



## Nevada Medicaid Benefits Schedule of Benefits Coverage, Limitations and Prior Authorization Requirements

**PRIOR AUTHORIZATION TABLE:**

00 = Prior authorization is not required.

01 = Prior authorization is required.

02 = Prior authorization is required. Covered services are for 1) adjacent/abutment tooth for partials or 2) for a pregnancy-related service (recipients age 21 years or older).

NC = This code is not a covered benefit.

Code	Description	Prior Auth Req Child Population	Prior Auth Req Adult Population	Prior Auth Req Pregnant Women	Limitations
<b>Diagnostic Services</b>					
D0120	Periodic oral evaluation	00	NC	00	1 (D0120) every 11 months
D0140	Limited oral evaluation	00	00	00	3 (D0140) every 6 months
D0145	Oral evaluation under age 3	00	NC	NC	1 (D0145) every 6 months, up to age 3
D0150	Comprehensive oral evaluation	00	NC	00	1 (D0150) every 12 months
D0160	Oral evaluation, problem focused	00	00	00	1 of (D0160, D0170) every 6 months
D0170	Re-evaluation, limited, problem focused	00	00	00	
D0190	Screening of a patient	00	00	00	1 of (D0190, D0191) every 6 months
D0191	Assessment of a patient	00	00	00	
D0210	Intraoral, complete series of radiographic images	00	00	00	1 (D0210) every 12 months. D0210 may not be billed on the same date of service as D0220 and/or D0230. Use code D0210 when providing 14 or more intraoral x-rays on the same date of service.
D0220	Intraoral, periapical, first radiographic image	00	00	00	1 (D0220) every 12 months. D0220 may not be billed on the same date of service as D0210.
D0230	Intraoral, periapical, each add 'l radiographic image	00	00	00	12 (D0230) every 12 months. D0230 may not be billed on the same date of service as D0210. No more than 13 units of any combination of D0220 and/or D0230 may be billed within 12 months
D0240	Intraoral, occlusal radiographic image	00	00	00	2 (D0240) every 12 months
D0270	Bitewing, single radiographic image	00	00	00	1 of (D0270-D0277) every 6 months
D0272	Bitewings, two radiographic images	00	00	00	
D0273	Bitewings, three radiographic images	00	00	00	
D0274	Bitewings, four radiographic images	00	00	00	
D0277	Vertical bitewings, 7 to 8 radiographic images	00	00	00	
D0322	Tomographic survey	00	00	00	
D0330	Panoramic radiographic image	00	00	00	1 (D0330) every 36 months
D0340	2D cephalometric radiographic image, measurement and analysis	00	00	00	1 (D0340) every 36 months
D0350	2D oral/facial photographic image, intra-orally/extra-orally	00	00	00	1 (D0350) every 12 months
D0364	Cone beam CT capture & interpretation, limited view, less than one whole jaw	00	00	00	1 of (D0364-D0367, D0380-D0383) every 36 months
D0365	Cone beam CT capture & interpretation, view of one full arch, mandible	00	00	00	
D0366	Cone beam CT capture & interpretation, view of one full arch, maxilla, cranium	00	00	00	
D0367	Cone beam CT capture & interpretation, view of both jaws; cranium	00	00	00	
D0370	Maxillofacial ultrasound capture and interpretation	00	00	00	1 of (D0370, D0386) every 36 months
D0380	Cone beam CT image capture with limited field of view, less than one whole jaw	00	00	00	1 of (D0364-D0367, D0380-D0383) every 36 months
D0381	Cone beam CT image capture with field of view of one full dental arch, mandible	00	00	00	
D0382	Cone beam CT image capture with field of view of one full dental arch, maxilla	00	00	00	
D0383	Cone beam CT image capture with field of view of both jaws	00	00	00	
D0386	Maxillofacial ultrasound image capture	00	00	00	1 of (D0370, D0386) every 36 months
D0415	Collection of microorganisms for culture	00	00	00	1 of (D0415, D0416) every 6 months
D0416	Viral culture	00	00	00	
D0460	Pulp vitality tests	00	00	00	1 (D0460) per patient, per day, same provider
D0470	Diagnostic casts	00	NC	NC	1 (D0470) every 12 months
D0502	Other oral pathology procedures, by report	00	00	00	1 (D0502) every 12 months
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin, and cementum	00	00	00	1 (D0600) every 6 months
<b>Preventive Services</b>					
D1110	Prophylaxis, adult	NC	NC	02	1 (D1110) every 6 months
D1120	Prophylaxis, child	00	NC	NC	1 (D1120) every 6 months
D1206	Topical application of fluoride varnish	00	NC	02	1 (D1206) every 6 months.
D1208	Topical application of fluoride, excluding varnish	00	NC	02	1 (D1208) every 6 months
D1351	Sealant, per tooth	00	NC	NC	1 of (D1351, D1352) per tooth in a lifetime
D1352	Preventive resin restoration, permanent tooth	00	NC	NC	
D1353	Sealant repair, per tooth	00	NC	NC	1 (D1353) per tooth in a lifetime
D1354	Interim caries arresting medicament application, per tooth	00	NC	NC	1 (D1354) per tooth every 6 months
D1510	Space maintainer, fixed, unilateral	00	NC	NC	4 of (D1510-D1525, D1575) in a lifetime any provider, no more than 2 units every 12 months
D1515	Space maintainer, fixed, bilateral	00	NC	NC	
D1520	Space maintainer, removable, unilateral	00	NC	NC	
D1525	Space maintainer, removable, bilateral	00	NC	NC	
D1550	Re-cement or re-bond space maintainer	00	NC	NC	
D1555	Removal of fixed space maintainer	00	NC	NC	2 (D1550) per tooth in a lifetime 1 (D1555) per tooth in a lifetime
D1575	Distal shoe space maintainer, fixed, unilateral	00			4 of (D1510-D1525, D1575) in a lifetime any provider, no more than 2 units every 12 months



