Date: 07/01/09

Web Announcement 269

Rate and Coverage Changes Made to Certain Dental Services Procedure Codes

The Division of Health Care Financing and Policy (DHCFP) has determined that changes to certain dental procedure codes will promote the use of uniform language to describe dental services and will align the reimbursement for these procedures with the methodology set forth in the Nevada Medicaid State Plan. **The following changes are effective with dates of service on and after June 1, 2009.**

- The following dental procedure codes will be reimbursed at dollar rates and will no longer be reimbursed at the rate of 62% of billed charges: D0145, D0360, D0362, D0363, D0486, D1555, D3222, D4230, D4231, D7292, D7293, D7294, D7951, D7998, D8693 and D9120.

- Codes D2970 and D9930 are no longer covered by Nevada Medicaid/Nevada Check Up for provider type 17 (Special Clinics). Codes D2970 and D9930 remain covered for provider types 20 (Physician, M.D., Osteopath) and 22 (Dentist), but will be reimbursed at dollar rates instead of 62% of billed charges.

- Codes D0999, D2999, D3999, D4999, D5983, D5984, D5999, D7996, D7999, D8999 and D9999 are no longer covered for provider type 17. These codes remain covered for provider types 20 and 22 and the reimbursement rate remains 62% of billed charges.

For reimbursement rates for the above codes, see the Dental Fee Schedule on the Rates page of the DHCFP website.