



# Nevada Medicaid - Child

## Schedule of Benefits

### Coverage, Limitations and Prior Authorization Requirements

Code	Description	Limitations	Prior Auth Req	Documentation/X-Ray Required
<b>Diagnostic Services</b>				
D0120	Periodic oral evaluation	1 (D0120) every 11 months		
D0140	Limited oral evaluation	3 (D0140) every 6 months		
D0145	Oral evaluation under age 3	1 (D0145) every 6 months, up to age 3		
D0150	Comprehensive oral evaluation	1 (D0150) every 12 months		
D0160	Oral evaluation, problem focused	1 of (D0160, D0170) every 6 months		
D0170	Re-evaluation, limited, problem focused			
D0190	Screening of a patient	1 of (D0190, D0191) every 6 months. 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 - (VA)		
D0191	Assessment of a patient			
D0210	Intraoral, complete series of radiographic images	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	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	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	2 (D0240) every 12 months		
D0270	Bitewing, single radiographic image	1 of (D0270-D0277) every 6 months		
D0272	Bitewings, two radiographic images			
D0273	Bitewings, three radiographic images			
D0274	Bitewings, four radiographic images			
D0277	Vertical bitewings, 7 to 8 radiographic images			
D0322	Tomographic survey	1 (D0322) every 6 months		
D0330	Panoramic radiographic image	1 (D0330) every 36 months		
D0340	2D cephalometric radiographic image, measurement and analysis	1 (D0340) every 36 months		
D0350	2D oral/facial photographic image, intra-orally/extra-orally	1 (D0350) every 12 months		
D0364	Cone beam CT capture & interpretation, limited view, less than one whole jaw	1 of (D0364-D0367, D0380-D0383) every 36 months		Narrative Required with Claim Submission
D0365	Cone beam CT capture & interpretation, view of one full arch, mandible			
D0366	Cone beam CT capture & interpretation, view of one full arch, maxilla, cranium			
D0367	Cone beam CT capture & interpretation, view of both jaws; cranium			
D0370	Maxillofacial ultrasound capture and interpretation	1 of (D0370, D0386) every 36 months		Narrative Required with Claim Submission
D0380	Cone beam CT image capture with limited field of view, less than one whole jaw	1 of (D0364-D0367, D0380-D0383) every 36 months		Narrative Required with Claim Submission
D0381	Cone beam CT image capture with field of view of one full dental arch, mandible			
D0382	Cone beam CT image capture with field of view of one full dental arch, maxilla			
D0383	Cone beam CT image capture with field of view of both jaws			
D0386	Maxillofacial ultrasound image capture	1 of (D0370, D0386) every 36 months		Narrative Required with Claim Submission
D0415	Collection of microorganisms for culture	1 of (D0415, D0416) every 6 months		
D0416	Viral culture			
D0460	Pulp vitality tests	1 (D0460) per patient, per day, same provider		
D0470	Diagnostic casts	1 (D0470) every 12 months		Narrative Required with Claim Submission
D0502	Other oral pathology procedures, by report	1 (D0502) every 12 months		
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin, and cementum	1 (D0600) every 6 months		
D0601	Caries risk assessment and documentation, low risk	1 of (D0601-D0603) every 12 months - (VA)		The Caries Risk Assessment (D0601, D0602, D0603) must be performed at the same visit as an evaluation (D0120, D0140, D0145, D0150). Narrative Required with Claim Submission
D0602	Caries risk assessment and documentation, moderate risk			
D0603	Caries risk assessment and documentation, high risk			
<b>Preventive Services</b>				
D1120	Prophylaxis, child	1 (D1120) every 6 months		
D1206	Topical application of fluoride varnish	1 (D1206) every 6 months. 1 additional (D1206) every 12 months at Primary Care Physician or their clinical staff, or by mobile based providers, to facilitate PCP Fluoride Varnish - (VA)		
D1208	Topical application of fluoride, excluding varnish	1 (D1208) every 6 months		



