



July 1, 2026

Nevada Medicaid Web Announcement 3956

Attention Provider Type (PT) 17 Specialty 181 (Federally Qualified Health Centers (FQHC)):

Implementation of Dental Shadow Billing, January 1, 2027

Nevada Medicaid and the Medical & Dental Benefits Coverage (MDBC) unit are working towards the January 1, 2027, implementation of Federally Qualified Health Center (FQHC) Dental Shadow Billing.

For FQHCs that are providing Dental services and billing Fee For Service (FFS) or Liberty Dental, MDBC is preparing a list of the Shadow Billing Codes for distribution, to solicit feedback and assist providers with the configuration of their billing systems.

The Dental Benefits Administrator (DBA) Supplemental Payment Program will no longer be billable for dates of service after December 31, 2026; WRAP payments will continue to be issued for appropriately billed claims with dates of service prior to January 1, 2027, for up to 180 days for in-state providers and 365 days for out-of-state providers following implementation of FQHC Dental Shadow Billing.

The **Dental Encounter code** will be updated to D2999 and billed on the ADA form, replacing CPT 41899 (billed on the CMS 1500). The encounter will be billed on the initial claim line. An encounter is defined as a face-to-face visit between a patient and one or more approved dental providers (Dentist or Registered Dental Hygienist) that takes place on the same day with the same patient for the same service type. This includes multiple contacts with the same provider. Refer to [Medicaid Services Manual \(MSM\) Chapter 1000 Dental](#) for all other covered and non-covered dental services.

As this change will result in billing on a new claim form, FQHC providers are reminded to verify that their trading partners/clearinghouses are set up to submit 837D transactions prior to January 1, 2027. If certification has not been completed for this transaction type, please refer to our [EDI page](#) for details on Trading Partner Registration.

A finalized Shadow Billing Code list will be available online (as well as distributed through the Nevada Primary Care Association) in the months leading up to implementation. This list will identify **Primary Shadow Billed codes**, at least one of which is required for billing on the secondary claim line for the Dental encounter to be paid.

Supplementary Shadow Billed codes refer to services provided during an encounter that are not included on the Primary Shadow Billing Code list. These codes offer additional detail regarding the services delivered during a Dental encounter and should be submitted on separate claim lines. All codes will be subject to audit for data and reporting purposes.

Additional web announcements with more detailed information will be published as the implementation date approaches.

For questions and additional information on the policy updates, contact the inbox for Medical & Dental Benefits Coverage unit at MedicalPrograms@NVHA.NV.GOV.