

## **Table of Contents**

**State/Territory Name: Nebraska**

**State Plan Amendment (SPA) #: 17-0006**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
601 East 12<sup>th</sup> Street, Suite 355  
Kansas City, Missouri 64106



**Division of Medicaid and Children's Health Operations**

December 13, 2017

Thomas "Rocky" Thompson, Interim Medicaid Director  
Department of Health & Human Services  
Division of Medicaid and Long-Term Care  
PO Box 95026  
Lincoln, NE 68509

Dear Mr. Thompson:

On October 12, 2017, the Centers for Medicare & Medicaid Services (CMS) received Nebraska's State Plan Amendment (SPA) transmittal #17-0006. This SPA is changing the annual dental benefit limit from \$1,000 to \$750.00 for adult clients (age 21 and older). Exemptions will be in place for dental services for emergencies, extensive special needs and ill clients, and dentures.

SPA #17-0006 was approved December 13, 2017, with an effective date of October 1, 2017, as requested by the state. Enclosed is a copy of the CMS-179 summary form, as well as the approved pages for incorporation into the Nebraska State Plan.

If you have any questions regarding this amendment, please contact Karen Hatcher or Barbara Cotterman at (816) 426-5925.

Sincerely,

12/13/2017

Associate Regional Administrator  
for Medicaid and Children's Health Operations

Sign

Enclosure

cc: Nancy Keller  
Rosalind Sipe  
DHHS NE

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>	1. TRANSMITTAL NUMBER: NE 17-0006	2. STATE Nebraska
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE October 1 <sup>st</sup> , 2017

5. TYPE OF PLAN MATERIAL (Check One):

NEW STATE PLAN                       AMENDMENT TO BE CONSIDERED AS NEW PLAN                       AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)


6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 431.10 (a)(2)(ii)	7. FEDERAL BUDGET IMPACT: a. FFY 2018                      (\$847,425)* b. FFY 2019                      (\$847,425)*
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Att. 3.1-A, Item 10, pg 1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  Att 3.1-A, Item 10, pg 1

10. SUBJECT OF AMENDMENT:  
Dental Cap

11. GOVERNOR'S REVIEW (Check One):

GOVERNOR'S OFFICE REPORTED NO COMMENT                       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED                      Governor has waived review  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:
13. TYPED NAME: Thomas "Rocky" Thompson	Nancy Keller Division of Medicaid & Long-Term Care Nebraska Department of Health & Human Services 301 Centennial Mall South Lincoln, NE 68509
14. TITLE: Interim Director, Division of Medicaid and Long-Term Care	
15. DATE SUBMITTED: October 12, 2017	

FOR REGIONAL OFFICE USE ONLY	
17. DATE RECEIVED: October 12, 2017	18. DATE APPROVED: December 13, 2017
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2017	20. SIGNATURE OF REGIONAL OFFICIAL:  Date: 2017.12.13 16:36:40 -0600
21. TYPED NAME: James G. Scott	22. TITLE: Associate Regional Administrator for Medicaid and Children's Health Operations

23. REMARKS:

\* Pen and Ink change to indicate savings for this SPA was authorized per state response dated 12.1.17.



STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nebraska

LIMITATIONS - DENTAL SERVICES

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**PRIOR AUTHORIZATION:** NMAP 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 routine corrective dental care, do not require prior authorization. Prepayment authorization for emergencies and other circumstances beyond the provider's control (insurance coverage, etc.) will be reviewed by Medicaid Division staff.

**COVERED SERVICES:** NMAP defines dental services as any diagnostic, preventive, or corrective procedures provided by or under the supervision of a licensed dentist. Covered procedures are specified in state regulations.

For clients age 21 and older, dental coverage is limited to \$750 per fiscal year.

**DIAGNOSTIC DENTAL SERVICES:** NMAP 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 each year on a routine basis for clients age 21 and older. For clients who are eligible for HEALTH CHECK (EPSDT), exams are allowed every 6 months 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, NMAP covers one exam by the second dentist or specialist.

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

**HOSPITALIZATION FOR DENTAL SERVICES:** Dental services must be provided at the least expensive appropriate place of service.

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TN No. NE 17-0006

Supersedes

TN No. NE 10-04

Approval Date December 13, 2017 Effective Date October 1, 2017