



March 10, 2025

Nevada Medicaid Web Announcement 3575

Attention Provider Types 10 (Outpatient Surgery, Hospital Based) and 46 (Ambulatory Surgical Centers):

Rate Update Implemented for Procedure Code G0330

Effective for claims with dates of service on or after January 1, 2025, the reimbursement rate for procedure code G0330 (Facility services for dental rehabilitation procedures(s) performed on a patient who requires monitored anesthesia and use of an operating room) has been updated for provider types (PT) 10 (Outpatient Surgery, Hospital Based) and 46 (Ambulatory Surgical Centers).

Claims submitted by PTs 10 and 46 for procedure code G0330 with dates of service on or after January 1, 2025, that paid the previous 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.