

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - DENTAL SERVICES

PRIOR AUTHORIZATION: Nebraska Medicaid 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 preventive dental care, do not require prior authorization. Payment authorization for emergencies and other circumstances beyond the provider's control (insurance coverage, etc.) will be retro-reviewed for approval of payment.

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

DIAGNOSTIC DENTAL SERVICES: Nebraska Medicaid 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 every 180 days or more often if medically necessary. For clients who are eligible for HEALTH CHECK (EPSDT), exams are covered every 180 days 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, Nebraska Medicaid covers one exam by the second dentist or specialist.

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

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Supersedes

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COSMETIC SERVICES: Nebraska Medicaid does not cover cosmetic dental services.

RADIOLOGY: Nebraska Medicaid covers the following radiographs: Intraoral complete series, intraoral periapical films, extraoral films, bitewings, panoramic films, and cephalometric film. Coverage of these procedures is specified in state regulations.

ENDODONTICS: Nebraska Medicaid covers endodontics for anterior and posterior teeth when the prior authorization request, which includes of submitted x-rays with clinical documentation, substantiates medical necessity.

PERIODONTICS: Nebraska Medicaid covers periodontics for anterior and posterior teeth when prior authorized.

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

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