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<b>Restorative Services</b>						
D2140	Amalgam, one surface, primary or permanent	00	02	02	1 of (D2140-D2335, D2391-D2394) per surface per tooth every 36 months	
D2150	Amalgam, two surfaces, primary or permanent	00	02	02		
D2160	Amalgam, three surfaces, primary or permanent	00	02	02		
D2161	Amalgam, four or more surfaces, primary or permanent	00	02	02		
D2330	Resin-based composite, one surface, anterior	00	02	02		
D2331	Resin-based composite, two surfaces, anterior	00	02	02		
D2332	Resin-based composite, three surfaces, anterior	00	02	02		
D2335	Resin-based composite, four or more surfaces, involving incisal angle	00	02	02		
D2390	Resin-based composite crown, anterior	00	02	02		1 (D2390) per tooth every 36 months
D2391	Resin-based composite, one surface, posterior	00	02	02		1 of (D2140-D2335, D2391-D2394) per surface per tooth every 36 months
D2392	Resin-based composite, two surfaces, posterior	00	02	02		
D2393	Resin-based composite, three surfaces, posterior	00	02	02		
D2394	Resin-based composite, four or more surfaces, posterior	00	02	02		
D2712	Crown, ¼ resin-based composite (indirect)	00	02	02		
D2721	Crown, resin with predominantly base metal	00	02	02		
D2740	Crown, porcelain/ceramic	00	02	02		
D2751	Crown, porcelain fused to predominantly base metal	00	02	02		
D2781	Crown, ¾ cast predominantly base metal	00	02	02		
D2791	Crown, full cast predominantly base metal	00	02	02	1 of (D2712-D2791, D2960-D2962) per tooth in a lifetime	
D2910	Re-cement or re-bond inlay, onlay, veneer, or partial coverage	00	01	01	1 of (D2910, D2920) per tooth every 12 months	
D2915	Re-cement or re-bond indirectly fabricated/prefabricated post & core	00	NC	NC	1 (D2915) per tooth in a lifetime	
D2920	Re-cement or re-bond crown	00	00	00	1 of (D2910, D2920) per tooth every 12 months	
D2921	Reattachment of tooth fragment, incisal edge or cusp	00	00	00		
D2930	Prefabricated stainless steel crown, primary tooth	00	02	02	1 of (D2930, D2932, D2933) per tooth every 36 months	
D2931	Prefabricated stainless steel crown, permanent tooth	00	02	02	1 (D2931) per tooth in a lifetime	
D2932	Prefabricated resin crown	00	02	02	1 of (D2930, D2932, D2933) per tooth every 36 months	
D2933	Prefabricated stainless steel crown with resin window	00	02	02		
D2940	Protective restoration	00	00	00	2 (D2940) per tooth every 6 months	
D2950	Core buildup, including any pins when required	00	02	02	1 (D2950) per tooth every 36 months	
D2951	Pin retention, per tooth, in addition to restoration	00	02	02	2 (D2951) per tooth every 36 months	
D2952	Post and core in addition to crown, indirectly fabricated	00	02	02	1 of (D2952, D2954) per tooth in a lifetime	
D2953	Each additional indirectly fabricated post, same tooth	00	02	02	1 of (D2953, D2957) per tooth in a lifetime	
