NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES

GUIDANCE DOCUMENT

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



Provider Bulletin 25-22



To: All Providers Participating in the Nebraska Medicaid Program

From: Drew Gonshorowski, Director Date: August 22, 2025

Re: Oral Health Screenings/Assessments Performed by PHDH for the Head Start Program

This provider bulletin is being issued to notify Nebraska Medicaid providers that oral health screenings/assessments can be performed by public health dental hygienists (PHDH) for the Head Start program **on or after November 1, 2025.**

Effective November 1, 2025, a PHDH can perform oral health screenings/assessments for the Head Start program. Previously, this service could only be performed by dentists for this program. Oral health screening is an Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) requirement for entry into the Nebraska Head Start program.

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

The Nebraska Head Start Dental Screening/Assessment Form must be completed for all oral health screenings/assessments on and after the effective date. A copy of this form must be in the child's clinical record and made available to Nebraska Department of Health and Human Services (DHHS) upon request.

Expanding the dental workforce to meet this requirement increases access to dental care for Nebraska's children.

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.

The table below lists the procedure codes that a PHDH can bill under the Head Start program.

CODE	DESCRIPTION	COMMENTS
000D0190	SCREENING OF A PATIENT	Covered two times every 365 days when provided by a licensed provider practicing within their scope of practice to determine a client's need to be evaluated by a dentist. PHDH can submit a claim for this code when performed in a public health setting
000D0191	ASSESSMENT OF A PATIENT	Covered two times every 365 days when provided by a licensed provider practicing within their scope of practice to determine a client's need to be evaluated by a dentist. PHDH can submit a claim for this code when performed in a public health setting

000D1206	TOPICAL APPLICATION OF FLUORIDE VARNISH	Covered two times every 365 days. Covered more frequently if it is medically necessary and clinical justification must be documented in the client's dental record. PHDH can submit a claim for this code when performed in a public health setting
000D1208	TOPICAL APPLICATION OF FLUORIDE - EXCLUDING VARNISH	Covered two times every 365 days. Covered more frequently if it is medically necessary and clinical justification must be documented in the client's dental record. PHDH can submit a claim for this code when performed in a public health setting

The PHDH must be enrolled under the appropriate provider type and provider specialty with Maximus.

Provider Resources

Please contact Maximus by phone at 1-844-374-5022 or via email at nebraskamedicaidPSE@maximus.com if you have any questions related to provider enrollment.

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 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.