

6-006 Payment for Interceptive and Comprehensive Orthodontic Treatment: Payment for authorized orthodontic treatment is made upon approval of the treatment plan and submittal of a dental claim.

The procedure code to be used when submitting for payment for orthodontic treatment is the "five"-digit procedure code that was prior authorized by the Department.

~~The "Date of Service" on the dental claim must be the "date of authorization" or "certification authorization date" on the prior authorization.~~

Orthodontists shall bill for orthodontic services after receiving an approved prior authorization and after placement of the initial appliances for the orthodontic procedure. Orthodontists shall always re-check Medicaid client eligibility before starting a service, even with an approved prior authorization. Since Medicaid eligibility may vary from month to month, Nebraska Medicaid cannot guarantee that the eligibility for a prior authorized patient will remain constant. If a client becomes ineligible for Medicaid benefits, the authorization becomes void.

The "Fee" on the dental claim must be the dollar amount authorized on the prior authorization.

6-006.01 Transfer of Interceptive and Comprehensive Orthodontic Cases: If the client transfers to another dentist, the authorized dentist ~~must shall transfer~~ refund the portion of the amount paid by Medicaid that applies to the treatment not completed to ~~the new completing dentist~~ Medicaid.

6-006.02 Interceptive and Comprehensive Orthodontic Treatment Not Completed: If prior authorized orthodontic treatment is not completed, the providing dentist ~~must shall~~ refund the portion of the amount paid by Medicaid that applies to the treatment not completed to the Department.

6-007 Standards for Participation: Providers of dental services must be licensed by the Nebraska Department of Health and Human Services as a dentist or a dental hygienist and must practice within their scope of practice as defined in Neb. Rev. Stat. Sections 71-183 to 71-193.20 and 71-193.21 to 71-193.35, and effective December 1, 2008, Neb. Rev. Stat. Sections 38-1101 to 38-1151.

If services are provided outside Nebraska, the dentist or dental hygienist must be licensed in that state and must practice within ~~their~~ his/her scope of practice as defined by those state licensing laws.

6-008 Provider Agreement: Providers of dental services ~~must shall~~ complete and sign Form MC-19, "Medical Assistance Provider Agreement," (see 471-000-90) and submit the completed form to the Nebraska Department of Health and Human Services for approval to participate in ~~NMAP~~ Medicaid.