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State/Territory Name: NV

State Plan Amendment (SPA) #: 25-0003

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
Center for Medicaid & CHIP Services
230 South Dearborn Street
Chicago, Illinois 60604



Financial Management Group

August 11, 2026

Ann Jensen, Administrator
Nevada Division of Health Care Financing and Policy
1210 S. Valley View, Suite 105
Las Vegas, NV 89702

RE: TN 25-0003

Dear Administrator Jensen:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Nevada state plan amendment (SPA) to Attachment 4.19-B NV- 25-0003, which was submitted to CMS on December 31, 2024. This plan amendment updates the rates for certain dental services and updates the description of the orthodontic bundled payment methodology.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of January 1, 2025. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Blake Holt at 303-844-6218 or via email at blake.holt@cms.hhs.gov.

Sincerely,

A solid black rectangular box used to redact the signature of Todd McMillion.

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2. STATE

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL
SECURITY ACT

XIX

XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

5. FEDERAL STATUTE/REGULATION CITATION

1905(a)(10)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY _____ \$ _____

b. FFY _____ \$ _____

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable)

9. SUBJECT OF AMENDMENT

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL

15. RETURN TO

12. TYPED NAME

13. TITLE

14. DATE SUBMITTED

FOR CMS USE ONLY

16. DATE RECEIVED
December 31, 2024

17. DATE APPROVED
August 11, 2026

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
January 1, 2025

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL
Todd McMillon

21. TITLE OF APPROVING OFFICIAL
Director, Division of Reimbursement Review

22. REMARKS

4/29/2026: State concurs with pen and ink change to Box 5.

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 January 1, 2025, payment is determined by multiplying the base units by the conversion factor of \$ 21.53 or the amounts specified below:

- a. Codes D9222 and D9223; \$120.00
 - i. Pediatric enhancement for recipients under the age of six will be the lesser of billed charges or 115% of the currently established Medicaid rates for Dental Anesthesia Codes D9222 and D9223.
- b. Orthodontics – any provider delivering services through a bundle will be paid through that bundle’s payment rate and cannot bill separately; and, that Medicaid providers delivering separate services outside of the bundle may bill for those separate services in accordance with the state’s Medicaid billing procedures. At least one of the services included in the bundle must be provided within the service payment unit in order for providers to bill the bundled rate. The bundled rate does not include costs related to room and board, or other unallowable facility cost.
 - i. The state will periodically monitor the actual provision of the orthodontic bundled rate to ensure the beneficiaries receive the types, quantity, and intensity of services required to meet their orthodontic needs and ensure rates remain economic and efficient based upon the services that are provided.

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 99.75 % of the Medicare facility rate, effective January 1, 2024.
- b. Radiology Codes 70000 – 79999 will be reimbursed at 105% of the Medicare facility rate.
- c. Evaluation and Management Codes 99201 – 99499 will be reimbursed at 99.75% of the Medicare non-facility rate, effective January 1, 2024.

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 standard service and for medical/surgical procedures related to dental services were set as of January 1, 2025 and are effective for services provided on or after that date. All rates are published on our website: <https://www.nevadamedicaid.nv.gov/resources/rates/fee-schedules/>.