.

If the client is not medically eligible, the services coordinator must notify the client, parents, or guardian of the decision. The services coordinator must enter the case action into the computerized system.

4-015.06E Financial Ineligibility: If the client is financially ineligible, the services coordinator must -

1. Notify the client, parents, or guardian of the determination by letter, citing the appropriate regulation and including the appeal paragraph in the letter; and
2. Enter the case action into the computerized system.

4-015.06F Certification: When the client is financially and medically eligible, the services coordinator must certify the case. The services coordinator must -

1. Contact the client, parents, or guardian to explain the service, obtain necessary information to authorize care, and arrange the follow-up interview required under 467 NAC 2-002.01, unless done at clinic. Note: The follow-up interview should be completed before the certification letter is sent, whenever possible.
2. Contact providers including primary care physician to explain MHCP and billing procedures;
3. Send a certification letter to the family. The letter must state -
 - a. The service for which the client is certified;
 - b. The certification date;
 - c. Medical care eligible for payment;
 - d. Authorized providers; and
 - e. The procedure for notifying MHCP for emergency care and hospitalizations (within five working days), and for scheduled appointments and lab work (before receiving the services);
4. Enter the case action into the computerized system.

4-015.06G Ongoing Services Coordination: The services coordinator must -

1. Provide authorizations as needed;
2. Request medical reports for emergency care and hospitalizations to ensure that the condition treated was related to the eligible heart condition and that the care was provided or directed by authorized physicians;
3. Review medical reports for office visits and other medical care and keep the medical section of the case file up to date;
4. Assist parents, medical providers, and the MHCP payment unit with questions or problems regarding bills;
5. Assist the family in dealing with the psychosocial aspects of the client's condition;
6. Request financial information update as needed, at least annually or when circumstances change;
7. Arrange and conduct the yearly personal interview required under 467 NAC 2-002.01; and
8. Assist the family in understanding the team's recommendations, assist in obtaining follow-up care, and make referrals as appropriate.

4-015.07 Heart Clinic Procedures:

4-015.07A Purpose of Heart Clinics: MHCP sponsors heart clinics to -

1. Locate and provide diagnostic evaluations for children with heart disease or conditions leading to heart disease;
2. Ensure high-quality specialized heart care for those children;
3. Ensure continuity of care for those children; and
4. Develop and monitor an IMTP for each child.

MHCP sponsors heart clinics throughout Nebraska to bring high-quality specialized services to those patients who live great distances from the pediatric cardiac centers.

4-015.07B Scheduling for Ongoing Clinics in Omaha and Lincoln: All appointments are scheduled by request to the appropriate cardiologist offices.

4-015.07C Services Coordinator Responsibilities: The services coordinator must attend clinic when new patients are scheduled to interview parents, to explain MHCP policies and services, and to obtain a signed Exchange of Information Form. The services coordinator must interview the client, parent(s), and/or guardian as required in 467 NAC 4-015.06G, item 7.

4-015.07D Clinic Follow-Up: The services coordinator contacts the cardiology department to verify the child's attendance within three days of the appointment date. The services coordinator must update the computerized system, as appropriate. The UNMC pediatric cardiology department sends a copy of each client's report to the services coordinator. If the report is not received within one month of the appointment date, the services coordinator must request the report.

4-016 Hemophilia Service: This service provides treatment for hemophilia.

4-016.01 Medical Eligibility: 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, etc., and may require extensive treatment. Medically eligible diagnoses are congenital factor VIII and severe factor IX disorders, such as hemophilia and Christmas disease.

4-016.02 Clinics/Diagnostic Evaluations: There are no MHCP-sponsored clinics for hemophilia. Diagnostic evaluations are provided through the regional hemophilia centers and by contracted hematologists.

4-016.03 Certification Date: When the client is both medically and financially eligible, the certification date is the date of referral. Exception: For a weekend or holiday admission, the referral must be received within five working days of the date of hospital admission to cover eligibility from the date of admission.

4-016.04 Service Components: If one or more of the following service components is recommended in the IMTP, the services coordinator must authorize payment for the component without requesting approval from MHCP Central Office staff:

1. Inpatient hospital care;
2. Outpatient evaluations at a regional hemophilia center or by an MHCP-contracted hematologist;
3. Laboratory services;
4. X-rays;
5. Factor VIII;
6. Supplies for Factor VIII administration, such as syringes, needles, etc.; and
7. Nutrition services.

Service components may be limited based on budget consideration.

If any other service components are recommended in the IMTP, the services coordinator must submit medical reports to the medical consultant for approval of payment. The services coordinator must submit requests for approval of service components not recommended in the IMTP to MHCP Central Office staff to determine coverage.

4-016.05 Specific Providers: Covered services must be provided by regional hemophilia centers at UNMC in Omaha and at the University of Colorado Medical Center in Denver, MHCP-contracted hematologists, UNMC, and MHCP-contracted orthopedists. Local providers may be approved if they are under the direct supervision of the MHCP-contracted hematologist or regional hemophilia center.

4-016.06 Procedures

4-016.06A Non-Medical Referrals: When the services coordinator receives a non-medical referral and the diagnosis has not been confirmed, the services coordinator must arrange a diagnostic evaluation with an MHCP-contracted provider. The services coordinator must send a letter to the client, parents, or guardian with the appointment information and to request the release of medical information. MHCP pays for the diagnostic evaluation.

If the diagnosis has been confirmed, the services coordinator requests medical reports from physicians and/or medical facilities. Upon receipt of the medical reports, the services coordinator must follow the procedures in 467 NAC 4-016.06B and 4-016.06C.

4-016.06B Referrals From General Physicians or Pediatricians: For medical referrals not from MHCP-contracted hematologists, the services coordinator must arrange a diagnostic evaluation with a contracted provider. The services coordinator must verify medical eligibility or, if further review is needed, the services coordinator must send the referral to the MHCP medical consultant (see 467 NAC 2-003 ff.). The services coordinator must also discuss a change of providers with the client, parents, or guardian if appropriate.

4-016.06C Referrals From Hematologists: If a medical referral is received from a provider contracted with MHCP for hemophilia treatment or a regional hemophilia center, the services coordinator must verify medical eligibility (see 467 NAC 2-003 ff.). If additional review is needed, the services coordinator must send the referral with medical eligibility determination inquiry to the MHCP medical consultant for medical eligibility determination.

4-016.06D Medical Eligibility Notification: If the client is medically eligible, the services coordinator must -

1. Notify the client, parents, or guardian; and
2. Request a financial application.

If the client is not medically eligible, the services coordinator must notify the client, parents, or guardian of the decision. The services coordinator must enter the case action into the computerized system.

4-016.06E Financial Ineligibility: If the client is financially ineligible, the services coordinator must -

1. Notify the client, parents, or guardian of the determination by letter, citing the appropriate manual reference and including the appeal paragraph in the letter; and
2. Enter the case action into the computerized system and authorize payment for any covered diagnostic evaluations and send it to the Central Office.

4-016.06F Certification: When the client is financially and medically eligible, the services coordinator must certify the case. The services coordinator must -

1. Contact the client, parents, or guardian to explain the service, obtain necessary information to authorize care, and arrange the follow-up interview required under 467 NAC 2-002.01. Note: The follow-up interview should be completed before the certification letter is sent, whenever possible;
2. Send appropriate authorization and billing procedures;
3. Send a certification letter to the client, parents, or guardian. The letter must state -
 - a. The service for which the client is certified;
 - b. The certification date;
 - c. Medical care eligible for payment;
 - d. Authorized providers; and
 - e. Procedure for notifying MHCP for emergency care and hospitalizations (within five working days), and for scheduled appointments and lab work (before receiving the services);
4. Send a letter to the physician in charge of care notifying of eligibility; and
5. Enter the case action into the computerized system.