D2954	Prefabricated post and core in addition to crown	00	02	02	1 of (D2952, D2954) per tooth in a lifetime	
D2955	Post removal	00	02	02	1 (D2955) per tooth in a lifetime	
D2957	Each additional prefabricated post, same tooth	00	02	02	1 of (D2953, D2957) per tooth in a lifetime	
D2960	Labial veneer (resin laminate), chairside	01	02	02	1 of (D2712-D2791, D2960-D2962) per tooth in a lifetime	
D2961	Labial veneer (resin laminate), laboratory	01	02	02		
D2962	Labial veneer (porcelain laminate), laboratory	01	02	02		
D2975	Coping	00	NC	NC	1 (D2975) per tooth in a lifetime	
D2980	Crown repair necessitated by restorative material failure	00	02	02	1 (D2980) per tooth in a lifetime	
<b>Endodontic Services</b>						
D3110	Pulp cap, direct (excluding final restoration)	00	NC	NC	1 of (D3110, D3120) per tooth every 36 months	
D3120	Pulp cap, indirect (excluding final restoration)	00	NC	NC		
D3220	Therapeutic pulpotomy (excluding final restoration)	00	NC	NC	1 (D3220) per tooth every 36 months	
D3222	Partial pulpotomy, apexogenesis, permanent tooth, incomplete root	00	NC	NC	1 (D3222) per tooth in a lifetime	
D3230	Pulpal therapy, anterior, primary tooth (excluding final restoration)	00	NC	NC	1 of (D3230, D3240) per tooth in a lifetime	
D3240	Pulpal therapy, posterior, primary tooth (excluding final restoration)	00	NC	NC		
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	00	NC	NC	1 of (D3310-D3330) per tooth in a lifetime	
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	00	NC	NC		
D3330	Endodontic therapy, molar tooth (excluding final restoration)	00	NC	NC		
D3351	Apexification/recalcification, initial visit	00	NC	NC		
D3352	Apexification/recalcification, interim medication replacement	00	NC	NC	1 (D3352) per tooth in a lifetime	
D3353	Apexification/recalcification, final visit	00	NC	NC	1 (D3353) per tooth in a lifetime	
D3410	Apicoectomy, anterior	00	NC	NC	1 of (D3410-D3425) per tooth in a lifetime	
D3421	Apicoectomy, premolar (first root)	00	NC	NC		
D3425	Apicoectomy, molar (first root)	00	NC	NC		
D3426	Apicoectomy, (each additional root)	00	NC	NC		
D3430	Retrograde filling, per root	00	NC	NC		
D3450	Root amputation, per root	00	NC	NC	1 (D3450) per tooth in a lifetime - multiple roots may be claimed	
D3460	Endodontic endosseous implant	00	NC	NC	1 (D3460) per tooth in a lifetime	
D3920	Hemisection, not including root canal therapy	00	NC	NC	1 (D3920) per tooth in a lifetime	
D3950	Canal preparation and fitting of preformed dowel or post	00	NC	NC	1 (D3950) per tooth in a lifetime	
<b>Periodontal Services</b>						
D4210	Gingivectomy or gingivoplasty, four or more teeth per quadrant	00	NC	02	1 of (D4210-D4278) per site/quadrant every 60 months	
D4211	Gingivectomy or gingivoplasty, one to three teeth per quadrant	00	NC	02		



