Health Plan Advisory 25-01

NEBRASKA
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To:	Nebraska Medicaid Managed Care Plans
From:	Drew Gonshorowski, Director
Date:	January 31, 2025
Re:	Payment for Removable Prosthetic Appliances

This health plan advisory is being issued to notify the Heritage Health Plans that Nebraska Medicaid will reimburse for removable prosthetic appliances (dentures) in the following manner noted below, **effective for service dates on or after April 1, 2025**.

PROVIDER PAYMENT FOR REMOVABLE PROSTHETIC APPLIANCES

Medicaid may reimburse providers in the event denture treatment is interrupted and the provider is unable to deliver the final dentures to the member. Providers may be reimbursed according to how many stages of the covered denture service they were able to complete prior to interruption. Providers can submit claims with the code D5899 to designate this service. Providers must keep diagnostic models and undelivered dentures for 365 days before they may discard them.

REIMBURSEMENT STAGES

Providers may submit claims for one of the following stages in denture treatment utilizing the appropriate code noted for this process in the Medicaid Dental Fee Schedule:

(a) If treatment is interrupted after final impression completion but before initial jaw relation: 25 percent of total rate;
(b) If treatment is interrupted after final jaw relation but before processing: 50 percent of total rate; or
(c) If treatment is not interrupted and the member remains Medicaid eligible, the provider should submit a single claim for full reimbursement noting the date of delivery as the date of service.

DOCUMENTATION

Providers must keep documentation that includes the provider's attempted outreach to the member to complete the denture service. Providers must make at least three attempts to contact the member in the 30-day period following their initial attempt to set an appointment. If the provider is unable to contact the member after 30 days, they must send the member a letter. If the provider does not hear from the member for 30 days after the letter is postmarked, the denture service may be considered interrupted.

MEMBER RETURN

If within 180 days of the denture service being considered interrupted the member returns for delivery and is still Medicaid eligible, the provider should complete the denture service and report the completed denture delivery at the remaining allowable rate. Total reimbursement will not exceed 100 percent of provider allowable rate for the denture service. If the member returns after 180 days of the denture service being considered interrupted, the member must restart the denture process. A member may only be considered interrupted one time in 5 years and should not routinely abandon in-process care.

If you have questions regarding this advisory, please email DHHS.HeritageHealth@nebraska.gov. Health plans should also copy their contract manager.

Health Plan Advisories, such as this one, are posted on the DHHS website at https://dhhs.ne.gov/Pages/Heritage-Health-Plan-Advisories.aspx. Please subscribe to the page to help you stay up to date about new Health Plan Advisories.