4-016.06G Ongoing Services Coordination: The services coordinator must -

1. Provide authorizations as needed;
2. Request medical reports for emergency care and hospitalizations to ensure that the condition treated was related to hemophilia and that the care was provided or directed by authorized physicians;
3. Review medical reports for office visits and other medical care and keep medical section of the case file up to date;
4. Assist parents, medical providers, and the MHCP payment unit with questions or problems regarding bills;
5. Assist the family in referrals for the psychosocial aspects of the client's condition;
6. Request financial information update as needed, at least annually or when circumstances change; and
7. Continue to reassess need for other services; assist and refer as appropriate.

4-017 Major Medical-General Service: This service provides treatment for children with diagnoses determined to be congenital, chronic, or prolonged, and in need of active treatment. If a child's diagnosis does not meet the criteria for other MHCP services, s/he may be considered for this service.

4-017.01 Medical Eligibility: Some common diagnoses covered by this service include 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, PKU (phenylketonuria), and duodenal atresia.

Medically eligible immunological deficiencies are congenital hypogammaglobulinemia, acquired hypogammaglobulinemia, DiGeorge's syndrome, severe combined immunodeficiency, ataxia-telangiectasia syndrome, Wiskott-Aldrich syndrome, chronic granulomatous disease, Chediak-Higashi syndrome, and Kostman's syndrome. Complement deficiencies must be reviewed by the medical consultant.

MHCP does not cover growth hormone transplants of bone marrow and thymus or the following immunological deficiencies: selective Ig A deficiency, chronic mucocutaneous candidiasis, hyper Ig E syndrome, and Hill-Quie syndrome.

The medical consultant must review all referrals for medical eligibility determination.

4-017.02 Clinics/Diagnostic Evaluations: There are no MHCP-sponsored clinics for this service. Further diagnostic evaluations may be covered if determined to be necessary by the MHCP medical consultant. The medical consultant must also review the treatment plan.

4-017.03 Certification Date: When the child is both medically and financially eligible, the certification date is the date of the referral. Exception: For a weekend or holiday admission, the referral must be received within five working days of the date of hospital admission to cover eligibility from the date of admission.

4-017.04 Service Components: If one or more of the following service components is recommended in the IMTP, the services coordinator must authorize payment for the component without requesting approval from MHCP Central Office staff:

1. Diagnostic evaluations;
2. Consultations;
3. Hospitalizations;
4. Surgery;
5. X-rays and pathology;
6. Physician services;
7. Approved medications;
8. Medical supplies or equipment and its maintenance; and
9. Nutrition services.

If any other service components are recommended in the IMTP, the services coordinator must submit the report to the medical consultant for approval of payment. The services coordinator must submit requests for approval of payment for service components not recommended in the IMTP to MHCP Central Office staff. MHCP Central Office staff must determine coverage.

4-017.05 Specific Providers: Covered services are provided by MHCP-contracted physicians and hospitals. MHCP Central Office staff must approve other providers.

4-017.06 Procedures

4-017.06A Non-Medical Referrals: When a non-medical referral is received, the services coordinator must send a letter to the client, parents, or guardian to acknowledge receipt of the referral and to request the release of medical information. A copy of the letter may be sent to the referring party.

When the signed release is received, the services coordinator must request medical reports from physicians and/or medical facilities involved in the client's medical care. The services coordinator must send the reports to the medical consultant for a medical eligibility determination. MHCP Central Office staff must determine medical eligibility and return the reports to the services coordinator with eligibility coding.

4-017.06B Medical Eligibility Notification: After the services coordinator receives the coded report, if the child is medically eligible, the services coordinator must -

1. Notify the client, parents, or guardian; and
2. Include a financial application in the letter.

If the client is not medically eligible, the services coordinator must notify the client, parents, or guardian of the decision. The services coordinator must enter the case action into the computerized system.

4-017.06C Financial Ineligibility: If the client is financially ineligible, the services coordinator must -

1. Notify the client, parents, or guardian of the determination by letter, citing the appropriate regulation and including the appeal paragraph in the letter; and
2. Enter the case action into the computerized system.

4-017.06D Certification: When the client is financially and medically eligible, the services coordinator must certify the case and -

1. Contact the client, parent(s) or guardian to explain the service, obtain necessary information to authorize care, and arrange the follow-up interview required under 467 NAC 2-002.01. Note: The follow-up interview should be completed before the certification letter is sent, whenever possible;

2. Contact providers to explain MHCP and billing procedures;
3. Send a certification letter to the family. The letter must state -
 - a. The service for which the client is certified;
 - b. The certification date;
 - c. Medical care eligible for payment;
 - d. Authorized providers; and
 - e. Procedure for notifying MHCP for emergency care and hospitalizations (within five working days), and for scheduled appointments and lab work (before receiving the services);
4. Send a letter to the physician in charge of care; and
5. Enter the case action into the computerized system.

4-017.06E Ongoing Services Coordination: The services coordinator must -

1. Provide authorizations as needed;
2. Request medical reports for emergency care and hospitalizations to ensure that the condition treated was related to covered diagnosis and that the care was provided or directed by authorized physicians;
3. Review medical reports for office visits and other medical care and keep medical section of the case file up to date;
4. Assist parents, medical providers, and the MHCP payment unit with questions or problems regarding bills;
5. Assist the family in dealing with the psychosocial aspects of the client's condition;
6. Request financial information update as needed, at least annually or when circumstances change;
7. Arrange and conduct the yearly personal interview required under 467 NAC 2-002.01;
8. Continue to reassess need for other services; assist and refer as appropriate.

4-018 Midline Neurological Defects Service: This centralized service provides treatment for children with spina bifida, meningomyelocele, or other central nervous system neurological defects.

4-018.01 Medical Eligibility: Some common covered diagnoses include 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.

If the client has a definite diagnosis of spina bifida or meningomyelocele, the services coordinator must verify medical eligibility (see 467 NAC 2-003 ff.). If the client has any other diagnosis, the medical consultant must determine medical eligibility.

4-018.02 Clinics/Diagnostic Evaluations: MHCP sponsors midline neurological team clinics in Lincoln and Omaha. Treatment is supervised by the clinic team and is provided by contracted specialists.

4-018.03 Certification Date: When the client is medically and financially eligible, the certification date is the date of referral. Exception: For a weekend or holiday admission, the referral must be received within five working days of the date of hospital admission to cover eligibility from the date of admission.

4-018.04 Service Components: If one or more of the following service components is recommended in the IMTP, the services coordinator must authorize payment for the component without requesting approval from MHCP Central Office staff:

1. X-rays;
2. Laboratory tests;
3. CT scans, renal scans and MRI;
4. Braces and splints and their maintenance;
5. Standing frames, walkers, and crutches and their maintenance;
6. Hospitalizations approved by the medical consultant;
7. Ostomy supplies;
8. Physicians' services provided by a developmental pediatrician, neurosurgeon, urologist, orthopedist, neurologist, or primary care physician as related to the condition;
9. Surgery related to the condition;
10. Emergency shunt revisions;
11. Medications;
12. Nutrition services; and
13. Feeding and swallowing evaluations.

If any other service components are recommended in the IMTP, the services coordinator must submit reports to the medical consultant for approval of payment. The services coordinator must submit requests for approval of payment for service components not recommended in the IMTP to MHCP Central Office. MHCP Central Office staff must determine coverage.