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<b>Periodontal Services (continued)</b>					
D4212	Gingivectomy or gingivoplasty, restorative procedure, per tooth	00	NC	02	
D4230	Anatomical crown exposure, one to three teeth per quadrant	00	NC	NC	
D4231	Anatomical crown exposure, four or more teeth per quadrant	00	NC	NC	
D4240	Gingival flap procedure, four or more teeth per quadrant	00	NC	NC	
D4241	Gingival flap procedure, one to three teeth per quadrant	00	NC	NC	
D4249	Clinical crown lengthening, hard tissue	00	NC	NC	
D4260	Osseous surgery, four or more teeth per quadrant	00	NC	NC	
D4261	Osseous surgery, one to three teeth per quadrant	00	NC	NC	
D4263	Bone replacement graft, retained natural tooth, first site, quadrant	00	NC	NC	
D4264	Bone replacement graft, retained natural tooth, each additional site	00	NC	NC	1 of (D4210-D4278) per site/quadrant every 60 months
D4265	Biologic materials to aid in soft and osseous tissue regeneration	00	NC	NC	
D4266	Guided tissue regeneration, resorbable barrier, per site	00	NC	NC	
D4267	Guided tissue regeneration, non-resorbable barrier, per site	00	NC	NC	
D4270	Pedicle soft tissue graft procedure	00	NC	NC	
D4273	Autogenous connective tissue graft procedure, first tooth	00	NC	NC	
D4274	Mesial/distal wedge procedure, single tooth	00	NC	NC	
D4277	Free soft tissue graft, first tooth	01	NC	NC	
D4278	Free soft tissue graft, each additional tooth	01	NC	NC	
D4320	Provisional splinting, intracoronal	00	NC	NC	
D4321	Provisional splinting, extracoronal	00	NC	NC	1 of (D4320, D4321) per quadrant every 60 months
D4341	Periodontal scaling and root planing, four or more teeth per quadrant	00	NC	02	
D4342	Periodontal scaling and root planing, one to three teeth per quadrant	00	NC	02	1 of (D4341, D4342) per site/quadrant every 12 months
D4346	Scaling in the presence of generalized moderate or severe gingival inflammation, full mouth after oral evaluation	00	NC	02	1 (D4346) every 12 months
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis, subsequent visit	00	00	00	1 (D4355) every 12 months
D4381	Localized delivery of antimicrobial agent/per tooth	00	NC	NC	1 (D4381) per tooth every 12 months
D4910	Periodontal maintenance	00	NC	02	1 (D4910) every 3 months
<b>Removable Prosthodontic Services</b>					
D5110	Complete denture, maxillary	00	00	00	
D5120	Complete denture, mandibular	00	00	00	
D5130	Immediate denture, maxillary	00	00	00	1 of (D5110-D5140) per arch every 60 months, unless medically necessary
D5140	Immediate denture, mandibular	00	00	00	
D5211	Maxillary partial denture, resin base	00	00	00	
D5212	Mandibular partial denture, resin base	00	00	00	
D5213	Maxillary partial denture, cast metal, resin base	00	00	00	1 of (D5211-D5214) per arch every 60 months unless medically necessary
D5214	Mandibular partial denture, cast metal, resin base	00	00	00	
D5221	Immediate maxillary partial denture, resin base	00	01	01	
D5222	Immediate mandibular partial denture, resin base	00	01	01	1 of (D5221-D5222) per arch every 12 months up to age 20, age 21 and over 1 per arch per lifetime
D5410	Adjust complete denture, maxillary	00	00	00	
D5411	Adjust complete denture, mandibular	00	00	00	
D5421	Adjust partial denture, maxillary	00	00	00	1 of (D5410-D5422) per arch every 6 months
D5422	Adjust partial denture, mandibular	00	00	00	
D5511	Repair broken complete denture base, mandibular	00	00	00	
D5512	Repair broken complete denture base, maxillary	00	00	00	1 of (D5511, D5512) per arch every 60 months
D5520	Replace missing or broken teeth, complete denture	00	00	00	1 (D5520) per arch every 60 months
D5611	Repair cast partial framework, mandibular	00	00	00	
D5612	Repair cast partial framework, maxillary	00	00	00	Contraindicated any provider, within 91 days
D5621	Repair cast framework, maxillary	00	00	00	
D5622	Repair cast framework, mandibular	00	00	00	Contraindicated any provider, within 91 days
D5630	Repair or replace broken clasp, per tooth	00	00	00	Contraindicated any provider, within 91 days
D5640	Replace broken teeth, per tooth	00	00	00	Contraindicated any provider, within 91 days
D5650	Add tooth to existing partial denture	00	00	00	Contraindicated any provider, within 91 days
D5660	Add clasp to existing partial denture, per tooth	00	00	00	Contraindicated any provider, within 91 days
D5670	Replace all teeth & acrylic on cast metal frame, maxillary	01	01	01	
D5671	Replace all teeth & acrylic on cast metal frame, mandibular	01	01	01	1 of (D5670, D5671) per arch every 60 months
D5730	Reline complete maxillary denture, chairside	00	00	00	
D5731	Reline complete mandibular denture, chairside	00	00	00	1 of (D5730-D5761) per arch every 6 months, no more than 3 per arch every 60 months
D5740	Reline maxillary partial denture, chairside	00	00	00	
D5741	Reline mandibular partial denture, chairside	00	00	00	
D5750	Reline complete maxillary denture, laboratory	00	00	00	
D5751	Reline complete mandibular denture, laboratory	00	00	00	1 of (D5730-D5761) per arch every 6 months, no more than 3 per arch every 60 months
D5760	Reline maxillary partial denture, laboratory	00	00	00	
D5761	Reline mandibular partial denture, laboratory	00	00	00	
D5820	Interim partial denture, maxillary	00	00	00	
D5821	Interim partial denture, mandibular	00	00	00	1 of (D5820, D5821) per arch every 60 months



