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State/Territory Name: Nebraska

State Plan Amendment (SPA) #: 24-0001

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

February 21, 2024

Mathew Ahern
Director
Division of Medicaid & Long-Term Care
Nebraska Department of Health & Human Services
301 Centennial Mall South
Lincoln, NE 68509

Re: Nebraska State Plan Amendment (SPA) 24-0001

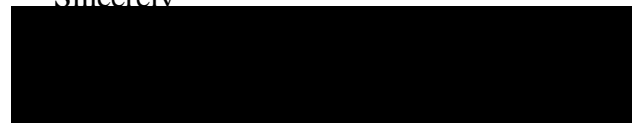
Dear Director Ahern:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) NE-24-0001. This amendment proposes to eliminate the \$750-per-year adult dental benefit limit, to allow public health licensed dental hygienists to provide certain dental services, and to better align language in the State Plan with state regulations in 471 NAC 6.

We conducted our review of your submittal according to statutory requirements 42 CFR 440. This letter is to inform you that Nebraska Medicaid SPA 24-0001 was approved on February 21, 2024, with an effective date of January 1, 2024.

If you have any questions, please contact Tyson Christensen at 816-426-6440 or via email at tyson.christensen@cms.hhs.gov.

Sincerely



James G. Scott, Director
Division of Program Operations

Enclosures

cc: Dawn Kastens
Catherine Gekas-Steeby

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 2 4 — 0 0 0 1	2. STATE N E
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="checkbox"/> XIX <input type="checkbox"/> XXI	

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 2024 \$ <u>705,398</u> b. FFY 2025 \$ <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 <i>*Att. 3.1-A, Item 6d, Pg 3</i> <i>*Att. 4.19-B, Item 6d, Pgs 1 and 2 (New)</i>	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 <i>*Att. 3.1-A, Item 6d, Pg 3</i> <i>*Att. 4.19-B, Item 6d, Pgs 1 and 2 (New)</i>
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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

11. STATE AGENCY OFFICIAL <div style="background-color: black; width: 100px; height: 20px; margin-bottom: 5px;"></div>	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	

FOR CMS USE ONLY	
16. DATE RECEIVED November 27, 2023	17. DATE APPROVED February 21, 2024

PLAN APPROVED - ONE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2024	

20. TYPED NAME OF APPROVING OFFICIAL James G. Scott	21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations
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22. REMARKS <i>*Pen and Ink change authorized by the state on 2.15.2024</i>
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

Methods and Standards for Establishing Payment Rates

LIMITATIONS - OTHER PRACTITIONERS SERVICES

TOBACCO CESSATION COUNSELING

Nebraska Medicaid covers tobacco cessation counseling when provided by licensed pharmacists who have completed a Department-approved tobacco cessation counseling training and maintain current training as a tobacco cessation counselor.

Telehealth: other Practitioner Services for tobacco cessation counseling are covered when provided via telehealth technologies subject to the limitations as set forth in state regulations, as amended.

PUBLIC HEALTH AUTHORIZED DENTAL HYGIENIST SERVICES

Services provided by a public health authorized dental hygienists are covered when those services are provided by a dental hygienist who is providing services under their licensed scope of practice as allowed under Nebraska law. Covered procedures are specified in state regulations.

TN No. NE 24-0001

Supersedes

TN No. NE-08-16

Approval Date 2-21-2024

Effective Date 1-1-2024

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. 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 or more often if medically necessary. 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 2-21-2024

Effective Date 1-1-2024

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 the following radiographs: Intraoral complete series, intraoral periapical films, extraoral films, bitewings, panoramic films, and cephalometric film. Coverage of these procedures is specified in state regulations.

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 2-21-2024

Effective Date 1-1-2024

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

CERTIFIED REGISTERED NURSE ANESTHETISTS

The Nebraska Medical Assistance Program calculates payment for CRNA/AA services as follows: The total of the units assigned to the CPT/ASA procedure plus the appropriate number of time units are multiplied by the appropriate conversion factor for medically directed or non-medically directed services. This amount must not exceed the amount allowable for physicians' services for the procedure. These services are paid according to the Nebraska Medicaid Practitioner Fee Schedule.

When anesthesia services are provided by an anesthesiologist and a CRNA/AA at the same time, Nebraska Medicaid will make payment only for those services provided by the anesthesiologist.

Nebraska Medicaid does not make additional reimbursement for emergency and risk factors.

Nebraska Medicaid does not make payment for CRNA/AA services for secondary procedures. When multiple surgical procedures are performed at the same time, Nebraska Medicaid pays for only the major procedure.

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.

SMOKING CESSATION

Smoking cessation services rendered via common procedural terminology (CPT) codes 99406 and 99407 are reimbursed on a fee schedule.

TN #. NE 24-0001

Supersedes

Approval Date 2-21-2024

Effective Date 1-1-2024

TN #. MS-08-16

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

PUBLIC HEALTH AUTHORIZED DENTAL HYGIENIST SERVICES

For dates of service on or after August 1, 1989, Nebraska Medicaid pays for public health authorized dental hygienist 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>.

TN #. NE 24-0001

Supersedes

Approval Date 2-21-2024

Effective Date 1-1-2024

TN #. New

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

Approval Date 2-1-2024

Effective Date 1-1-2024

TN # NE 23-0010

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 2-21-2024

Effective 1-1-2024

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

Approval Date 2-21-2024 Effective Date 1-1-2024

TN # NE 23-0010