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DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH CARE FINANCING AND POLICY

Helping people. It's who we are and what we do.



Stacie Weeks,
JD MPH
Administrator

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Notice of Meeting to Solicit Public Comments and Intent to Act Upon Amendments to the State Plan for Medicaid Services

Public Hearing March 25, 2025 Summary

Date and Time of Meeting: March 25, 2025, at 10:02 AM

Name of Organization: State of Nevada, Department of Health and Human Services (DHHS), Division of Health Care Financing and Policy (DHCFP)

Place of Meeting: Department of Public and Behavioral Health
4150 Technology Way, Room 301
Carson City, Nevada 89706

Teleconference and/or Microsoft Teams Attendees

(Note: This List May Not Include All Participants, Just Those Who Identified Themselves)

Casey Angres, DHCFP	Antonio Brown, DHCFP
Lauren M. Driscoll, Deputy Attorney General (DAG)	Nicole Catoner, DHCFP
Theresa Carsten, DHCFP	Ellen Frias-Wilcox, DHCFP
Charmaine Yeates, DHCFP	Kerisa Weaver, DHCFP
Nahayvee Flores-Rosiles, DHCFP	Serene Pack, DHCFP
Kirsten Coulombe, DHCFP	Nicole M. King, Silver Summit Health Plan (SSHP)
Marcel Brown, DHCFP	Joseph Haas, Washoe County
Carin Hennessey, DHCFP	Brittany Loyd, Eagle Quest
Dave Doyle, Eagle Quest	Chloe Johnson, Eagle Quest
Amber Wilkins, Molina Healthcare	Alyssa Drucker, Gainwell Technologies (GWT)
Gingi Robinson, DHCFP	Julie Peterson, Accessible Space
Amy Levin, Anthem	Kimberly Smalley, DHCFP
Lindsey Bondiek, DHCFP	Zachary Laskey, Nevada PEP
Jhoanna Presswood, DHHS	Steve Messinger, Nevada Primary Care Association (NPCA)
Minden Hall, DHCFP	Maria Curiel, DHCFP
Gina Ward, DHCFP	Angelo Alford, Anthem
Amanda Butler, Seven Hills Behavioral Health Hospital	Linda Anderson, Nevada Public Health Foundation (NPHF)
Christina Cobeo, DHCFP	Jonathan Figueroa, DHCFP
Elizabeth Scott, DHCFP	Susan Harrison, GWT
Sheri Gaunt, DHCFP	

Blanca Iris Lanzas, DHCFP
 Lori Follett DHCFP
 Keri Kelley, Silver Summit Health Plan (SSHP)
 Mandy Coscarart, DHCFP
 Amy M. Cocoran, United Healthcare (UHC)
 John McCandlish, Acentra Health
 Brittany Acree, ADSD
 Dawnesha Powell, SSHP
 Frank Deal, SSHP
 Sara Knight, DHCFP
 Tina Bowman, DHCFP
 Katie Pfister, ADSD
 Celina Salas, Hope Christian Health Center
 Chris Doss
 Mary Paszek, Kids First Reno
 Mckenna, Next Chapter Therapy
 Cara Paoli, Washoe County School District
 SG
 Dominic Gaon, Anthem
 De Yates
 Kerry Harger, Molina Health Care
 Nicole L. Figles, SSHP
 Jessica Varela, SSHP
 Evette Cullen, DHCFP
 Lisa Caraway, Carelon
 Wendy Montgomery, DHCFP
 Gladys Cook, DHCFP
 Sandra Stone, Division of Child and Family
 Services (DCFS)
 Melissa Knight, DHCFP
 Jason Drake
 Pablo Munoz, DHCFP
 Shelly Benge-Reynolds, DHCFP
 Kathleen
 Deborah Jordan, DHCFP