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<b>Removable Prosthodontic Services (continued)</b>					
D5850	Tissue conditioning, maxillary	00	00	00	1 of (D5850, D5851) per arch every 12 months
D5851	Tissue conditioning, mandibular	00	00	00	
D5862	Precision attachment, by report	01	01	01	
D5899	Unspecified removable prosthodontic procedure, by report	00	00	00	
<b>Maxillofacial Prosthetic Services</b>					
D5931	Obturator prosthesis, surgical	01	01	01	1 (D5931) in a lifetime
D5932	Obturator prosthesis, definitive	01	01	01	1 (D5932) in a lifetime
D5933	Obturator prosthesis, modification	01	01	01	1 (D5933) in a lifetime
D5936	Obturator prosthesis, interim	01	01	01	1 (D5936) in a lifetime
D5985	Radiation cone locator	01	01	01	1 (D5985) every 12 months
D5988	Surgical splint	01	01	01	1 (D5988) in a lifetime
D5992	Adjust maxillofacial prosthetic appliance, by report	00	01	01	1 (D5992) every 12 months
D5993	Maintenance & cleaning, maxillofacial prosthesis, other than required adjustments, by report	00	01	01	1 (D5993) every 3 months
<b>Fixed Prosthodontic Services</b>					
D6930	Re-cement or re-bond fixed partial denture	00	00	00	Contraindicated any provider, within 91 days
<b>Oral and Maxillofacial Services</b>					
D7111	Extraction, coronal remnants, primary tooth	00	00	00	1 of (D7111-D7251) per tooth in a lifetime. D7111, D7140, D7210, D7220, D7230, D7240, D7241 and D7250 are contraindicated in conjunction with D9215 - same day, same recipient, any provider.
D7140	Extraction, erupted tooth or exposed root	00	00	00	
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth	00	00	00	
D7220	Removal of impacted tooth, soft tissue	00	00	00	
D7230	Removal of impacted tooth, partially bony	00	00	00	
D7240	Removal of impacted tooth, completely bony	00	00	00	
D7241	Removal impacted tooth, complete bony, complication	00	00	00	1 of (D7111-D7251) per tooth in a lifetime. D7111, D7140, D7210, D7220, D7230, D7240, D7241 and D7250 are contraindicated in conjunction with D9215 - same day, same recipient, any provider. D7241 and D7261 are contraindicated against each other - within 90 days, same recipient, any provider.
D7250	Removal of residual tooth roots (cutting procedure)	00	00	00	1 of (D7111-D7251) per tooth in a lifetime. D7111, D7140, D7210, D7220, D7230, D7240, D7241 and D7250 are contraindicated in conjunction with D9215 - same day, same recipient, any provider.
D7251	Coronectomy, intentional partial tooth removal	00	01	01	2 (D7251) in a lifetime
D7260	Oroantral fistula closure	00	NC	NC	Contraindicated any provider, within 91 days
D7261	Primary closure of a sinus perforation	00	NC	NC	Contraindicated any provider, within 91 days. D7241 and D7261 are contraindicated against each other - within 90 days, same recipient, any provider.
