STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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Dental services:

I. STANDARD DENTAL SERVICES

Current Dental Terminology (CDT) codes reimbursement will be set by multiplying the Dental Conversion Factor by the 2016 relative Value units (RVU) specified will be reimbursed based on the base units in the "Relative Values for Dentists" publication. by Relative Value Studies; IncorporatedFuture new CDT codes will use the appropriate RVU from the year the specific CDT code was establishedset in the system. Effective July 1, 2013, payment is determined by multiplying the base units by the Dental eConversion fFactor of \$20.50.

II. MEDICAL/SURGICAL PROCEDURES RELATED TO DENTAL SERVICES

Services billed using Current Procedure Terminology (CPT) codes will be calculated using unit values for the Nevada-specific resource based relative value scale (RBRVS) for the year that the specific CPT code was set in the system and the 20022014 Medicare Physician Fee Schedule conversion factor. Payment will be the lower of billed charges, or the amounts specified below:

- a. Surgical codes 10000 58999 and 60000 69999 will be reimbursed at $\frac{10095}{9}$ of the Medicare facility rate.
- b. Radiology codes 70000 79999 will be reimbursed at 100% of the Medicare facility rate.
- c. Evaluation and Management codes 99201 99499 will be reimbursed at 8595% of the Medicare non-facility rate.

Assurance: State developed fee schedule rates are the same for both public and private providers of the service and the fee schedule and any annual/periodic adjustments to the fee schedule(s) are published on our website: http://dhcfp.nv.gov/. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both public and private providers of the service. The agency's dental fee schedule rates were set as of January 1, 2019 and are effective for services provided on or after that date. All rates are published on our website: http://dhcfp.nv.gov/Resources/Rates/FeeSchedules/

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