Brandon Ford, Best Practices NV, LLC
 Megan Wickland, Nevada Aging and Disability
 Services Division, ADSD
 Esther Badiata
 Sheila Gerhard, Washoe County
 Deidre Manley, DHCFP
 Regina C. De Rosa, Anthem
 Jennifer Harbor, DHCFP
 Ellen Flowers, DHCFP
 Bernadette DeMars, DHCFP
 Sarah Dearborn, DHCFP
 Kimberly A. Purinton, Centene
 Michael Gorden, DHCFP
 Monica Romero, Department of Education (DOE)
 Kevin E. Murray, SSHP
 Lisa Dyer, DHCFP
 Estephania Jimenez-Sabree, DHCFP
 Catherine Vairo, DHCFP
 LaTanya Cash-Calhoun, DHCFP
 Tami DeBonis, Molina Health Care
 Jason Embra, Molina Health Care
 Shelle Sponseller, Accessible Space, Inc
 Jennifer Krupp, DHCFP
 Amber Neff, DHCFP
 Rianna White, Fidelis-Rx
 Richard McFeely, DHCFP
 Gina Studebaker, DHCFP
 Maria Reyes, Fidelis-Rx
 Teresa (Teri)
 Angela Stewart, Elevance Health
 Tara Burfoot, DHCFP
 Carmon
 Malinda Southard, DHCFP
 Melody Hall-Ramirez, DHCFP

Introduction:

Casey Angres, Chief of Division Compliance, DHCFP, opened the Public Hearing introducing herself, Theresa Carsten, Deputy Administrator, DHCFP, and Lauren M. Driscoll, DAG.

Casey Angres – The notice for this public hearing was published on February 20, 2025, and revised on March 13, 2025, and March 20, 2025, in accordance with Nevada Statute 422.2369.

1. **Public Comments:** There were none.
2. **Discussion of Amendments to the State Plan for Medicaid Services and Solicitation of Public Comments**

Subject: Targeted Case Management (TCM) - Addition of Eligible Juveniles who are Inmates of a Public Institution Post Adjudication of Charges

Christina Cobeo, Program Specialist, Behavioral Health Benefits Coverage Unit, DHCFP, presented revisions to Nevada Medicaid State Plan Amendment (SPA) Supplement 1 to Attachment 3.1-A and Attachment 3.1-M TCM. Medicaid coverage is being proposed to include TCM services for incarcerated adults and youth. The Consolidated Appropriations Act (CAA) of 2023 requires Medicaid to cover services for certain justice involved populations. Beginning January 1, 2025, these proposed changes will provide pre- and post-release case management, screening, and diagnostic services for eligible youth. Individuals under the age of 21 who qualify for Medicaid, as well as those between the ages of 18 and 26 who have recently aged out of foster care, may be eligible for assistance. This is relevant for those who are transitioning out of a public institution such as incarceration within 30 days of their release. These benefits will be accessible for a period of 30 days following the individual's departure from the institution. In accordance with the public institution, any medical or dental checkups, tests, or treatments that are considered standard and medically necessary will be provided. This includes screenings on mental health following the state's Early and Periodic Screening Diagnostic and Treatment (EPSDT) requirements, including a behavioral health screening or diagnostic service.

State Plan Attachment 3.1-M confirms that the state of Nevada is taking steps to implement the mandatory Medicaid coverage requirements for eligible incarcerated juveniles, as mandated by Section 5121 of CAA 2023. The State assures the provision of pre- and post-release screenings, diagnostic services, including behavioral health, and TCM services in coordination with public institutions. This initiative aims to ensure the continuity of care and support for these vulnerable individuals during their transition back into the community.

State Plan Attachment 3.1-A, Supplement 1, outlines the TCM services for eligible juveniles. This initiative details the target group provider qualifications and assurances related to service delivery, freedom of choice, access, payment, and record keeping. Key aspects include a focus on juveniles within 30 days of release from public institutions and for at least 30 days post-release, with efforts underway to extend post release TCM. The plan emphasizes a comprehensive and coordinated approach to connect these juveniles with necessary medical, social, educational, and other services to support their successful reintegration into the community. Under TCM Provider Agency Qualifications, the agencies must have a minimum of five years' experience working with children and families in a target population, demonstrating capacity for all case management components; A system for coordinating services with other programs, for example, Managed Care Division of Child and Family Services (DCFS) and Waiver Programs; Administrative experience and comprehensive case management; Establish referral systems and linkages with essential social and health service agencies; Minimum five years' experience responding to the needs of target population and a county and statewide 24/7 basis; Experience coordinating and linking community resources and the demonstrated capacity to provide training and supervision for individual case managers, including Medicaid cover services. Qualifications of individual case managers are that they must possess a bachelor's degree in criminal justice, psychology, social work, or closely related field or equivalent college and two years of experience in the criminal justice systems.

