

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - DENTURES

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DENTURES & PARTIALS: NMAP covers the following prosthetic appliances when coverage criteria is met: (1) Dentures (immediate, replacement/complete, or interim/complete); (2) Resin base partial dentures; (3) Flipper partials; and (4) cast metal framework with resin denture base partials for clients age 20 and younger.

Replacement prosthetic appliances are covered when:

1. The client's dental history does not show that previous prosthetic appliances have been unsatisfactory to the client; and
2. The client does not have a history of lost prosthetic appliances; and
3. A repair will not make the existing denture or partial wearable; or
4. A reline will not make the existing denture or partial wearable; or
5. A rebase will not make the existing denture or partial wearable;

NMAP covers partial dentures for clients that do not have adequate occlusion. Adequate occlusion is defined as first molar to first molar, or a similar combination of anterior and posterior teeth on the upper or lower arch in occlusion.

NMAP prior authorizes replacement/complete dentures, maxillary resin base partials, and flipper partials.

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