4-018.04A Other Covered Services: MHCP, through the midline neurological services, may cover certain adaptive equipment, such as wheelchairs, van lifts, or equipment for home use.

4-018.05 Specific Providers: Covered services must be provided by MHCP-contracted physicians, MHCP-contracted hospitals, and MHCP-approved brace companies with certified orthotists, and pharmacies.

4-018.06 Procedures

4-018.06A Referrals on Neonates or Others Needing Immediate Medical Attention: When the services coordinator receives a referral on a neonate (a newborn infant during the initial hospitalization for birth) or a child needing immediate medical attention, s/he must send a letter to the child, parents, or guardian to acknowledge receipt of the referral and to request the release of medical information. A copy of the letter may be sent to the referring party.

When the signed release is received, the services coordinator must request medical reports from physicians and/or medical facilities involved in the client's medical care. Upon receipt of the medical reports, the services coordinator must submit the reports to the MHCP medical consultant for medical eligibility determination. MHCP Central Office staff must determine medical eligibility and return to the services coordinator with eligibility coding. The worker must schedule the child for a clinic evaluation as soon as appropriate.

4-018.06B Referrals on Other Children: When the services coordinator receives a referral on a client who has been dismissed from initial hospitalization for birth and who does not need immediate medical attention, the services coordinator must send a letter to the client, parents, or guardian to acknowledge receipt of the referral, to explain that the client may be seen in an MHCP-sponsored clinic, and to request the release of medical information. A copy of the letter may be sent to the referring party. The services coordinator must tentatively schedule the client for an appropriate clinic. The services coordinator must verify medical eligibility (see 467 NAC 2-003 ff.). If further review is necessary, the services coordinator must submit the IMTP to the Central Office for review. After review, MHCP Central Office staff must determine medical eligibility and return the medical report to the services coordinator with eligibility coding.

4-018.06C Medical Eligibility Notification: After medical eligibility is established, the services coordinator must -

1. Notify the client, parents, or guardian;
2. Request a financial application; and
3. Notify primary care physician.

If the client is not medically eligible, the services coordinator must notify the client, parents, or guardian of the decision. The services coordinator must enter the case action into the computerized system.

4-018.06D Financial Ineligibility: If the client is financially ineligible, the services coordinator must -

1. Notify the client, parents, or guardian of the determination by letter, citing the appropriate manual reference and including the appeal paragraph in the letter; and
2. Enter the case action into the computerized system.

4-018.06D1 Private-Pay Patients at Clinics: Private pay patients who are medically eligible for the midline neurological service and under age 21 but financially ineligible may wish to continue to receive clinic evaluations or may request a clinic evaluation.

The parents or guardian are required to pay \$100 for the evaluation. The parents or guardian must give the check or money order (no cash) to the services coordinator at least five working days before the clinic. The check must be made out to "Nebraska Department of Health and Human Services." The services coordinator must send the check or money order to MHCP Central Office staff with an explanation.

4-018.06E Certification: When the client is financially and medically eligible, the services coordinator must:

1. Certify the case;
2. Contact the client, parents, or guardian to explain the service, obtain necessary information to authorize care, and to arrange the follow-up interview required under 467 NAC 2-002.01. Note: The follow-up interview should be completed before the certification letter is sent, whenever possible;
3. Contact providers to explain MHCP and billing procedures;
4. Send a certification letter to the client, parents, or guardian. The letter must state -
 - a. The service for which the client is certified;
 - b. The certification date;
 - c. Medical care eligible for payment;
 - d. Authorized providers; and
 - e. Procedure for notifying MHCP for emergency care and hospitalizations (within five working days), and for scheduled appointments and lab work (before receiving the services);
5. Notify the primary care physician; and
6. Enter the case action into the computerized system.

4-018.06F Coordination of Care: The services coordinator must assist the client, parents, or guardian in arranging follow-up care as recommended by the team, encouraging the client, parents, or guardian to make the appointments.

4-018.06G Ongoing Services Coordination: The services coordinator must -

1. Provide authorizations as needed;
2. Request medical reports for emergency care and hospitalizations to ensure that the condition treated was related to the MHCP-eligible diagnosis and that the care was provided or directed by authorized physicians;
3. Review medical reports for office visits and other medical care and keep medical section of the case file up to date;
4. Assist parents, medical providers, and the MHCP payment unit with questions or problems regarding bills;
5. Assist the family in dealing with the psychosocial aspects of the client's condition;
6. Request financial information update as needed, at least annually or when circumstances change;
7. Arrange and conduct the yearly personal interview required under 467 NAC 2-002.01; and
8. Continue to reassess need for other services; assist and refer as appropriate.

4-018.07 Clinic Procedures

4-018.07A Clinic Purpose: MHCP sponsors clinics for the midline neurological defects service to -

1. Assess the client's neurologic, neurosurgical, orthopedic, and urologic needs; and
2. Establish a treatment plan for the client's needs.

4-018.07B Scheduling: The MHCP services coordinator must send an appointment letter and return postcard to the client, parents, or guardian to inform them of the scheduled appointment.

The MHCP services coordinator may need to review the case of each client scheduled to attend the clinic to determine any items (treatment plan, follow-up care, eligibility status) to be discussed with the team or the client, parents, or guardian. The services coordinator must print the computerized system screen for each client.

4-018.07C Team Responsibilities: The clinic team may include a pediatrician, a neurosurgeon, a orthopedist, a physical therapist, a urologist, parents, an occupational therapist, a nutritionist, a nurse coordinator, a social services coordinator, and a psychologist. The MHCP team members must examine the client and make recommendations regarding the client's treatment plan.

4-018.07D Services Coordinator Responsibilities: The MHCP services coordinator must meet with the client, parents, or guardian to discuss -

1. The purpose of the clinic and MHCP eligibility requirements (for new patients);
2. The client's treatment plan;
3. Follow-up care;
4. Any problems or concerns;
5. MHCP eligibility; and
6. Other resources which may cover needs of the client that MHCP cannot cover.

The services coordinator must interview the client, parent(s), or guardian as required.

4-018.07D1: The services coordinator is a member of the clinic team during assessment and at the staff meeting following the clinic. This includes -

1. Providing family issues to team members as appropriate;
2. Being familiar with the client's treatment plan and previous clinic recommendations;
3. Advocating for the client, parents, or guardian regarding any questions or concerns about the client's treatment;
4. Providing team members with information on the client's eligibility for MHCP;
5. Identifying concerns or problems regarding the client's treatment that the client, parents, or guardian may have and assisting them as appropriate; and
6. Assisting the client, parents, or guardian in understanding the team's recommendations and assisting them in obtaining follow-up care.

4-018.07E Clinic Follow-Up: The services coordinator may need to take immediate follow-up action based on clinic recommendations before clinic reports have been completed, such as authorizing medication or authorizing and arranging hospitalization, etc. The services coordinator must update the computerized system as appropriate.

After the clinic reports are received, the services coordinator may send a clinic follow-up letter and/or clinic report to the client, parents or guardian to –

1. Summarize the clinic recommendations;
2. State the client's current eligibility status and return clinic date;
3. Specify what services are covered;
4. Address any questions or problems discussed at the clinic; and
5. Make referrals to other resources, if appropriate.

The clinic follow-up letter may be combined with the certification or rejection letter (see 467 NAC 4-018.06D and 4-018.06E).

The services coordinator maintains in the computer a tentative clinic list of the next clinic and adds the names of any clients who are eligible and were recommended to return to the clinic for follow-up, using the MHCP computerized system.

