

Provider Education – Nebraska Dentists

Medicaid and Medical Necessity

Nebraska Medicaid only reimburses for medically/dentally necessary services. The medical/dental necessity of service must be documented in the patient's chart. If the service is not documented in the chart and the medical/dental necessity is not documented, those services should not be billed to Nebraska Medicaid (See 471 NAC 1-002.02A). Providers agree to maintain clinical documentation and follow regulations as part of their provider agreement. (See 471 NAC 2-001.03)

How do I determine Medicaid eligibility?

Use the Nebraska Medicaid Eligibility System (NMES). To access NMES, call –

Lincoln area	402-471-9580
Outside Lincoln	800-642-6092

How do I determine if services were provided by another dentist within the covered timeframe?

Contact Nebraska Medicaid Customer Service Line at 877-255-3092. Please have the clients name, recipient number, and date of birth ready. The Customer Services Line can identify the most recent services billed to Nebraska Medicaid.

What are the documentation requirements for special needs to qualify for more frequent cleanings?

The patient specific situation, clinical status, or ongoing disease and why that situation or condition necessitates special attention, must be documented in the patients clinical record. The patients' needs should be reassessed and documented regularly (See 471 NAC 1-002.02A).