

## PROVIDER BULLETIN

## NO. 08-18

June 30, 2008

TO: Dental Providers

FROM: Vivianne M. Chaumont, Director   
Division of Medicaid and Long-Term Care

RE: \$1000 ANNUAL DENTAL BENEFIT LIMIT FOR ADULTS

PLEASE SHARE THIS INFORMATION WITH ADMINISTRATIVE, CLINICAL, AND BILLING STAFF.

Effective with dates of service of July 1, 2008, adult clients (age 21 and older) with Medicaid coverage will have an annual dental benefit limit of \$1000 for dental services. The annual limit time period is based on state fiscal year which is July 1 through June 30.

The \$1000 will be calculated at the Medicaid fee schedule allowable amount, less any payment from other sources, for services provided except when the treatment is provided at a Indian Health Services (IHS) Facility or Federally Qualified Health Center (FQHC). Services provided at a IHS or FQHC facility will be calculated using the encounter payment amount.

Information regarding whether a portion or all of a clients annual limit has been expended can be obtained by calling Medicaid Inquiry at 1-877-255-3092. Please note that the information provided by Medicaid Inquiry will be based on Medicaid paid claim data which may not include all treatment previously received by a client.

If a client receives treatment in excess of the \$1000, a provider may bill the client, if the client agrees in writing, prior to receiving the service, to assume financial responsibility for the payment. The client may be billed for:

- The remaining balance of the Medicaid fee schedule allowable for a service that was not paid in full by Medicaid because the total dollar amount of the client's treatment exceeds the \$1000.
- Services that the client receives that exceed \$1000. Services received after the \$1000 Medicaid allowable has been expended may be billed at the dentist's usual and customary fee.

With this regulation change, prior authorization is now required for procedure code D5212 – mandibular partial denture – resin base. (See 471 NAC 6-005 page 7 of 14). All other prior authorization requirements remain in effect.

Medicaid regulations addressing this change will not be printed and mailed. All Medicaid regulations are posted online at <http://www.dhhs.ne.gov/med/provhome.htm>.

Please contact Marsha Rekart, Program Specialist at 402-471-9395 or [marsha.rekart@dhhs.ne.gov](mailto:marsha.rekart@dhhs.ne.gov) until July 14, 2008 with questions regarding this provider bulletin or regulation change. After July 14, 2008, contact Margaret Booth at 402-471-9380 or [margaret.booth@dhhs.ne.gov](mailto:margaret.booth@dhhs.ne.gov)