

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nevada

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9. Special clinic services: as indicated for specific services listed elsewhere in this attachment, e.g., physicians' services, prescribed drugs, therapy. Payment will be the lower of billed charges, or the amounts specified below:
- a. Surgical Codes will be reimbursed at ~~69~~5% of the Medicare facility rate.
  - b. Radiology Codes will be reimbursed at ~~100~~94% of the Medicare facility rate.
  - c. Medicine Codes and Evaluation and Management codes will be reimbursed at ~~60~~57% of the Medicare non-facility rate. Vaccine Products will be reimbursed at ~~8~~580% of the Medicare non-facility rate.
  - d. When Codes 90465 – 90468, 90471 – 90474, 99381 – 99385 and 99391 – 99395 are used for EPSDT services, the reimbursement will be ~~8~~580% of the Medicare non-facility rate.
  - e. Obstetrical Service Codes will be reimbursed at ~~8~~83% of the Medicare non-facility rate.
  - f. Medicine Codes 90281 – 90399, and all other pharmaceuticals that are not identified above, will be reimbursed according to the drug reimbursement algorithm set forth on Page 3 of Attachment 4.19-B with the exception of the pharmacy dispensing fee component of the algorithm.
  - g. Freestanding Obstetrical/Birth Centers will be reimbursed an all-inclusive (one time) rate for Procedure Code 59409 that shall not exceed 80% of the Hospital In-patient Maternity daily rate. The rate will be reviewed and updated annually as necessary at the FFY (Oct. – Sept.).

Assurance: State developed fee schedule rates are the same for both public and private providers of the service. ~~The agency's Special Clinic fee schedule rates were set August 15, 2020 and are effective for services provided on or after that date.~~ ~~and~~ The fee schedule and any annual/periodic adjustments to the fee schedule(s) are published on our website: <http://dhcfp.nv.gov/>

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2013 August 15, 2020

Approval Date: ~~January 10, 2014~~

Effective Date: ~~October 1,~~

Supersedes

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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 **9095%** of the Medicare facility rate, effective **October 1, 2019 August 15, 2020**.
- b. Radiology Codes 70000 – 79999 will be reimbursed at **10094%** of the Medicare facility rate.
- c. Evaluation and Management Codes 99201 – 99499 will be reimbursed at **9590%** 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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