

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - DENTAL SERVICES

PRIOR AUTHORIZATION: NMAP requires prior authorization for certain dental services. Prior authorization must be obtained before the service is provided. Diagnostic services, as defined in state regulations, and routine corrective dental care, do not require prior authorization. Prepayment authorization for emergencies and other circumstances beyond the provider's control (insurance coverage, etc.) will be reviewed by Medicaid Division staff.

COVERED SERVICES: NMAP defines dental services as any diagnostic, preventive, or corrective procedures provided by or under the supervision of a licensed dentist. Covered procedures are specified in state regulations.

For clients age 21 and older, dental coverage is limited to \$750 per fiscal year.

DIAGNOSTIC DENTAL SERVICES: NMAP covers diagnostic dental services as defined in state regulations, as amended. This includes exams, radiology, prophylaxis, topical application of fluoride, and diagnostic casts. Exams are covered once each year on a routine basis for clients age 21 and older. For clients who are eligible for HEALTH CHECK (EPSDT), exams are allowed every 6 months or more often if medically necessary. Interperiodic dental exams will also be considered appropriate to determine the existence of suspected conditions. When a patient is referred to another dentist or specialist, NMAP covers one exam by the second dentist or specialist.

ORAL SURGERY: Oral surgery, as defined by HCPCS, is covered as a physician service.

HOSPITALIZATION FOR DENTAL SERVICES: Dental services must be provided at the least expensive appropriate place of service.

TN No. NE 17-0006

Supersedes

TN No. NE 10-04

Approval Date December 13, 2017 Effective Date October 1, 2017

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COSMETIC SERVICES: NMAP does not cover cosmetic dental services.

RADIOLOGY: NMAP covers a maximum dollar amount for any combination of the following radiographs: Intraoral complete series, intraoral periapical films, extraoral films, bitewings, or panoramic films. A intraoral complete series is covered once every three years.

ENDODONTIA: NMAP covers endodontia for anterior and posterior permanent teeth when the prior authorization request of submitted x-rays substantiates medical necessity.

PERIODONTAL TREATMENT: All periodontal treatment must be prior authorized by the Medicaid Division. Covered periodontal services include those procedures necessary for the treatment of the tissues supporting the teeth.

ORTHODONTICS: NMAP covers orthodontic treatment for clients age 20 and younger. Orthodontic treatment is covered when the client has a handicapping malocclusion defined as (1) Craniofacial birth defect that is affecting the occlusion; or (2) Mutilated or severe occlusion.

Telehealth: Dental services are covered when provided via telehealth technologies subject to the limitations as set forth in state regulations, as amended. Services requiring "hands on" professional care are excluded.

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