There is an estimated increase in annual aggregate expenditures for State Fiscal Years (SFY) 2025 and 2026:

SFY 2025:	\$362,393.50
SFY 2026:	\$365,450.50

These proposed changes affect all Medicaid enrolled providers delivering TCM services. These Provider Types (PT) include but are not limited to TCM (PT 54).

The effective date of these changes is January 1, 2025.

Public Comments: Brandon Ford, Best Practices Nevada, see attached.

3. Discussion of Amendments to the State Plan for Medicaid Services and Solicitation of Public Comments

Subject: Addition of Community Health Representatives as a reimbursable service through Tribal Clinics

Nahayvee Flores-Rosiles, Tribal and Community Liaison in the Community and Provider Engagement Unit, DHCFP, presented that DHCFP is proposing updates to State Plan Attachment 3.1-A, Page 6a (Continued 1) to add Community Health Representatives (CHR) as a reimbursable provider through and only through a Tribal Health Clinic (THC) operating under the Indian Self-Determination and Education Act of 1975 (PL 93-638). CHRs improve access to healthcare and help strengthen community capacity specifically for American Indian/Alaskan Natives (AI/AN) and have done so since the 1960's. CHRs provide services similar to Community Health Workers (CHW) which are already a reimbursable PT through Nevada Medicaid.

Proposed changes to policy include: Language on the addition of CHRs as a reimbursable provider through THC; Coverage and Limitations are the same as CHWs and are listed in the updates as well; Provider Qualifications recognize the CHR Training Program from the Indian Health Services (IHS) federal agency and will require supervision by a Physician, Physician Assistant (PA), Advanced Practice Registered Nurse (APRN), Dentist, Licensed Clinical Social Worker (LCSW), Licensed Marriage and Family Therapist (LMFT), Licensed Clinical Professional Counselor (LCPC), Nurse Midwife, and Nurse Anesthetist operating through a Nevada Medicaid enrolled THC.

The proposed addition of CHRs was presented at the fourth Quarterly Tribal Consultation on October 9, 2024, where feedback and comments were taken into consideration and the policy was updated accordingly to revise the provider qualifications for CHRs.

The policy updates that are being proposed will only affect the IHS and Tribal Clinics (PT 47) delivering CHR services.

The effective date is January 1, 2025, pending CMS approval of this SPA.

Public Comments: There were none.

Casey Angres - Closed the Public Hearing for changes to Addition of CHRs as a reimbursable service through Tribal Clinics.

4. Discussion of Amendments to the State Plan for Medicaid Services and Solicitation of Public Comments

Subject: Exempting IHS and Tribal Clinics from the four walls limitation

Nahayvee Flores-Rosiles, Tribal and Community Liaison in the Community and Provider Engagement Unit, DHCFP, reported that DHCFP is proposing updates to State Plan Attachment 3.1-A Clinic Services to exempt IHS and THC's from the four walls limitation which generally only permits services inside a physical building. The Centers for Medicare and Medicaid Services (CMS) published a final rule making the exemption for IHS and Tribes a mandatory part of clinic services on November 27, 2024, at 42 Code of Federal Regulations (CFR) 440.90(c). CMS is requiring states to submit a SPA to indicate the state is in compliance with CFR 440.90, with an effective date of January 1, 2025. A Tribal Notification letter (TNL) was sent on December 30, 2024. In addition, the update was discussed at Tribal Consultation on January 8, 2025, where feedback and comments were taken into consideration.