D7270	Tooth reimplantation and/or stabilization, accident	00	NC	NC	Contraindicated any provider, within 91 days
D7280	Exposure of an unerupted tooth	00	00	00	1 (D7280) per tooth in a lifetime
D7283	Placement, device to facilitate eruption, impaction	00	00	00	
D7285	Incisional biopsy of oral tissue, hard (bone, tooth)	00	NC	NC	
D7286	Incisional biopsy of oral tissue, soft	00	NC	NC	
D7287	Exfoliative cytological sample collection	00	00	00	
D7288	Brush biopsy, transepithelial sample collection	00	00	00	
D7290	Surgical repositioning of teeth	00	NC	NC	
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report	00	00	00	
D7292	Placement of temporary anchorage device [screw retained plate] requiring flap	00	00	00	
D7293	Placement of temporary anchorage device requiring flap; includes device removal	00	00	00	
D7294	Placement of temporary anchorage device without flap; includes device removal	00	00	00	
D7310	Alveoloplasty with extractions, four or more teeth per quadrant	00	00	00	1 of (D7310-D7321) per quadrant in a lifetime, contraindicated any provider within 3286 days
D7311	Alveoloplasty with extractions, one to three teeth per quadrant	00	00	00	
D7320	Alveoloplasty, w/o extractions, four or more teeth per quadrant	00	00	00	
D7321	Alveoloplasty, w/o extractions, one to three teeth per quadrant	00	01	01	
D7410	Excision of benign lesion, up to 1.25 cm	00	NC	NC	
D7411	Excision of benign lesion, greater than 1.25 cm	00	NC	NC	
D7412	Excision of benign lesion, complicated	00	01	01	
D7440	Excision of malignant tumor, up to 1.25 cm	00	00	00	
D7441	Excision of malignant tumor, greater than 1.25 cm	00	00	00	
D7450	Removal, benign odontogenic cyst/tumor, up to 1.25 cm	00	NC	NC	
D7451	Removal, benign odontogenic cyst/tumor, greater than 1.25 cm	00	NC	NC	
D7460	Removal, benign nonodontogenic cyst/tumor, up to 1.25 cm	00	NC	NC	
D7461	Removal, benign nonodontogenic cyst/tumor, greater than 1.25 cm	00	NC	NC	
D7465	Destruction of lesion(s) by physical or chemical method, by report	00	NC	NC	
D7472	Removal of torus palatinus	00	00	00	2 of (D7472, D7243) in a lifetime
D7473	Removal of torus mandibularis	00	00	00	
D7490	Radical resection of maxilla or mandible	01	01	01	
D7510	Incision & drainage of abscess, intraoral soft tissue	00	00	00	Incidental already part of another procedure
D7511	Incision & drainage of abscess, intraoral soft tissue, complicated	00	00	00	
D7520	Incision & drainage of abscess, extraoral soft tissue	00	00	00	Incidental already part of another procedure
D7521	Incision & drainage of abscess, extraoral soft tissue, complicated	00	00	00	
D7530	Remove foreign body, mucosa, skin, tissue	00	00	00	



