



**February 2, 2026**

**Nevada Medicaid Web Announcement 3827**

**Attention Provider Type 22 (Dentist):**

**New Dental Procedure Codes Open for Billing for Intellectual and Developmental Disabilities (IDD) Recipients**

Effective for claims with dates of service on or after February 2, 2026, members under the Nevada Medicaid Intellectual and Developmental Disabilities (IDD) Waiver are eligible for the dental services listed in the table below. The [Provider Type 22 \(Dentist\) Billing Guide Attachment B](#) has been updated to reflect the added codes.

These services do not require prior authorization. No claims will be reprocessed automatically as this is a go-forward change.

Procedure Code	Description	Service Limitations
D0190	Screening of a patient	2 units allowed per 6 rolling months. Claims that exceed the service limitation will deny with error code 5522 (2 Units Allowed Per 6 Rolling Months)
D0191	Assessment of a patient	2 units allowed per 6 rolling months. Claims that exceed the service limitation will deny with error code 5522 (2 Units Allowed Per 6 Rolling Months)
D9410	Dental house call	2 units allowed per 6 rolling months. Claims that exceed the service limitation will deny with error code 5522 (2 Units Allowed Per 6 Rolling Months)  D9410 must document appropriate CDT code for primary dental services rendered. Claims will deny with error code 6500 (Required to Bill with Other Procedure)