The updates proposed will only affect the IHS and Tribal Clinics (PT 47).

There will be no fiscal impact associated with this SPA as coverage was formerly permitted by CMS as a COVID-19 public health emergency exception that was extended through February 11, 2025.

The effective date is January 1, 2025, pending CMS approval of this SPA.

5. Adjournment

There were no further comments, and Casey Angres closed the Public Hearing at 10:16 AM.

****A video version of this meeting is available through the DHCFP Compliance office. For more detailed information on any of the handouts, submittals, testimony and or comments please contact Jenifer Graham at documentcontrol@dhcfp.nv.gov with any questions.***

From: [Brandon Ford](#)
To: [Document Control DHCFP](#)
Subject: Re: Targeted Case Management...
Date: Tuesday, March 25, 2025 12:37:43 PM
Attachments: [Targeted Case Managers in Nevada.pdf](#)

WARNING - This email originated from outside the State of Nevada. Exercise caution when opening attachments or clicking links, especially from unknown senders.

Oh, I had mentioned an attachment. It was just the list of current TCM providers, which would seem to indicate the only ones that would MIGHT qualify over 5 yrs of experience, depending on how that rule is treated.

Thanks,

Brandon Ford
BEST PRACTICES NEVADA, LLC
Healthcare Consultants
(702) 208-0983
www.bestpracticesnv.com



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On Tue, Mar 25, 2025 at 11:36 AM Brandon Ford <bestpracticesnv@gmail.com> wrote:
Hi,

I was trying to ask for clarification on the 5 year minimum being required to provide TCM services under the new CAA of 2023 and the services for eligible incarcerated juveniles. I am trying to visualize who might be able to begin providing these services as we try to match providers and programs alike that may be able to assist in meeting these demands. When I think of TCM, I know there are different levels and different restrictions depending on the population, ages, if they are SMI or SED, etc.. This got me thinking whether or not, implementing a 5 yrs of experience minimum, may unnecessarily limit the providers that can help with this new program or not? In addition, I think sometimes that TCM is provided; however, it is not separately billable. Will this type of experience be up for consideration as well? Currently, some people can only get Case Management from the State or County based upon their qualifications. It appears to me that there are currently very few PT-54's that are contracted to provide services to some of these individuals. (List attached). I just wanted to bring this up for thought or discussion, as I am not sure if it is a valid concern or not at this point. Maybe the hearing was the wrong forum vs. a public workshop. I think I get them mixed up sometimes when I have questions. I can also try to address some of these concerns with the Advisory Committee.

Anyhow, I also see there are a LOT of changes pending in regards to Case Management and Chapter 2500; therefore this could also be addressed more within one of those changes that I have not read yet? I just want to make sure we are not unknowingly painting ourselves into a corner with this 5yr guideline, especially with a new program that hasn't really been done before. I think you may actually need new providers to meet the need of this program, and this could be another potential area for workforce development. I could see Bachelor level providers graduating and joining the workforce as these types of Case Managers, working programs with the incarcerated youth and adults. I also see many PT-93's (former PT-17 215's), PT-14's, PT-83's, PT-20's, and others potentially; that would have some crossover with services currently being provided to these individuals upon release. I think they provide other services and often include Case Management within their programming, even if it is not separately billable because they are not PT-54's and many of these incarcerated individuals probably qualify as SMI or SED. These kinds of behavioral issues or mental health diagnoses, left untreated, often result in these youth being incarcerated at an early adult age. My main concern is that by saying "only clinics and agencies with 5yrs of documented experience in case management can provide TCM to these individuals", might severely limit the workforce available to help.

What do you think? Is this a valid concern, or am I looking at it the wrong way? For example, If an agency has "Intake Coordinators or Case Managers" in a program that provides therapy or rehab services to individuals after they are released from jail, but does not directly bill for case management, could they still apply by demonstrating or showing documented times they connected individuals (*referral and linkage*) with food, transportation, clothes, shelter, medical care, therapy, job connections, substance abuse treatment, etc... I can see many programs that do this inherently, but do not have a PT-54 contract (*it was not even open to them*); therefore they do not bill for Case Management Services, but have to provide them to be effective. Are we ruling these providers out, to be able to assist in this new program? Thank you.

