

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES

GUIDANCE DOCUMENT

“This guidance document is advisory in nature but is binding on an agency until amended by such agency. A guidance document does not include internal procedural documents that only affect the internal operations of the agency and does not impose additional requirements or penalties on regulated parties or include confidential information or rules and regulations made in accordance with the Nebraska Administrative Procedure Act. If you believe that this guidance document imposes additional requirements or penalties on regulated parties, you may request a review of the document.”

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

To: All Providers Participating in the Nebraska Medicaid Program
From: Drew Gonshorowski, Director *DG*
Date: August 22, 2025
Re: Updates to Coverage for Oral Screening, Dental Prophylaxis and Topical Fluoride

This provider bulletin is being issued to notify Nebraska Medicaid providers of updates to Medicaid coverage for oral screening, dental prophylaxis and topical fluoride **effective for service dates on or after July 1, 2025.**

For the purposes of dental services, an individual with Special Health Care Needs (SHCN) is an individual who is unable to care for their mouth properly on their own because of a disabling condition or who has a high-risk dental diagnosis. Current dental terminology (CDT) D9997 is to be used to identify an individual with SHCN.

Oral Screening/Assessment (D0190 and D0191)

Nebraska Medicaid covers oral screening/assessment two times every 365 days. Prior to July 1, 2025, Nebraska Medicaid covered oral screening/assessment one time every 180 days.

Nebraska Medicaid covers a total of two oral health screenings or assessments (D0190 or D0191) every 365 days.

The oral screening/assessment must be provided by a licensed provider practicing within their scope of practice to determine the individual's need to be evaluated by a dentist for diagnosis.

Dental Prophylaxis (D1110 and D1120)

Nebraska Medicaid covers prophylaxis two times every 365 days for individuals age 20 and younger. Prior to July 1, 2025, Nebraska Medicaid covered prophylaxis one time every 180 days for individuals age 20 and younger.

Specific coverage requirements are listed below:

- For children age 13 and younger, prophylaxis is covered two times every 365 days and must be billed as a child prophylaxis (D1120).
- For individuals age 14 through 20, prophylaxis is covered two times every 365 days and must be billed as an adult prophylaxis (D1110).
- For individuals age 21 and older, prophylaxis is covered one time every 180 days.
- For individuals with SHCN, prophylaxis is covered at the frequency determined appropriate by the treating dental provider and is limited to one prophylaxis per date of service. The SHCN diagnosis and medical necessity for the frequency of prophylaxis must be documented in the individual's dental record.

Topical Fluoride (D1206 and D1208)

Nebraska Medicaid covers topical fluoride two times every 365 days.

Topical fluoride may be covered more frequently if it is medically necessary, and clinical justification must be documented in the individual's dental record.

Provider Resources

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

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