10. **Dental, Orthodontic and Oral and Maxillofacial Services**

Dental practitioners who provide covered dental services shall be reimbursed, by procedure, utilizing the American Dental Association Survey of Dental Fees for the Southern Atlantic Region Norms. The 25 percentile of the Southern Atlantic Regional Survey constitutes the Medicaid cap.

Physicians who provide covered oral and maxillofacial services shall be reimbursed by the upper limit utilizing a Resource-Based Relative Value (RBVU) for the procedure times a conversion factor as determined by the type of service. The conversion factors were developed using utilization and payment level data for the defined service group. Payment shall not exceed the provider’s usual customary charge to the public. The agency’s rates are reviewed annually and published on the website (http://dhhr.wv.gov/bms/FEES/Pages/Dental-Fee-Schedule.aspx) with an effective date for payment implementation. Except as otherwise noted in the plan, State developed fee Schule rates are the same for both governmental and private providers.

Administration of anesthesia services shall be reimbursed by Current Dental Terminology (CDT) codes based on an average American Society of Anesthesiologist based units (for Head Procedures) plus time units multiplied by the anesthesia conversion factor. Payment shall not exceed the provider’s usual customary charge to the public.