Dental services:

I. STANDARD DENTAL SERVICES

Current Dental Terminology (CDT) codes will be reimbursed based on the base units in the "Relative Values for Dentists" publication by Relative Value Studies; Incorporated for the year the specific CDT code was set in the system. Effective July 1, 2013, payment is determined by multiplying the base units by the conversion factor of $20.50.

II. MEDICAL/SURGICAL PROCEDURES RELATED TO DENTAL SERVICES

Services billed using Current Procedure Terminology (CPT) codes will be calculated using the January 1, 2014 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 2014 ~~02~~ 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 95 ~~100~~% of the Medicare facility rate, effective October 1, 2019.
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 95~~85~~% of the Medicare non-facility rate, effective October 1, 2019.

Assurance: 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 rates for medical/surgical procedures related to dental services were set as of October 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/. ~~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/~~