PROVIDER BULLETIN

NO. 09-07

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TO: Physicians, Dentists, and Oral Surgeons

FROM: Vivianne M. Chaumont, Director
Division of Medicaid and Long-Term Care

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Division of Medicaid and Long-Term Care

RE: ADULT EMERGENCY DENTAL SERVICES

PLEASE SHARE THIS INFORMATION WITH ADMINISTRATIVE, CLINICAL, AND BILLING STAFF.

This bulletin is to provide information regarding the process for requesting coverage of emergency dental services not subject to the $1,000 adult dental benefit limit. Adult dental services provided in emergency situations will be considered on a case-by-case basis. Only the most limited service(s) needed to correct the emergency oral cavity condition will be allowed. Payment for emergency adult dental services when prior authorization has not been obtained will require the submission of a completed prior authorization request with supporting documentation. This documentation must thoroughly explain the emergent nature of the services provided. Nebraska Medicaid will **only** consider as emergent:

1. Extractions for the relief of:
   - Severe and acute pain; or
   - An acute infectious process in the mouth.
2. Extractions and necessary treatment for repair of traumatic injury.
3. Full mouth extractions as necessary for catastrophic illnesses such as an organ transplant, chemotherapy, severe heart disease, intra-oral radiation workup, or other life threatening illnesses.

Dental services (unless associated with medical conditions listed above) will not be approved for periodontal disease or other diseases of the gums.

The following prior authorization guidelines will apply to emergency adult dental care essential for treatment of a disease/medical condition without which the health of the individual would be adversely affected:

1. A Prior Authorization (PA) Request form must be completed and submitted by e-fax to 402-742-8342 or fax at 402-471-9092 to the attention of Judy Grant or Cathy Truax.
2. The dental provider performing the service must submit the PA Request. It must be clearly indicated on the request that it is an emergency services request.
3. Sufficient documentation must be included with the request to determine the emergent medical necessity of the service.

4.. Payment will not be made for services initiated before the approval date on the PA Request form or after the authorization deadline.
5. Services which require prior authorization whether emergent or not must still be obtained.

If you have questions about this Provider Bulletin, please contact Dr. Garvin, Medical Director at 402-471-9283 or Dr. Marshall, Dental Consultant at 402-471-9616.