4-019 Neoplasm Service: This service provides treatment for children with neoplastic (cancerous) diseases or non-malignant tumors when the tumor is potentially disabling.

4-019.01 Medical Eligibility: The most common covered diagnoses are leukemia, lymphoma, Ewing's sarcoma, Wilm's tumor, rhabdomyosarcoma, neuroblastoma, astrocytoma, osteogenic sarcoma, and some brain tumors.

The services coordinator must verify medical eligibility (see 467 NAC 2-003 ff.). If further review is needed, the medical consultant must review the referral for a medical eligibility determination.

4-019.02 Clinics/Diagnostic Evaluations: There are no MHCP clinics for this service. The diagnosis must be determined by an MHCP-contracted oncologist or hematologist.

4-019.03 Certification Date: When the client is both financially and medically eligible, the certification date is the date of referral. Exception: For a weekend or holiday admission, the referral must be received within five working days of the date of hospital admission to cover eligibility from the date of admission.

4-019.04 Service Components: If one or more of the following service components is recommended in the IMTP, the services coordinator must authorize payment for the component without requesting approval from MHCP Central Office staff:

1. Chemotherapy, radiation (inpatient and outpatient);
2. Surgery for treatment of cancer;
3. Hospitalizations;
4. Medications (only for treatment of cancer) and supplies;
5. Laboratory and radiology services;
6. Treatments provided by MHCP-contracted oncologists or hematologists;
7. Follow-up care, provided by the local physician under supervision of the contracted oncologist or hematologist; and
8. Prosthetic devices;
9. Emergency care; and
10. Nutrition services.

If any other service components are recommended in the IMTP, the services coordinator must submit the report to the medical consultant for approval of payment. The services coordinator must submit requests for approval of payment for service components not recommended in the IMTP to MHCP Central Office staff. MHCP Central Office staff must determine coverage.

4-019.05 Specific Providers: Covered services must be provided through contracted oncologists, hematologists and hospitals. Other MHCP-contracted specialists may provide services as recommended by the oncologist and approved by MHCP Central Office staff. MHCP-approved pharmacies may provide medications and supplies.

4-019.06 Procedures

4-019.06A Non-Medical Referrals: When a non-medical referral is received, the services coordinator must send a letter to the client, parents, or guardian to acknowledge receipt of the referral and to request the release of medical information. A copy of the letter may be sent to the referring party.

When the signed release is received, the services coordinator must request medical reports from physicians and/or medical facilities involved in the client's treatment.

4-019.06B Medical Referrals From Specialists: If the referral is from an MHCP-contracted oncologist or hematologist, the services coordinator must verify medical eligibility (see 467 NAC 2-003 ff.). If further review is needed, the services coordinator must send the referral to the MHCP medical consultant for medical eligibility determination. MHCP Central Office staff must determine medical eligibility and return the report to the services coordinator with eligibility coding.

4-019.06C Medical Eligibility Notification: After the services coordinator verifies medical eligibility or receives the coded report and if the client is medically eligible the services coordinator must -

1. Notify the client, parents or guardian; and
2. Request that they complete the financial application included in the letter.

If the client is not medically eligible, the services coordinator must notify the client, parents, or guardian of the decision by letter. The services coordinator must enter the case action into the computerized system.

4-019.06D Financial Ineligibility: If the client is financially ineligible, the services coordinator must -

1. Notify the client, parents, or guardian of the determination by letter, citing the appropriate regulation and including the appeal paragraph in the letter; and
2. Enter the case action into the computerized system.

4-019.06E Certification: When the client is financially and medically eligible, the services coordinator must certify the case and -

1. Contact the client, parents, or guardian to explain the service, obtain necessary information to authorize care and arrange the follow-up interview required under 467 NAC 2-002.01. Note: The follow-up interview should be completed before the certification letter is sent, whenever possible;
2. Contact providers to explain MHCP and billing procedures;
3. Send a certification letter to the client, parents, or guardian. The letter must state -

- a. The service for which the client is certified;
 - b. The certification date;
 - c. Medical care eligible for payment;
 - d. Authorized providers; and
 - e. Procedure for notifying MHCP for emergency care and hospitalizations (within five working days), and for scheduled appointments and lab work (before receiving the services);
4. Notify the physician in charge of care; and
 5. Enter the case action into the computerized system.

4-019.06F Ongoing Services Coordination: The services coordinator must -

1. Provide authorizations as needed;
2. Request medical reports for emergency care and hospitalizations to ensure that the condition treated was related to the eligible diagnosis and that the care was provided or directed by authorized physicians;
3. Review medical reports for office visits and other medical care and keep medical section of the case file up to date;
4. Assist parents, medical providers, and the MHCP payment unit with questions or problems regarding bills;
5. Assist the family in dealing with the psychosocial aspects of the client's condition;
6. Request financial information update as needed, at least annually or when circumstances change;
7. Arrange and conduct the yearly personal interview required under 467 NAC 2-002.01; and
8. Continue to reassess need for other services; assist and refer as appropriate.

4-020 Major Medical-Neurological Service: This service provides treatment for neurological conditions.

4-020.01 Medical Eligibility: Eligible diagnoses include seizures, subdural hematoma, encephalocele, and Guillian-Barre syndrome. The MHCP medical consultant must determine medical eligibility from medical reports.

MHCP does not cover seizures occurring during the newborn's initial hospitalization at birth.

4-020.02 Clinics/Diagnostic Evaluations: MHCP covers diagnostic evaluations performed by a pediatric neurologist. There are no MHCP-sponsored clinics for this service.

4-020.03 Certification Date: When the client is both medically and financially eligible, the certification date is the date of referral. Exception: For a weekend or holiday admission, the referral must be received within five working days of the date of hospital admission to cover eligibility from the date of admission.

4-020.04 Service Components: If one or more of the following service components is recommended in the IMTP, the services coordinator must authorize payment for the component without requesting approval from MHCP Central Office staff:

1. Diagnostic evaluations;
2. Consultations;
3. X-rays;
4. Pathology;
5. Pediatric neurologist services;
6. Treatment drugs;
7. EEG's, CT scans or MRI, recommended by the pediatric neurologist;
8. Hospitalizations; and
9. Nutrition services.

If any other service components are recommended in the IMTP, the services coordinator must submit the medical report to the MHCP medical consultant for approval of payment. The services coordinator must submit requests for approval of payment for service components not recommended in the IMTP to MHCP Central Office staff. MHCP Central Office staff must determine coverage.

4-020.05 Specific Providers: Covered services must be provided by MHCP-contracted pediatric neurologists and hospitals. Local pediatricians may provide care under the supervision of the neurologist with MHCP Central Office approval. MHCP-approved pharmacies may provide approved medications.

4-020.06 Procedures

4-020.06A Non-Medical Referrals: When a non-medical referral is received, the services coordinator must send a letter to the client, parents, or guardian to acknowledge receipt of the referral and to request the release of medical information. A copy of the letter may be sent to the referring party.

When the signed release is received, the services coordinator must request medical reports from physicians and/or medical facilities involved in the client's medical care. The services coordinator must send the reports to the medical consultant for a medical eligibility determination. MHCP Central Office staff must determine medical eligibility and return the reports to the services coordinator with eligibility coding.

4-020.06B Referrals From Physicians: The services coordinator must submit the medical referral to the Central Office for review. After review, MHCP Central Office staff must determine medical eligibility and return the report to the services coordinator with eligibility coding.

