Dental services:

I. STANDARD DENTAL SERVICES

Current Dental Terminology (CDT) code reimbursement will be set by multiplying the Dental Conversion Factor by the 2016 relative value units (RVU) specified in the "Relative Values for Dentists" publication. Future new CDT codes will use the appropriate RVU from the year the code was established. Effective July 1, 2013, the Dental Conversion Factor is $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 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% 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 95% of the Medicare non facility rate.

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 dental fee schedule rates were set as of March 1, 2017 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/.