

## **Table of Contents**

**State/Territory Name: Nevada**

**State Plan Amendment (SPA) #: 19-017**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
90 Seventh Street, Suite 5-300 (5W)  
San Francisco, CA 94103-6706



## **Regional Operations Group**

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December 11, 2019

Suzanne Bierman, Administrator  
Nevada Division of Health Care Financing and Policy  
1210 S. Valley View, Suite 104  
Las Vegas, NV 89702

Dear Ms. Bierman:

Enclosed is an approved copy of Nevada State Plan Amendment (SPA) 19-017. The SPA updates the reimbursement methodology for some medical/surgical procedures related to dental services. This SPA is approved effective October 1, 2019. Attached is a copy of the following page to be incorporated into your state plan:

- Attachment 4.19-B, Pg. 2c

If you have any questions, please contact Peter Banks by phone at (415) 744-3782 or by email at [Peter.Banks@cms.hhs.gov](mailto:Peter.Banks@cms.hhs.gov).

Sincerely,



Richard C. Allen  
Director  
Western Regional Operations Group

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <u>19-017</u>	2. STATE NEVADA
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SSA (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE October 1, 2019	

5. TYPE OF PLAN MATERIAL (Check One)

NEW STATE PLAN       AMENDMENT TO BE CONSIDERED AS NEW PLAN       AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION State Plan Under Title XIX of the SSA: 42 CFR 447	7. FEDERAL BUDGET IMPACT a. FFY 2020 \$ 1,147.00 b. FFY 2021 \$ 1,160.00
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B, page 2c	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B, page 2c

10. SUBJECT OF AMENDMENT

SPA to align the payment methodology for PT22, Spec. 080 & 170 with PT20, Spec. 080 & 170

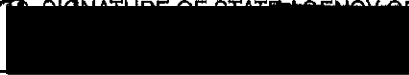
~~Revise the State Plan's current payment methodologies for PT22 - Dentist, Specialties 080 (Oral Surgery) and~~

11. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

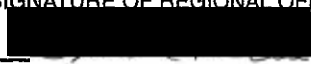
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO Tammy Moffitt, Chief of Operations DHCMP/Medicaid 1100 East William Street, Suite 101 Carson City, NV 89701
13. TYPED NAME RICHARD WHITLEY	
14. TITLE DIRECTOR, DHHS	
15. DATE SUBMITTED October 30, 2019	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED 10/30/19	18. DATE APPROVED December 11, 2019
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**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL 10/1/19	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME Richard Allen	22. TITLE Director, Western Regional Operations Group

23. REMARKS

Pen and Ink: Box 10 - Please update to read "SPA to align the payment methodology for PT22, Spec. 080 & 170 with PT20, Spec. 080 & 170".

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Nevada

Attachment 4.19-B  
Page 2c

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.

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 % of the Medicare facility rate, effective October 1, 2019.
- b. Radiology Codes 70000 – 79999 will be reimbursed at 100% of the Medicare facility rate.
- c. Evaluation and Management Codes 99201 – 99499 will be reimbursed at 95% of the Medicare non-facility rate, effective October 1, 2019.

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 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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TN No.: 19-017  
Supersedes  
TN No.: 13-010

Approval Date: December 11, 2019

Effective Date: October 1, 2019