4-020.06C Medical Eligibility Notification: After the services coordinator receives the report, if the client is medically eligible, the services coordinator must -

1. Notify the client, parents, or guardian by letter; and
2. Include a financial application.

If the client is not medically eligible, the services coordinator must notify the client, parents, or guardian of the decision. The services coordinator must enter the case action into the computerized system.

4-020.06D Financial Ineligibility: If the client is financially ineligible, the services coordinator must -

1. Notify the client, parents, or guardian of the determination by letter, citing the appropriate regulation and including the appeal paragraph in the letter; and
2. Enter the case action into the computerized system.

4-020.06E Certification: When the client is financially and medically eligible, the services coordinator must certify the case and -

1. Contact the client, parents, or guardian to explain the service, obtain necessary information to authorize care, and arrange the follow-up interview required under 467 NAC 2-002.01. Note: The follow-up interview should be completed before the certification letter is sent, whenever possible;
2. Contact providers to explain MHCP and billing procedures;
3. Send a certification letter to the client, parents, or guardian. The letter must state -
 - a. The service for which the client is certified;
 - b. The certification date;

- c. Medical care eligible for payment;
 - d. Authorized providers; and
 - e. Procedure for notifying MHCP for emergency care and hospitalizations (within five working days), and for scheduled appointments and lab work (before receiving the services);
4. Notify the pediatric neurologist; and
 5. Enter the case action into the computerized system.

4-020.06F Ongoing Services Coordination: The services coordinator must -

1. Provide authorizations as needed;
2. Request medical reports for emergency care and hospitalizations to ensure that the condition treated was related to the client's neurological condition and that the care was provided or directed by authorized physicians;
3. Review medical reports for office visits and other medical care and keep medical section of the case file up to date;
4. Assist parents, medical providers, and the MHCP payment unit with questions or problems regarding bills;
5. Assist the family in dealing with the psychosocial aspects of the client's condition;
6. Request financial information update as needed, at least annually or when circumstances change;
7. Arrange and conduct the yearly personal interview required under 467 NAC 2-002.01; and
8. Continue to reassess need for other services; assist and refer as appropriate..

4-021 Orthopedic - General Service: This service covers treatment of general orthopedic problems, congenital or acquired, excluding recent fractures.

4-021.01 Medical Eligibility: The most common covered diagnoses are talipes equinovarus, arthrogryposis, Legg-Perthes disease, congenital dislocation of the hip, and children needing prostheses.

The MHCP medical consultant must review a spinal cord injury. MHCP does not cover the initial acute treatment but may cover rehabilitation care. Other diagnoses that must be reviewed by the medical consultant are tibial torsion, "bowed legs", torn medial meniscus, leg length discrepancy, and fractures that have not healed properly.

4-021.02 Clinics/Diagnostic Evaluation: Diagnostic evaluations are provided through MHCP-contracted orthopedists.

4-021.03 Certification Date: When the client is both medically and financially eligible, the certification date is the date of referral. Exception: For a weekend or holiday admission, the referral must be received within five working days of the date of hospital admission to cover eligibility from the date of admission.

4-021.04 Service Components: If one or more of the following service components is recommended in the IMTP, the services coordinator must authorize payment for the component without requesting approval from MHCP Central Office staff:

1. Orthopedic visits;
2. Multidisciplinary Team evaluations (i.e., CP Clinics);
3. X-rays;
4. Orthotic appliances (including walkers, splints, crutches, and prostheses);
5. Brace repairs;
6. Inpatient and outpatient orthopedic surgery; and
7. Nutrition services.

For service components not recommended in the IMTP, the services coordinator must submit requests for approval to MHCP Central Office staff.

4-021.04A Other Covered Services: MHCP may cover adaptive equipment, such as wheelchairs, van lifts, equipment for home use, or standing tables. See 467 NAC 4-001.04.

4-021.05 Specific Providers: Hospitalizations must be in MHCP-contracted facilities and are covered only when recommended by MHCP-contracted orthopedists. Braces and repairs must be provided only by MHCP-approved companies employing certified or MHCP-approved orthotists.

4-021.06 Procedures

4-021.06A Non-Medical Referrals and Referrals From General Physicians or Pediatricians: If the referral is not from a contracted orthopedist but the client has been seen by a contracted orthopedist, the services coordinator must request the release of information from the client to obtain relevant reports and treatment plan. When the IMTP is received, the services coordinator must verify medical eligibility. If further medical review is necessary, the services coordinator must submit the report to the Central Office.

If the referral is from another source, the services coordinator or the family must schedule the client for a diagnostic evaluation with a contracted orthopedist. After the report is received, the services coordinator must verify medical eligibility. If further medical review is necessary, the services coordinator must submit the report to the Central Office.

4-021.06B Referrals from Orthopedists: If the services coordinator receives a referral from a contracted orthopedist, the services coordinator must verify medical eligibility. If further review is needed, the services coordinator must send the referral to the MHCP medical consultant for medical eligibility determination.

4-021.06C Medical Eligibility Notification: If the client is medically eligible, the services coordinator must -

1. Notify the client, parents, or guardian; and
2. Request a financial application.

If the client is not medically eligible, the services coordinator must notify the client, parents, or guardian of the decision. The services coordinator must enter the case action into the computerized system.

4-021.06D Financial Ineligibility: If the client is financially ineligible, the services coordinator must -

1. Notify the client, parents, or guardian of the determination by letter, citing the appropriate manual reference and including the appeal paragraph in the letter; and
2. Enter the case action into the computerized system.

4-021.06E Certification: When the client is financially and medically eligible, the services coordinator must certify the case. The services coordinator must -

1. Contact the client, parents, or guardian if appropriate to obtain information necessary to authorize care, and arrange the follow-up interview required under 467 NAC 2-002.01. Note: The follow-up interview should be completed before the certification letter is sent, whenever possible;

2. Contact providers to explain MHCP and billing procedures;
3. Send a letter to the client, parents, or guardian. The letter must state -
 - a. The service for which the client is certified;
 - b. The certification date;
 - c. Medical care eligible for payment;
 - d. Authorized providers; and
 - e. Procedure for notifying MHCP for emergency care and hospitalizations (within five working days), and for scheduled appointments and lab work (before receiving the services);
4. Make sure reports are sent to primary care physician; and
5. Enter the case action into the computerized system.

4-021.06F Ongoing Services Coordination: The services coordinator must -

1. Provide authorizations as needed;
2. Request medical reports for emergency care and hospitalizations to ensure that the condition treated was related to the orthopedic condition and that the care was provided or directed by authorized physicians;
3. Review medical reports for office visits and other medical care and keep medical section of the case file up to date;
4. Assist parents, medical providers, and the MHCP payment unit with questions or problems regarding bills;
5. Assist the family in dealing with the psychosocial aspects of the client's condition;
6. Request financial information update as needed, at least annually or when circumstances change;
7. Arrange and conduct the yearly personal interview required under 467 NAC 2-002.01; and
8. Continue to reassess need for other services; assist and refer as appropriate.

4-022 (Reserved)

4-023 Premature Birth Service: This service provides treatment for certain premature infants with medical complications. Note: Children referred to MHCP prematurity service must be referred to other available programs for additional services, such as the following:

1. Early Development Network for infants and toddlers;
2. Local school districts for coordination and outreach;
3. Development TIPS; and
4. Any other services or programs who work with this population.

4-023.01 Medical Eligibility: Medical eligibility is determined on an individual case basis, considering the seriousness of the condition. The MHCP medical consultant must review all inpatient hospitalization discharge summaries for medical eligibility determination.

