



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services

Region IX

Division of Medicaid & Children's Health Operations

90 Seventh Street, Suite 5-300 (5W)

San Francisco, CA 94103-6706

OCT 20 2011

Michael J. Willden, Director  
Department of Health and Human Services  
4126 Technology Way, Suite 100  
Carson City, NV 89706

Dear Mr. Willden:

Enclosed is an approved copy of Nevada State Plan Amendment (SPA) 11-011. This SPA was submitted to my office on July 26, 2011 requesting to amend Attachment 4.19-B, Page 2c to update the rate methodology for dental services to reflect a 0.7% rate reduction.

The approval is effective August 1, 2011. Attached is a copy of Attachment 4.19-B, Page 2c to be incorporated into your State Plan.

If you have any questions, please contact Brian Zolynas by phone at (415) 744-3601 or by email at [Brian.Zolynas@cms.hhs.gov](mailto:Brian.Zolynas@cms.hhs.gov).

Sincerely,

Gloria Nagle, Ph.D., MPA  
Associate Regional Administrator  
Division of Medicaid & Children's Health Operations

Enclosure

cc: Charles Duarte, Administrator, DHCFP  
Marta Stagliano, Chief, Compliance, DHCFP  
Michele Bowser, CMS Center for Medicaid & State Operations (two copies)

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		1. TRANSMITTAL NUMBER:  <div style="text-align: center;">11-011</div>	2. STATE  <div style="text-align: center;">NEVADA</div>
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
5. TYPE OF PLAN MATERIAL (Check One):  <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT		4. PROPOSED EFFECTIVE DATE  <div style="text-align: center;">August 1, 2011</div>	
6. FEDERAL STATUTE/REGULATION CITATION: State Plan Under Title XIX of the Social Security Act: 42 CFR 440		7. FEDERAL BUDGET IMPACT: a. FFY 2012 (\$95,276) b. FFY 2013 (\$101,558)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <div style="text-align: center;"><u>Attachment 4.19-B, Page 2c</u></div>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  <div style="text-align: center;"><u>Attachment 4.19-B, Page 2c</u></div>	
10. SUBJECT OF AMENDMENT:  <b>Update of State Plan Methodology for Dental Services to reflect a 0.7% reduction.</b>			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      The Governor's Office does not <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL      wish to review the State Plan Amendment.			
12. SIGNATURE OF STATE AGENCY OFFICIAL:  13. TYPED NAME: <b>Michael J. Willden</b> 14. TITLE: <b>Director, Department of Health and Human Services</b> 15. DATE SUBMITTED: <b>JUL 26 2011</b>		16. RETURN TO:  <b>Marta Stagliano, Chief, Compliance</b> <b>DHCFP/Medicaid</b> <b>1100 East William Street, Suite 101</b> <b>Carson City, NV 89701</b>	
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: <b>July 26, 2011</b>		18. DATE APPROVED: <b>OCT 20 2011</b>	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL:  <b>August 1, 2011</b>		20. SIGNATURE OF REGIONAL OFFICIAL:  <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
21. TYPED NAME: <b>Gloria Nagle, PhD, MPA</b>		22. TITLE: <b>Associate Regional Administrator</b>	
23. REMARKS:  <div style="height: 150px; border: 1px solid black;"></div>			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Nevada

Attachment 4.19-B  
Page 2c

10. Dental services:

- I. 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 August 1, 2011, payment is determined by multiplying the base units by the conversion factor of \$20.35.
- II. 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 2002 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 99.3% of the Medicare facility rate.
  - b. Radiology codes 70000 – 79999 will be reimbursed at 99.3% of the Medicare facility rate.
  - c. Evaluation and Management codes 99201 – 99499 will be reimbursed at 84.4% of the Medicare non facility rate.

Assurance: State developed fee schedule rates are the same for both public and private providers of the service and the fee schedule and any annual/periodic adjustments to the fee schedule(s) are published on our website: <http://dhcfp.nv.gov/>.