NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES

GUIDANCE DOCUMENT

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Pursuant to
Neb. Rev. Stat. § 84-901.03

NEBRASKA
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DEPT. OF HEALTH AND HUMAN SERVICES

Provider Bulletin 25-20

NEBRASKA
Good Life. Great Mission.

To:	All Providers Participating in the Nebraska Medicaid Program
From:	Drew Gonshorowski, Director DG
Date:	August 22, 2025
Re:	Changes to Coverage of Dentures

This provider bulletin is being issued to notify Nebraska Medicaid providers that Nebraska Medicaid will reimburse for removable prosthetic appliances (dentures) in the following manner noted below, **effective for service dates on or after August 22, 2025**.

Provider Payment for Removable Prosthetic Appliances

Nebraska 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 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 D5899 noted for this process in the Nebraska Medicaid Dental Fee Schedule:

- If treatment is interrupted after final impression completion but before initial jaw relation: 25 percent of total rate;
- If treatment is interrupted after final jaw relation but before processing: 50 percent of total rate; or
- If treatment is not interrupted and the individual remains Nebraska 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 individual to complete the denture service. Providers must make at least three attempts to contact the individual in the 30-day period following their initial attempt to set an appointment. If the provider is unable to contact the individual after 30 days, they must send the individual a letter. If the provider does not hear from the individual 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 individual returns for delivery and is still Nebraska 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 individual returns after 180 days of the denture service being considered interrupted, the individual must restart the denture process. An individual may only be considered interrupted one time in five years and should not routinely abandon in-process care.

Provider Resources

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

Provider Bulletins, such as this one, are posted on the DHHS website at http://dhhs.ne.gov/pages/Medicaid-Provider-Bulletins.aspx. Please subscribe to the page to help you stay up to date about new Provider Bulletins.