

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

20. **Extended services to pregnant women include all major categories of service provided for categorically needy recipients, except for services for individuals aged 65 or older in institutions for mental diseases, insofar as the services are medically necessary and related to the pregnancy. Services may require prior authorization from the Nevada Medicaid Office on Form NMO-3.**

Expanded dental benefits are covered for pregnant women who are not normally covered for adult recipients ages 21 and older. In order to reduce the risk of premature birth due to periodontal disease, pregnant women will be allowed dental prophylaxes and certain periodontal services **and operative, diagnostic and preventative procedures** during pregnancy, as outlined. ~~within the Medicaid Services Manual, Chapter 1000, and the Provider Type 22 (Dentist) Fee Schedule, available on the Nevada Medicaid website, at <http://dhefp.nv.gov/>.~~

21. **All respiratory care services require prior authorization from the Medicaid Office on Form NMO-3.**
22. **Pediatric or family nurse practitioner services are limited to the same extent as physician services.**