Best regards,

Brandon Ford

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Healthcare Consultants

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Nevada Department of Health and Human Services

Division of Health Care Financing and Policy Provider Portal

Tuesday 03/25/2025 10:39 AM PST

Search Results

Provider	NPI/API	Address	Phone	Specialty	OPR Indicator
ADVANCED PEDIATRIC THERAPIES, LLC	1871804906	1625 E PRATER WAY STE 107, SPARKS, NEVADA, 89434-8963	1-775-825-4744	Targeted Case Management	No
CAPABILITY HEALTH & HUMAN SERVICES	1245534866	7281 W CHARLESTON BLVD, LAS VEGAS, NEVADA, 89117-1592	1-702-831-1650	Developmentally Disabled	No
CARSON CITY JUVENILE PROBATION SERVICES	1801314828	740 S SALIMAN RD, CARSON CITY, NEVADA, 89701-5097	1-775-887-2033	Juvenile Justice	No
CLARK COUNTY DEPARTMENT OF JUVENILE JUSTICE	1255390589	601 N PECOS RD, LAS VEGAS, NEVADA, 89101-2408	1-702-455-2429	Juvenile Justice	No
CLARK COUNTY, NEVADA	1831449370	121 S MARTIN L KING BLVD, LAS VEGAS, NEVADA, 89106-4309	1-702-455-5483	Child Protective Services	No
LYON COUNTY	1235481979	620 LAKE AVE, SILVER SPRINGS, NEVADA, 89429-9038	1-775-577-5009	Targeted Case Management	No
M D DEVELOPMENTAL AGENCY DEBRA STEWART MBR	1174140800	2520 SAINT ROSE PKWY, STE H2-216, HENDERSON, NEVADA, 89074-7783	1-702-268-8513	Targeted Case Management	No
NEVADA EARLY INTERVENTION SERVICES	1396831152	1161 S VALLEY VIEW BLVD, LAS VEGAS, NEVADA, 89102-1854	1-702-486-9290	Developmentally Disabled	No
NV STATE DV MH-DS RURAL REGIONAL CENTER	1336203892	480 GALLETTI WAY BLDG 8D, SPARKS, NEVADA, 89431-5564	1-775-687-2662	Individual with Intellectual Disabilities	No
STATE OF NEVADA	1881833077	1000 C ST, HAWTHORNE, NEVADA, 89415	1-775-945-3387	Severely Mentally Ill	No
STATE OF NEVADA	1578741179	1665 OLD HOT SPRINGS RD, STE 150, CARSON CITY, NEVADA, 89706-0668	1-775-687-0870	Severely Mentally Ill	No
STATE OF NEVADA	1760544969	1391 S JONES BLVD, LAS VEGAS, NEVADA, 89146-1200	1-702-486-6343	Individual with Intellectual Disabilities	No
STATE OF NEVADA	1205075496	151 N MAINE ST, FALLON, NEVADA, 89406-2902	1-775-423-7141	Severely Mentally Ill	No
STATE OF NEVADA	1679640023	6171 W CHARLESTON BLVD BLDG 10, LAS VEGAS, NEVADA, 89146-1126	1-702-486-7707	Severely Emotionally Disturbed	No
STATE OF NEVADA	1932348125	61 N WILLOW ST, MESQUITE, NEVADA, 89027-4785	1-775-346-4696	Severely Mentally Ill	No
STATE OF NEVADA	1588857155	6161 W CHARLESTON BLVD, LAS VEGAS, NEVADA, 89146-1126	1-702-486-0996	Severely Mentally Ill	No
STATE OF NEVADA	1487832085	1528 US HIGHWAY 395 N STE 100, GARDNERVILLE, NEVADA, 89410-5226	1-775-782-3671	Severely Mentally Ill	No
STATE OF NEVADA	1487893772	1825 PINION RD STE A, ELKO, NEVADA, 89801-8319	1-775-738-8021	Severely Mentally Ill	No
STATE OF NEVADA	1477792661	475 E HASKELL ST, WINNEMUCCA, NEVADA, 89445-5555	1-775-623-6580	Severely Mentally Ill	No
STATE OF NEVADA	1023257318	825 N 2ND ST, BATTLE MOUNTAIN, NEVADA, 89820-2834	1-775-355-5353	Severely Mentally Ill	No
STATE OF NEVADA	1861631533	415 US HIGHWAY 95A S BLDG 1, FERNLEY, NEVADA, 89408-9261	1-775-575-7744	Severely Mentally Ill	No
STATE OF NEVADA	1922247113	215 W BRIDGE ST, YERINGTON, NEVADA, 89447-1540	1-775-463-3191	Severely Mentally Ill	No
STATE OF NEVADA	1104065390	3595 US HIGHWAY 50 UNIT 3, SILVER SPRINGS, NEVADA, 89429-7370	1-775-577-0319	Severely Mentally Ill	No
STATE OF NEVADA	1669611851	240 S HUMAHUACA ST, PAHRUMP, NEVADA, 89048-2199	1-775-751-7406	Severely Mentally Ill	No
STATE OF NEVADA	1699914887	775 CORNELL AVE, LOVELOCK, NEVADA, 89419-9999	1-775-273-1109	Severely Mentally Ill	No
STATE OF NEVADA	1245418995	480 GALLETTI WAY UNIT 1, SPARKS, NEVADA, 89431-5560	1-775-688-0400	Severely Mentally Ill	No
STATE OF NEVADA	1396984589	1675 AVENUE F, ELY, NEVADA, 89301-3500	1-775-289-1971	Severely Mentally Ill	No

