

Medicaid Services Manual
Transmittal Letter

December 26, 2023

To: Custodians of Medicaid Services Manual

From: Casey Angres
Chief of Division Compliance

Subject: Medicaid Services Manual Changes
Chapter 1000 – Dental

Background And Explanation

Revisions to Medicaid Services Manual (MSM) Chapter 1000 – Dental are being proposed to add language for a new specialty type of dental hygienist that has limited prescribing rights, pursuant to the passage of Nevada Senate Bill (SB) 310 during the 82nd 2023 Legislative Session.

Throughout the chapter, grammar, punctuation, and capitalization changes were made, duplications removed, acronyms used and standardized, and language reworded for clarity. Renumbering and re-arranging of sections was necessary.

Entities Financially Affected: None

Financial Impact on Local Government: None.

These changes are effective January 1, 2024.

Material Transmitted
MTL OL MSM Chapter 1000 – Dental

Material Superseded
MTL 14/20 MSM Chapter 1000 – Dental

Manual Section	Section Title	Background and Explanation of Policy Changes, Clarifications and Updates
1003.19	CONDITIONS FOR PARTICIPATION	Adding Dental hygienists that have satisfied the requirements set by both the Board of Pharmacy and Nevada State Board of Dental Examiners (NSBDE) can prescribe preventative medications within their scope of practice outlined by the NSBDE.

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the clinical reason that the recipient is unable to have the services completed in the office.

- e. All dentists providing surgical center services to Medicaid recipients must retain in-office copies of x-rays, intra-oral preoperative photographs (when necessary) and documentation necessary to substantiate service need. The substantiating evidence must be retained and remain readily available for no less than six years. Medicaid holds the provider responsible for assuring the evidence is sufficient for the Medicaid agency's post utilization review/control purposes.
- f. In situations where the dentist believes his treatment plan to have weak support from x-rays, intra-oral photographs, etc., the dentist should submit the evidence with a request for PA. Without PA, Medicaid will reclaim payment for the services if post service review findings do not support the dentist's treatment plan and medical necessity.
- g. Medicaid does not reimburse providers for travel and hospital call related costs for services done in an outpatient surgical center.

1003.18 MAXILLOFACIAL SURGERY AND OTHER PHYSICIAN SERVICES

Nevada Medicaid authorizes payment for maxillofacial surgery and other physician services for qualified recipients.

A. COVERAGE AND LIMITATIONS

Temporomandibular Disorders (TMDs) encompasses a variety of conditions. For recipients less than 21 years of age, TMD services may be provided by a dentist or medical doctor under EPSDT. Coverage for the medical management of TMD related disease for recipients will be limited to appropriate current TMD related diagnosis codes.

Adult dental services continue to be restricted to palliative treatment, emergency extractions and dentures/partials.

Reference Nevada Medicaid's Dental Benefit Schedule (Attachment A of the PT 22 Billing Guide) document located in the QIO-like vendor's web portal at www.medicaid.nv.gov for a list of covered CDT codes, prior authorization requirements and service limitations.

B. PROVIDER RESPONSIBILITY

Program utilization control requires that each type of provider (dentist, physician, pharmacist, etc.) be delineated with the use of a specific PT number. For example, dentists are a PT 22 while physicians are a PT 20. Providers also have the option to choose a specialty type. For example, a PT 22 can choose a specialty type of Maxillofacial Surgery

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(Specialty 170) or Oral Surgery (Specialty 080). All dental related services must be billed/requested with the most appropriate dental code found on the QIO-like vendor's web portal at www.medicaid.nv.gov. For certain oral and maxillofacial surgery procedures, when an appropriate dental code is not available, a CPT Code may be used if Medicaid allows the code to be billed by a PT 22, Specialty 080 and/or 170. Providers are encouraged to check the www.medicaid.nv.gov website or contact the QIO-like vendor to confirm ability to bill for specific CPT codes.

The CPT Code for fluoride varnish application which can be administered by PT 17, 20, 24 and 77 should be billed on a CMS 1500 form using the most appropriate and available ICD diagnosis code.

C. AUTHORIZATION REQUIREMENTS

See B. Provider Responsibility.

1003.19 CONDITIONS FOR PARTICIPATION

All dental providers must have a current license issued by the Nevada State Board of Dental Examiners to practice dentistry. Dental specialists must be dental specialties that are recognized and approved by the American Dental Association and the Nevada State Board of Dental Examiners and be enrolled as a Nevada Medicaid provider. Out of state dentists must meet the licensing requirements of the state in which they practice and be enrolled as a Nevada Medicaid provider.

Dental services may also be performed in a clinic setting as long as the care is furnished by or under the direction of a dentist. The clinic must have a dental administrator and all professional staff, dentists, hygienists, public endorsed hygienists, dental therapists, etc. must have a current Nevada license and/or certification from the appropriate state licensing board. **Dental hygienists that have satisfied the requirements set by both the Board of Pharmacy and Nevada State Board of Dental Examiners (NSBDE) can prescribe preventative medications within their scope of practice outlined by the NSBDE.**

1003.20 IMPROPER BILLING PRACTICE

Providers must bill only for the dates when services were actually provided, in accordance with this MSM Chapter and the PT 22 Billing Guide.

Any provider found by the State or its agent(s) to have engaged in improper billing practices, without limitations, may be subject to sanctions including recoupment, denial or termination from participation in Nevada Medicaid.