Covered diagnoses may include hyaline membrane disease or respiratory distress syndrome, when the client has been on mechanical ventilation for more than five days. Certain other conditions associated with prematurity may also be covered under this service. Bronchopulmonary dysplasia is an eligible diagnosis. Note: If the infant has been treated with the drug Surfactant, the infant must require a significant amount of supplementary oxygen and require other medical care usually associated with children requiring five or more days of mechanical ventilation to medically qualify for this service.

Meconium aspiration, neonatal sepsis, hypoglycemia, and neonatal meningitis are not covered. Low birth weight or gestational age by themselves do not qualify for this service. Hospitalizations for acute care or weight gain are not covered.

4-023.02 Clinics/Diagnostic Evaluations: For this service, during the first year of life, children who require developmental evaluations may be seen at MHCP sponsored clinics.

4-023.03 Certification Date: When the client is both financially and medically eligible, the certification date is the date of the birth, if the child is referred within 30 days of the date of birth. If the referral is NOT made within 30 days, the certification date will be the date of referral. Exception: For a weekend or holiday admission, the referral must be received within five working days of the date of hospital admission to cover eligibility from the date of admission.

4-023.04 Service Components: Upon approval by the MHCP medical consultant, the following services may be authorized:

1. Inpatient hospital services;
2. Inpatient pediatrician services;
3. Radiology;
4. Lab work;
5. Surgery; if performed during the authorized period of time; and
6. Ambulance services -
 - a. Supplies;
 - b. Equipment; and

- c. Physician services during transport;
7. Nutrition assessment in the first year of life;
8. Developmental assessment in the first year of life;
9. Ophthalmology assessment in the first year of life;
10. Follow-up hearing assessment in the first year of life;
11. Feeding and swallowing evaluations;
12. Hospitalization, up to ten days after extubation; and
13. Amino acid formulas for a three-month period, for above average formula costs.

4-023.04A Criteria for MHCP Amino Acid Based Formulas: MHCP covers amino acid-based formulas for very low birth weight premature infants, below 1500 grams in weight, birth at 36 weeks gestational age or earlier. Medical problems must include hyaline membrane disease or respiratory distress requiring mechanical ventilation. Low birth weight or early gestational age by themselves does not medically qualify. The need must be evidenced by child's loss of weight, and gastroenterology evaluations showing milk/soy protein intolerance. The child must be under the care of a pediatric gastroenterologist.

MHCP only provides for the cost that is in addition to that of usual formula provided to the infant (usually based on the cost of the original formula tried and deemed not satisfactory, for example, that recommended at hospital discharge). MHCP can supplement other programs, but total provided at no cost cannot exceed the projected cost of the originally recommended/tried formula.

4-023.05 Specific Providers: Services are provided by MHCP-contracted physicians, hospitals, and other medical professionals who provide an active treatment plan.

4-023.06 Procedures

4-023.06A Medical Referrals: The services coordinator must submit any medical reports/information to the Central Office for review. MHCP Central Office staff must determine medical eligibility and return the reports to the services coordinator with eligibility coding.

4-023.06B Medical Eligibility Notification: After the services coordinator receives the coded medical information and the client is determined medically eligible, the services coordinator must -

1. Notify the client, parents, or guardian by letter; and
2. Include a financial application in letter.

If the client is not medically eligible, the services coordinator must notify the client, parents, or guardian of the decision. The services coordinator must enter the case action into the computerized system.

4-023.06C Financial Ineligibility: If the client is financially ineligible, the services coordinator must -

1. Notify the client, parents, or guardian of the determination by letter, citing the appropriate regulation, including the appeal paragraph in the letter; and
2. Enter the case action into the computerized system.

4-023.06D Certification: When the client is financially and medically eligible, the services coordinator must certify the case and -

1. Contact the client, parents, or guardian to explain the service, obtain necessary information to authorize care, and arrange the follow-up interview required under 467 NAC 2-002.01. Note: The follow-up interview should be completed before the certification letter is sent, whenever possible;
2. Contact providers to explain MHCP and billing procedures;
3. Send a certification letter to the client, parents, or guardian. The letter must state -
 - a. The service for which the client is certified;
 - b. The certification date;
 - c. Medical care eligible for payment;
 - d. Authorized providers; and
 - e. Procedure for notifying MHCP for emergency care and hospitalizations (within five working days), and for scheduled appointments and lab work (before receiving the services);
4. Send a letter to the physician in charge of care; and
5. Enter the case action into the computerized system.

4-023.06E Ongoing Services Coordination: The services coordinator must -

1. Provide authorizations as needed;
2. Request medical reports for emergency care and hospitalizations to ensure that the condition treated was related to prematurity and that the care was provided or directed by authorized physicians;
3. Review medical reports for office visits and other medical care and keep medical section of the case file up to date;
4. Assist parents, medical providers, and the MHCP payment unit with questions or problems regarding bills;
5. Assist the family in dealing with the psychosocial aspects of the client's condition;
6. Request financial information update as needed, at least annually or when circumstances change; and
7. Arrange and conduct the yearly personal interview required under 467 NAC 2-002.01.

4-024 Rheumatoid Arthritis Service: This service provides treatment for juvenile rheumatoid arthritis and related conditions.

4-024.01 Medical Eligibility: The services coordinator must verify medical eligibility for the diagnosis juvenile rheumatoid arthritis. The medical consultant must review all other diagnoses for medical eligibility determination.

4-024.02 Clinics/Diagnostic Evaluations: If the client has not been examined by an MHCP-contracted rheumatologist before being referred to MHCP, the services coordinator must request that the client submit medical information from an evaluation by a rheumatologist. If a child has not been seen by a rheumatologist, any relevant medical information should be gathered as necessary and a rheumatology evaluation can be provided.

4-024.03 Certification Date: When the client is financially and medically eligible, the certification date is the referral date. Exception: For a weekend or holiday admission, the referral must be received within five working days of the date of hospital admission to cover eligibility from the date of admission.

4-024.04 Service Components: If one or more of the following service components is recommended in the IMTP, the services coordinator must authorize payment for the component without requesting approval from MHCP Central Office staff:

1. Arthritis clinic/specialist evaluations, including rheumatologist, pediatrician, orthopedists, pathology, radiology and nutrition;
2. Hospitalizations and surgery;
3. Ophthalmology consultations;
4. Local pediatric/family physician care, that is, lab work, gold shots under the supervision of rheumatologist or a team;
5. Medications approved by the medical consultant (Note: Aspirin products are not covered);
6. Orthopedic devices, that is, corrective shoes and braces or if corrections of more than 1/8 inch are added to the shoes;
7. Orthotic appliances, including walkers, crutches, splints, and prostheses; and
8. Nutrition services.

If any other service components are recommended in the IMTP, the services coordinator must submit the reports to the MHCP medical consultant for approval of payment. The services coordinator must submit requests for approval of service components not recommended in the IMTP to MHCP Central Office. MHCP Central Office staff determines coverage.

4-024.05 Specific Providers: Covered services must be provided by MHCP-contracted orthopedists, pediatricians, rheumatologists, occupational and physical therapists, nutritionists, and hospitals; and MHCP-approved pharmacies. Braces, adjustments, and repairs must be provided only by companies employing certified MHCP-approved orthotists.

4-024.06 Procedures

4-024.06A Referrals: When a referral is received the services coordinator must obtain any pertinent medical information available from primary care physicians or specialty physicians. If medical eligibility cannot be determined from this information, the services coordinator must request the child obtain a diagnostic evaluation with an MHCP-contracted rheumatologist.