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<b>Oral and Maxillofacial Services (continued)</b>					
D7540	Removal of reaction producing foreign bodies, musculoskeletal system	00	00	00	
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone	00	00	00	
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body	00	00	00	
D7610	Maxilla, open reduction (teeth immobilized, if present)	00	00	00	
D7620	Maxilla, closed reduction (teeth immobilized, if present)	00	00	00	
D7630	Mandible, open reduction (teeth immobilized, if present)	00	00	00	
D7640	Mandible, closed reduction (teeth immobilized, if present)	00	00	00	
D7650	Malar and/or zygomatic arch, open reduction	00	00	00	1 of (D7650, D7660, D7750, D7760) in a lifetime
D7660	Malar and/or zygomatic arch, closed reduction	00	00	00	
D7670	Alveolus, closed reduction, may include stabilization of teeth	00	00	00	
D7671	Alveolus, open reduction, may include stabilization of teeth	00	00	00	
D7680	Facial bones, complicated reduction with fixation, multiple surgical approaches	00	00	00	
D7710	Maxilla, open reduction	00	00	00	
D7720	Maxilla, closed reduction	00	00	00	
D7730	Mandible, open reduction	00	00	00	
D7740	Mandible, closed reduction	00	00	00	
D7750	Malar and/or zygomatic arch, open reduction	00	00	00	1 of (D7650, D7660, D7750, D7760) in a lifetime
D7760	Malar and/or zygomatic arch, closed reduction	00	00	00	
D7770	Alveolus, open reduction stabilization of teeth	00	00	00	
D7771	Alveolus, closed reduction stabilization of teeth	00	00	00	
D7780	Facial bones, complicated reduction with fixation and multiple approaches	00	00	00	
D7810	Open reduction of dislocation	01	01	01	
D7820	Closed reduction of dislocation	00	00	NC	
D7840	Condylectomy	00	00	NC	
D7850	Surgical discectomy, with/without implant	00	00	NC	
D7852	Disc repair	00	00	NC	
D7854	Synovectomy	00	00	NC	
D7858	Joint reconstruction	01	01	NC	
D7860	Arthrotomy	00	00	NC	
D7865	Arthroplasty	00	00	NC	
D7870	Arthrocentesis	00	00	NC	
D7872	Arthroscopy, diagnosis, with or without biopsy	00	00	NC	
D7873	Arthroscopy: lavage and lysis of adhesions	00	00	NC	
D7874	Arthroscopy: disc repositioning and stabilization	00	00	NC	
D7875	Arthroscopy: synovectomy	00	00	NC	
D7876	Arthroscopy: discectomy	00	00	NC	
D7877	Arthroscopy: debridement	00	00	NC	
D7880	Occlusal orthotic device, by report	00	00	NC	
D7910	Suture of recent small wounds up to 5 cm	00	00	00	
D7911	Complicated suture, up to 5 cm	00	00	00	
D7912	Complicated suture, greater than 5 cm	00	00	00	
D7940	Osteoplasty, for orthognathic deformities	01	01	01	1 (D7940) in a lifetime
D7941	Osteotomy, mandibular rami	01	01	01	1 of (D7941, D7943-D7945) in a lifetime
D7943	Osteotomy, mandibular rami with bone graft; includes obtaining the graft	01	01	01	
D7944	Osteotomy, segmented or subapical	01	01	01	
D7945	Osteotomy, body of mandible	01	01	01	
D7946	LeFort I (maxilla, total)	01	01	01	1 of (D7946-D7949) in a lifetime
D7947	LeFort I (maxilla, segmented)	01	01	01	
D7948	LeFort II or LeFort III, without bone graft	01	01	01	
D7949	LeFort II or LeFort III, with bone graft	01	01	01	
D7951	Sinus augmentation with bone or bone substitutes via a lateral open approach	00	00	00	
D7953	Bone replacement graft for ridge preservation, per site	00	01	01	
D7955	Repair of maxillofacial soft and/or hard tissue defect	01	01	01	1 (D7955) every 24 months
D7960	Frenulectomy (frenectomy or frenotomy), separate procedure	00	00	00	3 (D7960) in a lifetime
D7963	Frenuloplasty	00	NC	NC	
D7970	Excision of hyperplastic tissue, per arch	00	00	00	
D7971	Excision of pericoronal gingiva	00	00	00	
D7980	Surgical Sialolithotomy	00	00	00	
D7981	Excision of salivary gland, by report	00	00	00	
D7982	Sialodochoplasty	00	00	00	
D7983	Closure of salivary fistula	00	00	00	
D7990	Emergency tracheotomy	00	00	00	
D7991	Coronoidectomy	00	00	00	1 (D7991) in a lifetime
D7998	Intraoral placement of a fixation device not in conjunction with a fracture	00	00	00	



