

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nevada

Attachment 4.19-B  
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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 **and multiplying that amount by .94.**

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) and the 2014 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 **95-90** % of the Medicare facility rate, effective ~~October 1, 2019~~ **August 15, 2020**.
- b. Radiology Codes 70000 – 79999 will be reimbursed at ~~100~~**94**% of the Medicare facility rate.
- c. Evaluation and Management Codes 99201 – 99499 will be reimbursed at **95**~~90~~% of the Medicare non-facility rate, effective ~~October 1, 2019~~ **August 15, 2020**.

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~~ **August 15, 2020** 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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**2019 August 15, 2020**

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