Using the specialist report, the services coordinator must verify medical eligibility. If further medical review is necessary, the services coordinator must submit the medical report with the medical eligibility determination inquiry to the Central Office.

4-024.06B Medical Eligibility Notification: If the client is medically eligible, the services coordinator must -

1. Notify the client, parents, or guardian by letter; and
2. Request a financial application.

If the client is not medically eligible, the services coordinator must notify the client, parents, or guardian of the decision. The services coordinator must enter the case action into the computerized system.

4-024.06C Financial Ineligibility: If the client is financially ineligible, the services coordinator must -

1. Notify the client, parents, or guardian of the determination by letter, citing the appropriate regulation and including the appeal paragraph in the letter;
2. Enter the case action into the computerized system; and
3. Assist family to access other resources as necessary.

4-024.06D Certification: When the client is financially and medically eligible, the services coordinator must certify the case. The services coordinator must -

1. Contact the client, parents, or guardian, when appropriate, to obtain necessary information to authorize care and arrange the follow-up interview required under 467 NAC 2-002.01. Note: The follow-up interview should be conducted before the certification letter is sent, whenever possible;
2. Contact providers to explain MHCP and billing procedures;

3. Send a certification letter to the client, parents, or guardian. The letter must state -
 - a. The service for which the client is certified;
 - b. The certification date;
 - c. Medical care eligible for payment;
 - d. Authorized providers;
 - e. Procedure for notifying MHCP for emergency care and hospitalizations (within five working days), and for scheduled appointments and lab work (before receiving the services);
4. Send appropriate reports to the primary care physician; and
5. Enter the case action into the computerized system.

4-024.06E Ongoing Services Coordination: The services coordinator must -

1. Provide authorizations as needed;
2. Request medical reports for emergency care and hospitalizations to ensure that the condition treated was related to the juvenile arthritis condition and that the care was provided or directed by authorized physicians;
3. Review medical reports for office visits and other medical care and keep medical section of the case file up to date;
4. Assist parents, medical providers, and the MHCP payment unit with questions or problems regarding bills;
5. Assist the family in dealing with the psychosocial aspects of the client's condition by listening and referring as appropriate;
6. Request financial information update as needed, at least annually or when circumstances change;
7. Arrange and conduct the yearly personal interview as required under 467 NAC 2-002.01; and
8. Continue to reassess need for other services; assist and refer as appropriate.

4-024.07 Rheumatoid Arthritis Procedures

4-024.07A Non-Medical Referrals: When a non-medical referral is received, the services coordinator must send a letter to the client, parents, or guardian to acknowledge receipt of the referral and to request the release of medical information. A copy of the letter may be sent to the referring party, acknowledging the referral.

When the signed release is received, the services coordinator must request medical reports from physicians and medical facilities involved in the client's care.

If this information is received from an MHCP-contracted physician, the services coordinator must verify medical eligibility. If further review is needed, the services coordinator must send the report with the medical eligibility determination and inquiry to the MHCP medical consultant for medical eligibility determination.

If the services coordinator received a non-medical referral and the client has NOT been evaluated by the appropriate specialist, the services coordinator must contact the parents or guardian to ask them to assist in obtaining pertinent medical records, or arrange for the client to receive an evaluation by an appropriate contracted specialist which will be paid for by MHCP. These reports must be submitted to the Central Office for the MHCP medical consultant to establish medical eligibility.

4-024.07B Referrals from General Physicians or Pediatricians: When the services coordinator receives a referral from a general physician or a pediatrician, the services coordinator must determine if the client has been evaluated by the appropriate specialist.

If the client has been evaluated by the appropriate specialist, the services coordinator must verify medical eligibility. If further review is needed, the services coordinator must send the referral with medical eligibility and determination inquiry to the MHCP medical consultant for medical eligibility determination.

If the services coordinator received a non-medical referral and the client has NOT been evaluated by an appropriate specialist, the services coordinator must contact the parents, or guardian to ask them to assist in obtaining pertinent medical records, or arrange for the client to receive an evaluation by an appropriate specialist which will be paid for by MHCP. These reports must be submitted to the Central Office for the MHCP medical consultant to establish medical eligibility.

4-024.07C Referrals from MHCP-Contracted Specialists: If the referral is from an MHCP-contracted orthopedist, the services coordinator must verify medical eligibility. If further review is needed, the services coordinator must send the referral with medical eligibility and determination inquiry to the medical consultant.

4-025 Scoliosis Service: This service provides treatment for anomalies of the spine.

4-025.01 Medical Eligibility: Eligible diagnoses include congenital scoliosis, spondylolisthesis, congenital absence of vertebra, hemivertebra, and congenital fusion of the spine. The services coordinator must verify medical eligibility for these diagnoses. The MHCP medical consultant must review all other diagnoses for a medical eligibility determination.

4-025.02 Clinics/Diagnostic Evaluations: If the client has not been examined by an orthopedist before being referred to MHCP, the services coordinator must assist the family in arranging an evaluation with an MHCP contracted orthopedist, and must authorize this consultation.

If the child has already seen an orthopedist, the services coordinator must request reports asking for the diagnosis, prognosis and treatment plan. If that orthopedist is not contracted with MHCP, the family may be asked to begin treatment with a contracted orthopedist.

There are no MHCP-sponsored clinics for this service.

4-025.03 Certification Date: When the client is both medically and financially eligible, the certification date is the date of referral.

4-025.04 Service Components: If one or more of the following service components is recommended in the IMTP, the services coordinator must authorize payment for the component without requesting approval from MHCP Central Office staff:

1. Orthopedic office visits;
2. X-rays;
3. Scoliosis braces and maintenance;
4. Physical therapy consultation, when not provided through the school system;
5. Hospitalization if surgery is required. Note: When surgery is recommended, the child must be seen by an MHCP-contracted orthopedist recognized by MHCP as a qualified scoliosis specialist. Reports of these evaluations must be reviewed by the Central Office to determine the appropriate orthopedist to perform the surgery; and
6. Nutrition services.

4-025.05 Specific Providers: MHCP-contracted orthopedists and orthotic providers that employ certified or MHCP-approved orthotists who are able to construct scoliosis braces may provide covered components for this service. Hospitalizations must be in MHCP-contracted facilities.

4-025.06 Procedures

4-025.06A Non-Medical Referrals: When a non-medical referral is received, the services coordinator must send a letter to the client, parents, or guardian to acknowledge receipt of the referral and to request the release of medical information. A copy of the letter may be sent to the referring party, acknowledging the referral.

When the signed release is received, the services coordinator must request medical reports from physicians and medical facilities involved in the client's scoliosis care.

If this information is received from an MHCP-contracted orthopedist, the services coordinator must verify medical eligibility. If further review is needed, the services coordinator must send the report with the medical eligibility determination and inquiry to the MHCP medical consultant for medical eligibility determination.

If the services coordinator received a non-medical referral and the client has NOT been evaluated by an orthopedist, the services coordinator must contact the parents or guardian to ask them to assist in obtaining pertinent medical records, or arrange for the client to receive an evaluation by an appropriate contracted orthopedist which will be paid for by MHCP. These reports must be submitted to the Central Office for the MHCP medical consultant to establish medical eligibility.

4-025.06B Referrals from General Physicians or Pediatricians: When the services coordinator receives a referral from a general physician or a pediatrician, the services coordinator must determine if the client has been evaluated by an orthopedist.

If the client has been evaluated by an orthopedist, the services coordinator must verify medical eligibility. If further review is needed, the services coordinator must send the referral with medical eligibility determination inquiry to the medical consultant for medical eligibility determination.