# Nevada Medicaid Benefits

## Schedule of Benefits

### Coverage, Limitations and Prior Authorization Requirements

Code	Description	Prior Auth Req Child Population	Prior Auth Req Adult Population	Prior Auth Req Pregnant Women	Limitations
<b>Adjunctive General Services</b>					
D9110	Palliative (emergency) treatment, minor procedure	00	00	00	1 (D9110) per day same provider, 2 every 6 months
D9120	Fixed partial denture sectioning	01	00	00	1 (D9120) every 60 months
D9210	Local anesthesia not in conjunction, operative or surgical procedures	00	00	00	
D9212	Trigeminal division block anesthesia	00	00	00	
D9215	Local anesthesia in conjunction with operative or surgical procedures	00	00	00	
D9222	Deep sedation/general anesthesia, first 15 minute increment	00	00	00	5 of (D9222, D9223) per day, not to be completed on same date of service with D9239, D9243. Anesthesia must show actual beginning and ending times. Anesthesia time begins when the provider start to physically prepare the recipient for induction of anesthesia in the operating area and ends when the provider is no longer in constant attendance ( i.e., when the recipient can be safe placed under postoperative supervision)
D9223	Deep sedation/general anesthesia, each subsequent 15 minute increment	00	00	00	
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	00	00	00	
D9239	Intravenous moderate (conscious) sedation/analgesia, first 15 minute increment	00	00	00	5 of (D9239, D9243) per day, not to be completed on same date of service with D9222, D9223. Anesthesia must show actual beginning and ending times. Anesthesia time begins when the provider start to physically prepare the recipient for induction of anesthesia in the operating area and ends when the provider is no longer in constant attendance ( i.e., when the recipient can be safe placed under postoperative supervision)
D9243	Intravenous moderate (conscious) sedation/analgesia, each subsequent 15 minute increment	00	00	00	
D9248	Non-intravenous (conscious) sedation, includes non-IV minimal and moderate sedation	00	00	00	
D9310	Consultation, other than requesting dentist	00	00	00	
D9311	Consultation with a medical health care professional	00	00	00	1 (D9311) every 6 months
D9410	House/extended care facility call	00	00	00	
D9420	Hospital or ambulatory surgical center call	00	00	00	
D9440	Office visit, after regularly scheduled hours	00	NC	NC	1 (D9440) every 12 months
D9610	Therapeutic parenteral drug, single administration	00	00	00	1 (D9610) every 12 months
D9612	Therapeutic parenteral drugs, two or more administrations, different meds.	00	00	00	1 (D9612) every 12 months
D9630	Drugs or medicaments dispensed in the office for home use	00	00	00	
D9930	Treatment of complications, post surgical, unusual, by report	00	00	00	1 (D9930) every 12 months
D9940	Occlusal guard, by report	01	NC	NC	1 (D9940) every 36 months
D9942	Repair and/or reline of occlusal guard	00	NC	NC	1 (D9942) in a lifetime
D9950	Occlusion analysis, mounted case	00	NC	NC	1 (D9950) in a lifetime
D9951	Occlusal adjustment, limited	00	NC	NC	1 (D9951) in a lifetime
D9952	Occlusal adjustment, complete	00	NC	NC	1 (D9952) in a lifetime
D9991	Dental case management, addressing appointment compliance barriers	00	00	00	
D9992	Dental case management, care coordination	00	00	00	
D9993	Dental case management, motivational interviewing	00	00	00	
D9994	Dental case management, patient education to improve oral health literacy	00	00	00	1 of (D9991-D9994) every 6 months

<b>Added Value Benefits</b>					
<b>ELIGIBLE CHILDREN</b>					
D0601	Caries risk assessment and documentation, low risk	00	NC	NC	
D0602	Caries risk assessment and documentation, moderate risk	00	NC	NC	
D0603	Caries risk assessment and documentation, high risk	00	NC	NC	1 of (D0601-D0603) every 12 months
D0190	Screening of a patient	00	NC	NC	
D0191	Assessment of a patient	00	NC	NC	1 additional of (D0190, D0191) every 12 months by a PCP or their clinical staff, or by mobile based providers, to facilitate PCP Fluoride Varnish
D1206	Topical application of fluoride varnish	00	NC	NC	1 additional (D1206) every 12 months at Primary Care Physician or their clinical staff, or by mobile based providers, to facilitate PCP Fluoride Varnish
<b>ELIGIBLE PREGNANT WOMEN 21 AND OVER</b>					
D1110	Prophylaxis, adult	NC	NC	00	2 additional (D1110) every 12 months
<b>ELIGIBLE ADULTS 21 AND OVER</b>					
D0120	Periodic oral evaluation	NC	00	NC	1 (D0120) every 12 months
D1110	Prophylaxis, adult	NC	00	NC	1 (D1110) every 12 months
D0274	Bitewings, four radiographic images	NC	00	NC	1 additional (D0274) every 12 months
D0220	Intraoral, periapical, first radiographic image	NC	00	NC	
D0230	Intraoral, periapical, each add 'l' radiographic image	NC	00	NC	4 additional of (D0220, D0230) every 12 months