



# 2024 Dental Changes

## Provider Frequently Asked Questions

Effective January 1, 2024, dental coverage will be provided by Nebraska Medicaid's managed care organizations (MCOs). Nebraska Medicaid has collaborated with dental professionals across the state to develop these improvements. This collaboration aims to improve the Medicaid dental network by enhancing member access to dental care and decreasing the administrative burden on providers across the state.

Leading up to 2024, Nebraska Medicaid's managed care organizations (MCOs) are working to streamline the provider credentialing process. Starting in 2025, the MCOs will have a single website for providers to credential with all three MCOs in one application.

More information can be found on the current Dental Benefits Manager website at:  
<https://dhhs.ne.gov/Pages/Medicaid-Dental-Benefits-Manager.aspx>

## Table of Contents

Asymptomatic Wisdom Tooth Extraction.....	3
Incremental Payments for Dentures.....	3
Removing the Dental Benefit Maximum .....	4
Services Provided by Public Health Dental Hygienists .....	4
Simplified Credentialing.....	4
Contact Us.....	5

# Frequently Asked Questions

## Asymptomatic Wisdom Tooth Extraction

At least one-third of all wisdom teeth require extraction due to disease. In some clinical situations, symptom-free wisdom teeth can predispose other surrounding teeth to disease. Beginning on January 1, 2024, Nebraska Medicaid will move to cover the extraction of asymptomatic wisdom teeth. The removal of these wisdom teeth will help limit a Medicaid member's potential for future dental loss because of disease. This is based on the clinical judgment of the provider, during the same procedure.

## Incremental Payments for Dentures

Acquiring dentures can be a long and expensive process. The current reimbursement policy only provides for payment when the process is complete. Nebraska Medicaid suggests reimbursing dentists over time for each step of the process. This will ensure that dentists will receive payment for the work they complete even if the full process is not finished.

**Q.** Will there be any changes to reimbursement for denture services?

**A.** The claim submission method will continue to utilize the following codes for dentures:

Services	Service Codes
Complete denture - Maxillary	D5110
Complete denture – Mandibular	D5120
Immediate denture - Maxillary	D5130
Immediate denture - Mandibular	D5140
Maxillary partial denture - Resin base	D5211
Mandibular partial denture – Resin base	D5212
Maxillary partial denture – Cast metal framework.	D5213
Mandibular partial denture – Cast metal framework	D5214

This proposed change will make it so that providers can bill and be reimbursed by Nebraska Medicaid after each step of the process for impressions, jaw relations, and delivery, with the corresponding codes.

## Removing the Dental Benefit Maximum

The maximum currently limits adult members to \$750 of dental care a year. This creates a barrier to care for new and high-need members.

**Q.** How will Nebraska Medicaid address the potential increase in costs associated with removing the dental benefit maximum?

**A.** Nebraska Medicaid does not expect to see a substantial increase in costs because of the removal of the dental benefit maximum. Usually, the dental benefit maximum is exceeded by new members or members who have significant dental disease that requires medically necessary treatment. This change ensures that members have access to the dental care they need rather than being required to wait until the following year to receive necessary care.

## Services Provided by Public Health Dental Hygienists

Public health dental hygienists will be reimbursed for select services they provide to Medicaid members. This will help improve dental access and dental health across Nebraska.

## Simplified Credentialing

Starting in 2025, Nebraska Medicaid's managed care organizations will have a single website to credential with all three MCOs in one application. For the time being, Nebraska Medicaid is collaborating with members of the dental community and the MCOs to make the credentialing process as easy as possible.

**Q.** How do I enroll to be a dental provider for Nebraska Medicaid?

**A.** The MCOs are currently working on a single website to simplify the credentialing process, this is expected to launch in 2025. Until then, you will need to individually enroll with each health plan. The MCOs have worked with Nebraska Medicaid and dental providers across the state to make sure this process is as simple as possible to reduce the administrative burden on your office. If you have any questions, or would like to speak with a dental representative of the health plans you can contact:

Molina Healthcare (SkyGen USA)  
1-800-508-6965  
[networkdevelopment@skygenusa.com](mailto:networkdevelopment@skygenusa.com)

Nebraska Total Care (Envolve Health)  
833-554-2292  
[dentalnetwork@envolvehealth.com](mailto:dentalnetwork@envolvehealth.com)

UnitedHealthcare (Dental Benefit Providers)  
800-822-5353  
[ce\\_packetrequest@uhc.com](mailto:ce_packetrequest@uhc.com)

**Q.** Will I have to re-credential with Nebraska Total Care and United Healthcare?

**A.** Providers who are already credentialed with United Healthcare or Nebraska Total Care will not need to re-credential for the new contract term.

**Q.** Are there any resources available to assist providers with this transition?

**A.** Nebraska Medicaid has worked to engage in proactive conversations with members of the dental community to ensure this transition goes as smoothly as possible. Provider bulletins on these changes can be found online at: <https://dhhs.ne.gov/Pages/Medicaid-Provider-Bulletins.aspx>. Nebraska Medicaid encourages providers to subscribe to the webpage to stay up to date on new changes.

As we get closer to the implementation date, more resources will become available. These can be found online at: <https://dhhs.ne.gov/Pages/Medicaid-Dental-Care.aspx>.

**Q.** Are there any plans to monitor and evaluate the impact of these changes on patient access to dental care?

**A.** Nebraska Medicaid will continue to work with the MCOs to monitor and evaluate patient access to care. Medicaid members will have access to a Member Services Hotline to ask for help in finding a dental provider.

**Q.** Will there be any opportunities for dental providers to provide feedback or suggestions regarding the implementation of these changes?

**A.** Feedback is welcome during the public comment period and public hearing. The public hearing for the proposed changes will be held on January 22, 2024, from 1 to 3 p.m. on the lower level of the Nebraska State Office Building in the Meadowlark Conference Room at 301 Centennial Mall South, Lincoln, NE 68509. More information on submitting comments can be found online here: <https://dhhs.ne.gov/Pages/Upcoming-Public-Hearings.aspx>.

Additionally, providers are sent a satisfaction survey annually to provide feedback on their experience as a provider. We encourage providers to reach out to the MCOs or Nebraska Medicaid any time they have questions or concerns so assistance can be provided.

## Contact Us

If you have any questions or concerns about the proposed changes, you can contact Nebraska Medicaid by emailing [DHHS.MLTCEXperience@nebraska.gov](mailto:DHHS.MLTCEXperience@nebraska.gov).