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 $19.27 (previous conversion factor of $20.50 reduced by 6%).

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/