STATE OF NEVADA	1023257219	3650 S POINTE CIR, LAUGHLIN, NEVADA, 89029-0424	1-702-298-5313	Targeted Case Management	No
STATE OF NEVADA	1952408239	2667 ENTERPRISE RD, RENO, NEVADA, 89512-1666	1-775-688-1341	Targeted Case Management	No
STATE OF NEVADA	1083071690	3416 GONI RD BLG I STE 181, CARSON CITY, NEVADA, 89706-8008	1-702-668-3272	Developmentally Disabled	No
STATE OF NEVADA - NNCAS CASE MANAGEMENT	1386711737	4600 KIETZKE LN BLDG D, RENO, NEVADA, 89502-5033	1-775-688-1600	Severely Emotionally Disturbed	No
STATE OF NEVADA DV MH DS SIERRA DEV CENTER	1962573931	10375 PROFESSIONAL CIR, RENO, NEVADA, 89521-4802	1-775-687-2600	Targeted Case Management	No
THERAPLAY SOLUTIONS	1093405433	5155 BLUE DIAMOND RD STE 102, PMB 1029, LAS VEGAS, NEVADA, 89139-7698	1-702-530-2532	Targeted Case Management	No
THERAPY MANAGEMENT GROUP LLC	1437481371	6465 W SAHARA AVE STE 103, LAS VEGAS, NEVADA, 89146-3071	1-702-595-5437	Targeted Case Management	No
THERAPY MANAGEMENT GROUP LLC	1083982136	10587 DOUBLE R BLVD STE 101, RENO, NEVADA, 89521-8966	1-702-595-5437	Targeted Case Management	No
UNLV MEDICINE	1538694575	4000 E CHARLESTON BLVD, LAS VEGAS, NEVADA, 89104-6659	1-702-895-1316	Severely Mentally Ill	No
WASHOE COUNTY HUMAN SERVICES AGENCY	1982770921	350 S CENTER ST, RENO, NEVADA, 89501-2103	1-775-772-4511	Child Protective Services	No
WASHOE COUNTY, NEVADA	1467681635	650 FERRARI MCLEOD BLVD, RENO, NEVADA, 89512-1060	1-775-325-7814	Juvenile Justice	No

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