

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Jim Pillen, Governor

November 27, 2023

James G. Scott, Director
Centers for Medicare & Medicaid Services
Kansas City Regional Operations Group
Division of Medicaid Field Operations-North
601 East 12th Street, Suite 355
Kansas City, Missouri 64106-2898

RE: Nebraska State Plan Amendment NE 24-0001

Dear Mr. Scott:

Enclosed please find the above referenced amendment to the Nebraska State Plan regarding a change in coverage of dental services.

The Division of Medicaid and Long-Term Care sent notice on October 12, 2023 (attached) to the federally recognized Native American Tribes and Indian Health Programs within the State of Nebraska to discuss the impact the proposed state plan amendment might have, if any, on the Tribes. No comments were received.

If you have content questions, please feel free to contact Carisa Schweitzer Masek at Carisa.SchweitzerMasek@nebraska.gov or 402-525-0061. For submittal questions, please contact Dawn Kastens at dawn.kastens@nebraska.gov or 402-471-9530.

Sincerely,

Kevin Bagley, Director
Division of Medicaid and Long-Term Care
Department of Health and Human Services

KB/dk

cc: Tyson Christensen

Enclosures

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|---|---|---|---|---|---|---|---|---|--|---|---|
| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES | 1. TRANSMITTAL NUMBER <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">2</td> <td style="width: 20px;">4</td> <td style="width: 20px;">—</td> <td style="width: 20px;">0</td> <td style="width: 20px;">0</td> <td style="width: 20px;">0</td> <td style="width: 20px;">1</td> </tr> </table> | 2 | 4 | — | 0 | 0 | 0 | 1 | 2. STATE <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">N</td> <td style="width: 20px;">E</td> </tr> </table> | N | E |
| | 2 | 4 | — | 0 | 0 | 0 | 1 | | | | |
| N | E | | | | | | | | | | |
| 3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="checkbox"/> XIX <input type="checkbox"/> XXI | | | | | | | | | | | |

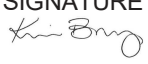
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| TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES | 4. PROPOSED EFFECTIVE DATE January 1, 2024 |
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| 5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440 | 6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2024</u> \$ <u>705,398</u> b. FFY <u>2025</u> \$ <u>947,342</u> |
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| 7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Att. 3.1-A, Item 10, Pgs 1 and 2 Att. 4.19-B, Item 10, Pgs 1 and 3 Att. 4.19-B, Item 12b | 8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Att. 3.1-A, Item 10, Pgs 1 and 2 Att. 4.19-B, Item 10, Pgs 1 and 3 Att. 4.19-B, Item 12b |
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| 9. SUBJECT OF AMENDMENT Dental Coverage |
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| 10. GOVERNOR'S REVIEW (Check One) <input type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL | <input checked="" type="radio"/> OTHER, AS SPECIFIED: Governor has waived review |
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| 11. SIGNATURE OF STATE AGENCY OFFICIAL  | 15. RETURN TO Dawn Kastens Division of Medicaid & Long-Term Care Nebraska Department of Health and Human Services 301 Centennial Mall South Lincoln, NE 68509 |
| 12. TYPED NAME Kevin Bagley | |
| 13. TITLE Director, Division of Medicaid & Long-Term Care | |
| 14. DATE SUBMITTED November 27, 2023 | |

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|-------------------------|-------------------|
| FOR CMS USE ONLY | |
| 16. DATE RECEIVED | 17. DATE APPROVED |

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|--|-------------------------------------|
| PLAN APPROVED - ONE COPY ATTACHED | |
| 18. EFFECTIVE DATE OF APPROVED MATERIAL | 19. SIGNATURE OF APPROVING OFFICIAL |
| 20. TYPED NAME OF APPROVING OFFICIAL | 21. TITLE OF APPROVING OFFICIAL |

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| 22. REMARKS |
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - DENTAL SERVICES

PRIOR AUTHORIZATION: Nebraska Medicaid requires prior authorization for certain dental services. Prior authorization must be obtained before the service is provided. Diagnostic services, as defined in state regulations, and preventive dental care, do not require prior authorization. Payment authorization for emergencies and other circumstances beyond the provider's control (insurance coverage, etc.) will be retro-reviewed for approval of payment.

COVERED SERVICES: Nebraska Medicaid defines dental services as any diagnostic, preventive, or restorative procedures provided by or under the supervision of a licensed dentist or by a licensed public health dental hygienist practicing within their licensed scope of practice. Covered procedures are specified in state regulations.

DIAGNOSTIC DENTAL SERVICES: Nebraska Medicaid covers diagnostic dental services as defined in state regulations, as amended. This includes exams, radiology, prophylaxis, topical application of fluoride, and diagnostic casts. Exams are covered once every 180 days. For clients who are eligible for HEALTH CHECK (EPSDT), exams are covered every 180 days or more often if medically necessary. Interperiodic dental exams will also be considered appropriate to determine the existence of suspected conditions. When a patient is referred to another dentist or specialist, Nebraska Medicaid covers one exam by the second dentist or specialist.

