

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 July 1, 2023 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.

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Supersedes

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Effective July 1, 2010, NMAP will provide a supplemental payment for covered dental services when services are provided or supervised by a faculty or staff member of the University of Nebraska Medical Center (UNMC) College of Dentistry and who is providing or supervising the treatment as part of an approved program of the University.

For dentists qualifying under this section, a supplemental payment will be made. These payments are made in addition to payments otherwise provided under the state plan to dentists that qualify for such payments. The payment amount will be the difference between payments otherwise made to these practitioners and the average rate paid for the services by commercial insurers. The payment amounts are determined by:

1. Calculating annually an average commercial payment per procedure code for all services paid to the eligible providers by commercial insurers using the provider's contracted rates with the commercial insurers for each procedure code. The rate used will be the rate in effect in January for payments during the calendar year.
2. Multiplying the total number of Medicaid claims paid per procedure by the average commercial payment rate for each procedure to establish the estimated commercial payments made for these services. Supplemental and fee schedule/base payment may not in the aggregate exceed this reimbursement ceiling; and
3. Subtracting the initial fee-for-service Medicaid payments and all Third Party Liability payments already made for these services to establish the supplemental payment amount.

The supplemental payments will be calculated 30 days after the end of each FY quarter. The amount due is paid to the UNMC College of Dentistry. No payments are made with the expectation or requirement that some or all of the payment be transferred to another party. A final reconciliation of payments is made one year after the end of each quarter.

Initial fee-for-service payments made under this section will be paid on a claims-specific basis through the Department's claims processing system using the methodology outlined elsewhere in this state plan. The supplemental payment, which represents the final payment, will be made in four (4) quarterly payments.

For each fiscal quarter, the University of Nebraska Medical Center College of Dentistry will provide a listing of the identification numbers for their dentists that are affected by the payment adjustment to the Division of Medicaid and Long-Term Care. The Division will generate a report, which includes the identification numbers and utilization data for the affected dentists. This report will be provided to University of Nebraska Medical Center College of Dentistry.

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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.

Payment for Telehealth Services: Payment for telehealth services is set at the Medicaid rate for the comparable in-person service.

Payment for Telehealth Transmission Costs: Payment for telehealth transmission costs is set at the lower of: (1) the provider's submitted charge; or (2) the maximum allowable amount.

The Department reimburses transmission costs for line charges when directly related to a covered telehealth service. The transmission must be in compliance with the quality standards for real time, two way interactive audiovisual transmission as set forth in state regulations, as amended.