471-000-506 Nebraska Medicaid Practitioner Fee Schedule for Dental Services

Payment for services as outlined in this fee schedule shall be made as outlined in 471 NAC 6-000.

The four-digit numeric codes included in the Schedule are obtained from the American Dental Association's current CDT Dental Procedure Codes and Procedural Terminology (CDT®). CDT® is a listing of descriptive terms and numeric identifying codes and modifiers for reporting dental services and procedures performed by dental professionals. This Schedule includes CDT® numeric identifying codes for reporting dental services and procedures.



The Schedule includes only CDT® numeric identifying codes for reporting dental services and procedures that were selected by the Nebraska Department of Health and Human Services, State of Nebraska. Any user of CDT® outside the Schedule should refer to CDT®. This publication contains the complete and most current listings of descriptive terms and numeric identifying codes and modifiers for reporting dental services and procedures.



Definitions:

*"BR" (By Report) – Paid at "reasonable charge" based on the service and circumstances. A complete description of the service (and additional documentation, if applicable) is required for review. The provider's submitted charge must reflect their charge to the general public.

*FEE DETERMINED BY TREATMENT PLAN – Paid at Medicaid prior authorized amount based on the services authorized. A complete description of the services/treatment to be provided is required for prior authorization review. The provider's submitted charge on the prior authorization request must reflect their charge to the general public.

*PA (Prior Authorization) – Certain services require prior authorization.