If the services coordinator received a medical referral and the client has NOT been evaluated by an orthopedist, the services coordinator must contact the parents, or guardian to ask them to assist in obtaining pertinent medical records, or arrange for the client to receive an evaluation by an appropriate contracted orthopedist which will be paid for by MHCP. These reports must be submitted to the Central Office for the medical consultant to establish medical eligibility.

4-025.06C Referrals from MHCP-Contracted Orthopedists: If the referral is from an MHCP-contracted orthopedist, the services coordinator must verify medical eligibility. If further review is needed, the services coordinator must send the referral with medical eligibility determination inquiry to the medical consultant.

4-025.06D Medical Eligibility Notification: If the client is medically eligible, the services coordinator must -

1. Notify the client, parents, or guardian; and
2. Request a financial application;

If the client is not medically eligible, the services coordinator must notify the client, parents, or guardian of the decision. The services coordinator must enter the case action into the computerized system.

4-025.06E Financial Ineligibility: If the client is financially ineligible, the services coordinator must -

1. Notify the client, parents, or guardian of the determination by letter, citing the appropriate regulation and including the appeal paragraph in the letter; and
2. Enter the case action into the computerized system.

4-025.06F Certification: When the client is financially and medically eligible, the services coordinator must certify the case. The services coordinator must -

1. Contact the client, parents, or guardian, if appropriate, to obtain necessary information to authorize care and arrange the follow-up interview as required under 467 NAC 2-002.01. Note: The follow-up interview should be completed before the certification letter is sent, whenever possible;
2. Send authorization service providers for service;
3. Send a certification letter to the client, parents, or guardian. The letter must state -
 - a. The service for which the client is certified;
 - b. The certification date;
 - c. Medical care eligible for payment;
 - d. Authorized providers;
 - e. Procedure for notifying MHCP for emergency care and hospitalizations (within five working days), and for scheduled appointments and lab work (before receiving the services);
4. Send a letter to the referring physician; and
5. Enter the case action into the computerized system.

4-025.06G Ongoing Services Coordination: The services coordinator must -

1. Provide authorizations as needed;
2. Request medical reports for emergency care and hospitalizations to ensure that the condition treated was related to the client's scoliosis condition and that the care was provided or directed by authorized physicians;
3. Review medical reports for office visits and other medical care and keep medical section of the case file up to date;
4. Assist parents, medical providers, and the MHCP payment unit with questions or problems regarding bills;
5. Assist the family in referrals for the psychosocial aspects of the client's condition by listening and referring as appropriate;
6. Request financial information update as needed, at least annually or when circumstances change; and
7. Continue to reassess need for other services, assist and refer as appropriate.

4-026 Urology Service: This service provides treatment for kidney, urinary, and genital anomalies determined to be chronic and disabling or potentially disabling for which active treatment is necessary.

4-026.01 Medical Eligibility: Covered diagnoses include extrophy of the bladder, bilateral ureteral reflux, extensive hypospadias, ambiguous genitalia, and hydronephrosis. The MHCP medical consultant must review all referrals for medical eligibility determination.

When dialysis or a transplant is required, the client is eligible until dialysis begins or s/he is ready for a transplant. Normally, Medicare End Stage Renal Disease Program or other public programs begin coverage at this point; however, if the services coordinator is aware that the client is without coverage, s/he must contact the Central Office. MHCP Central Office staff must contact the appropriate program to coordinate coverage.

4-026.02 Clinics/Diagnostic Evaluations: There are no MHCP-arranged specialty clinics for this service. Diagnostic evaluations are provided by MHCP-contracted urologists or nephrologists, based on the medical consultant's recommendations.

4-026.03 Certification Date: When the client is both medically and financially eligible, the certification date is the date of referral. Exception: For a weekend or holiday admission, the referral must be received within five working days of the date of hospital admission to cover eligibility from the date of admission.

4-026.04 Service Components: If one or more of the following service components is recommended in the IMTP, the services coordinator must authorize payment for the component without requesting approval from MHCP Central Office staff:

1. Diagnostic evaluations;
2. Inpatient hospital care;
3. Lab work;
4. Outpatient evaluations;
5. X-rays;
6. Medications;
7. Medical supplies or equipment;
8. Surgery; and
9. Nutrition services.

If any other service components are recommended in the IMTP, the services coordinator must submit the reports to the MHCP medical consultant for approval of payment. MHCP Central Office staff must determine coverage.

4-026.05 Specific Providers: Covered services must be provided by MHCP-contracted urologists and nephrologists; MHCP-contracted hospitals; and pharmacies, medical supply companies, and other providers approved by MHCP Central Office staff. Local care may be provided under the direct supervision of the specialist with MHCP Central Office approval.

4-026.06 Procedures

4-026.06A Non-Medical Referrals: When a non-medical referral is received, the services coordinator must send a letter to the client, parents, or guardian to acknowledge receipt of the referral and to request release of medical information. A copy of the letter may be sent to the referring party.

When the signed release is received, the services coordinator must request medical reports from physicians and/or medical facilities involved in the client's medical care. The services coordinator must send the reports to the medical consultant for a medical eligibility determination. MHCP Central Office staff must determine medical eligibility and return the reports to the services coordinator with eligibility coding.

4-026.06B Referrals From Physicians: The services coordinator must submit a referral from a physician to the medical consultant for review. MHCP Central Office staff must determine medical eligibility and return the report to the services coordinator with eligibility coding.

4-026.06C Medical Eligibility Notification: After the services coordinator receives the coded medical report and if the client is medically eligible, the services coordinator must -

1. Notify the client, parents, or guardian; and
2. Request a financial application and be completed.

If the client is not medically eligible, the services coordinator must notify the client, parents, or guardian of the decision. The services coordinator must enter the case action into the computerized system.

4-026.06D Financial Ineligibility: If the client is financially ineligible, the services coordinator must -

1. Notify the client, parents, or guardian of the determination by letter, citing the appropriate regulation and including the appeal paragraph in the letter; and
2. Enter the case action into the computerized system.

4-026.06E Certification: When the client is financially and medically eligible, the services coordinator must certify the case and -

1. Contact the client, parents, or guardian to explain the service, obtain necessary information to authorize care, and arrange the follow-up interview required under 467 NAC 2-002.01. Note: The follow-up interview should be completed before the certification letter is sent, whenever possible;
2. Contact providers to explain MHCP and billing procedures;
3. Send a certification letter to the client, parents, or guardian. The letter must state -

- a. The service for which the client is certified;
 - b. The certification date;
 - c. Medical care eligible for payment;
 - d. Authorized providers; and
 - e. Procedure for notifying MHCP for emergency care and hospitalizations (within five working days), and for scheduled appointments and lab work (before receiving the services);
4. Send a letter to the physician in charge of care; and
 5. Enter the case action into the computerized system.

4-026.06F Ongoing Services Coordination: The services coordinator must -

1. Provide authorizations as needed;
2. Request medical reports for emergency care and hospitalizations to ensure that the condition treated was related to the client's urological condition and that the care was provided or directed by authorized physicians;
3. Review medical reports for office visits and other medical care and keep medical section of the case file up to date;
4. Assist parents, medical providers, and the MHCP payment unit with questions or problems regarding bills;
5. Assist the family in dealing with the psychosocial aspects of the client's condition;
6. Request financial information update as needed, at least annually or when circumstances change;
7. Arrange and conduct the yearly personal interview required under 467 NAC 2-002.01; and
8. Continue to reassess need for other services; assist and refer as appropriate.