ORAL SURGERY: Oral surgery, as defined by HCPCS, is covered as a physician service.

TN No. NE 24-0001

Supersedes

TN No. NE 17-0006

Approval Date _____

Effective Date _____

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - DENTAL SERVICES

COSMETIC SERVICES: Nebraska Medicaid does not cover cosmetic dental services.

RADIOLOGY: Nebraska Medicaid covers a maximum dollar amount for any combination of the following radiographs: Intraoral complete series, intraoral periapical films, extraoral films, bitewings, or panoramic films. An intraoral complete series is covered once every three years.

ENDODONTICS: Nebraska Medicaid covers endodontics for anterior and posterior teeth when the prior authorization request, which includes of submitted x-rays with clinical documentation, substantiates medical necessity.

PERIODONTICS: Nebraska Medicaid covers periodontics for anterior and posterior teeth when prior authorized.

ORTHODONTICS: Nebraska Medicaid covers orthodontic treatment for clients age 20 and younger. Orthodontic treatment is covered when the client has a handicapping malocclusion due to (1) Craniofacial birth defect that is affecting the occlusion; or (2) Mutilated or severe occlusion.

TN No. NE 24-0001

Supersedes

TN No. NE 10-04

Approval Date _____

Effective Date _____

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State Nebraska
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

DENTAL SERVICES

For dates of service on or after August 1, 1989, Nebraska Medicaid pays for dental services at the lower of:

1. The provider's submitted charge; or
2. The allowable amount for that procedure code in the Nebraska Medicaid Dental Fee Schedule in effect for that date of service. The allowable amount is indicated in the fee schedule as -
 - a. The unit value multiplied by the conversion factor;
 - b. The invoice cost (indicated as "IC" in the fee schedule);
 - c. The maximum allowable dollar amount; or
 - d. The reasonable charge for the procedure as determined by the Medicaid Division (indicated as "BR" - by report or "RNE" - rate not established in the fee schedule). When a code is without a modifier and is notated as BR/RNE, the code is manually priced to mirror the current year Medicare rate. In the absence of the Medicare rate, the rate is determined as the average of available rates from other states.

The Nebraska Medicaid Practitioner Fee Schedule is effective July 1 through June 30 of each year.

When services which are reimbursed per a fee schedule, except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. The agency's rates were set as of January 1, 2024 and are effective for dental services on or after that date. All rates are published at: <http://dhhs.ne.gov/Pages/Medicaid-Provider-Rates-and-Fee-Schedules.aspx>. From the landing page, scroll down to the fee schedule for the specific program and year.

TN # NE 24-0001

Supersedes

TN # NE 23-0010

Approval Date _____ Effective Date _____

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

The University of Nebraska Medical Center College of Dentistry must review and acknowledge the completeness and accuracy of the report. After receipt of confirmation, the Division will approve the supplemental payment amount.

Assurances. The Department hereby assures that payment for dental services are consistent with efficiency, economy, and quality of care and payments for services do not exceed the prevailing charges in the locality for comparable services under comparable circumstances.

TN # NE 24-0001
Supersedes
TN # NE 10-04

Approved _____

Effective _____

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State Nebraska
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

DENTURES

For dates of service on or after August 1, 1989, Nebraska Medicaid pays for dentures at the lower of:

1. The provider's submitted charge; or
2. The allowable amount for that procedure code in the Nebraska Medicaid Dental Fee Schedule in effect for that date of service. The allowable amount is indicated in the fee schedule as:
 - a. The unit value multiplied by the conversion factor;
 - b. The invoice cost (indicated as "IC" in the fee schedule);
 - c. The maximum allowable dollar amount; or
 - d. The reasonable charge for the procedure as determined by the Medicaid Division (indicated as "BR" - by report or "RNE" - rate not established - in the fee schedule). When a code is without a modifier and is notated as BR/RNE, the code is manually priced to mirror the current year Medicare rate. In the absence of the Medicare rate, the rate is determined as the average of available rates from other states.

The Nebraska Medicaid Practitioner Fee Schedule is effective July 1 through June 30 of each year.

When services which are reimbursed per a fee schedule, except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. The agency's rates were set as of January 1, 2024 and are effective for denture services on or after that date. All rates are published at: <http://dhhs.ne.gov/Pages/Medicaid-Provider-Rates-and-Fee-Schedules.aspx>. From the landing page, scroll down to the fee schedule for the specific program and year.

TN # NE 24-0001

Supersedes

TN # NE 23-0010

Approval Date _____ Effective Date _____