November 3, 2026

Nevada Medicaid Web Announcement 4050

Attention Provider Type 20 (Physician, M.D., Osteopath, D.O) Specialty 170 (Maxillofacial Surgery) and Provider Type 22 (Dentist):

Rate Updates for Procedure Codes D9222 and D9223

Effective for claims with dates of service on or after January 1, 2025, rate updates have been implemented for procedure codes D9222 (Deep Anesthesia, 1st 15 Minutes) and D9223 (General Anesthesia Each Additional 15 Minutes). The rate update is applicable to provider type (PT) 20 (Physician, M.D., Osteopath, D.O) specialty 170 (Maxillofacial Surgery) and PT 22 (Dentist).

For members under age 6, claims for these codes will receive an additional 15% of the current rate.

Claims for procedure codes D9222 and D9223 with a date of service on or after January 1, 2025, that paid the incorrect rate will be reprocessed automatically. Results of the reprocessed claims will appear on a future remittance advice.

When claims are reprocessed, please be aware that all system and clinical claim editor edits are applicable. As a result, there may be no additional payment, and other claim denials may be received. Providers have the right to appeal denied claims, including those denied upon reprocessing. Please refer to Medicaid Services Manual Chapter 100 and the Billing Manual for information concerning the claim appeal process and time frames.

Effective January 1, 2026, Managed Care Organizations (MCOs) have up to 60-days after receiving updated rate files to implement rate changes on a go-forward basis, unless otherwise specified by the State. MCOs must implement rates for FQHCs, CAHs, RHCs, and other cost-report based rates effective when the State prescribes them, including retroactively, as applicable. This provision does not limit the MCOs' ability to apply cost-containment or avoidance activities that reduce costs or prevent fraud, waste, or abuse.