# Nevada Medicaid - Child

## Schedule of Benefits

### Coverage, Limitations and Prior Authorization Requirements

Code	Description	Limitations	Prior Auth Req	Documentation/X-Ray Required
<b>Preventive Services (continued)</b>				
D1351	Sealant, per tooth	1 of (D1351, D1352) per tooth in a lifetime		
D1352	Preventive resin restoration, permanent tooth			
D1353	Sealant repair, per tooth			
D1354	Interim caries arresting medicament application, per tooth	1 (D1353) per tooth in a lifetime		
D1510	Space maintainer, fixed, unilateral	1 (D1354) per tooth every 6 months		Narrative and X-rays Required with Claim Submission
D1515	Space maintainer, fixed, bilateral	4 of (D1510-D1525, D1575) in a lifetime any provider, no more than 2 units every 12 months		
D1520	Space maintainer, removable, unilateral			
D1525	Space maintainer, removable, bilateral			
D1550	Re-cement or re-bond space maintainer	2 (D1550) per tooth in a lifetime		
D1555	Removal of fixed space maintainer	1 (D1555) per tooth in a lifetime		
D1575	Distal shoe space maintainer, fixed, unilateral	4 of (D1510-D1525, D1575) in a lifetime any provider, no more than 2 units every 12 months		
<b>Restorative Services</b>				
D2140	Amalgam, one surface, primary or permanent	1 of (D2140-D2335, D2391-D2394) per surface per tooth every 36 months		Narrative and X-rays Required with Claim Submission
D2150	Amalgam, two surfaces, primary or permanent			
D2160	Amalgam, three surfaces, primary or permanent			
D2161	Amalgam, four or more surfaces, primary or permanent			
D2330	Resin-based composite, one surface, anterior			
D2331	Resin-based composite, two surfaces, anterior			
D2332	Resin-based composite, three surfaces, anterior			
D2335	Resin-based composite, four or more surfaces, involving incisal angle			
D2390	Resin-based composite crown, anterior	1 (D2390) per tooth every 36 months		Narrative and X-rays Required with Claim Submission
D2391	Resin-based composite, one surface, posterior	1 of (D2140-D2335, D2391-D2394) per surface per tooth every 36 months		Narrative and X-rays Required with Claim Submission
D2392	Resin-based composite, two surfaces, posterior			
D2393	Resin-based composite, three surfaces, posterior			
D2394	Resin-based composite, four or more surfaces, posterior			
D2712	Crown, ¾ resin-based composite (indirect)	1 of (D2712-D2791, D2960-D2962) per tooth in a lifetime		Narrative and X-rays Required with Claim Submission
D2721	Crown, resin with predominantly base metal			
D2740	Crown, porcelain/ceramic			
D2751	Crown, porcelain fused to predominantly base metal			
D2781	Crown, ¾ cast predominantly base metal			
D2791	Crown, full cast predominantly base metal			
D2910	Re-cement or re-bond inlay, onlay, veneer, or partial coverage	1 of (D2910, D2920) per tooth every 12 months		
D2915	Re-cement or re-bond indirectly fabricated/prefabricated post & core	1 (D2915) per tooth in a lifetime		
D2920	Re-cement or re-bond crown	1 of (D2910, D2920) per tooth every 12 months		
D2921	Reattachment of tooth fragment, incisal edge or cusp			
D2930	Prefabricated stainless steel crown, primary tooth	1 of (D2930, D2932, D2933) per tooth every 36 months		Narrative and X-rays Required with Claim Submission
D2931	Prefabricated stainless steel crown, permanent tooth	1 (D2931) per tooth in a lifetime		Narrative and X-rays Required with Claim Submission
D2932	Prefabricated resin crown	1 of (D2930, D2932, D2933) per tooth every 36 months		Narrative and X-rays Required with Claim Submission
D2933	Prefabricated stainless steel crown with resin window			
D2940	Protective restoration	2 (D2940) per tooth every 6 months		
D2950	Core buildup, including any pins when required	1 (D2950) per tooth every 36 months		Narrative and X-rays Required with Claim Submission
D2951	Pin retention, per tooth, in addition to restoration	2 (D2951) per tooth every 36 months		
D2952	Post and core in addition to crown, indirectly fabricated	1 of (D2952, D2954) per tooth in a lifetime		Narrative and X-rays Required with Claim Submission
D2953	Each additional indirectly fabricated post, same tooth	1 of (D2953, D2957) per tooth in a lifetime		
D2954	Prefabricated post and core in addition to crown	1 of (D2952, D2954) per tooth in a lifetime		Narrative and X-rays Required with Claim Submission
D2955	Post removal	1 (D2955) per tooth in a lifetime		X-rays Required with Claim Submission
D2957	Each additional prefabricated post, same tooth	1 of (D2953, D2957) per tooth in a lifetime		
D2960	Labial veneer (resin laminate), chairside	1 of (D2712-D2791, D2960-D2962) per tooth in a lifetime	Y	
D2961	Labial veneer (resin laminate), laboratory		Y	
D2962	Labial veneer (porcelain laminate), laboratory		Y	
D2975	Coping	1 (D2975) per tooth in a lifetime		
D2980	Crown repair necessitated by restorative material failure	1 (D2980) per tooth in a lifetime		Narrative and X-rays Required with Claim Submission
<b>Endodontic Services</b>				
D3110	Pulp cap, direct (excluding final restoration)	1 of (D3110, D3120) per tooth every 36 months		



# Nevada Medicaid - Child

## Schedule of Benefits

### Coverage, Limitations and Prior Authorization Requirements

Code	Description	Limitations	Prior Auth Req	Documentation/X-Ray Required
<b>Endodontic Services (continued)</b>				
D3120	Pulp cap, indirect (excluding final restoration)	1 of (D3110, D3120) per tooth every 36 months		
D3220	Therapeutic pulpotomy (excluding final restoration)	1 (D3220) per tooth every 36 months		
D3222	Partial pulpotomy, apexogenesis, permanent tooth, incomplete root	1 (D3222) per tooth in a lifetime		
D3230	Pulpal therapy, anterior, primary tooth (excluding final restoration)	1 of (D3230, D3240) per tooth in a lifetime		
D3240	Pulpal therapy, posterior, primary tooth (excluding final restoration)			
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	1 of (D3310-D3330) per tooth in a lifetime		X-rays Required with Claim Submission
D3320	Endodontic therapy, premolar tooth (excluding final restoration)			
D3330	Endodontic therapy, molar tooth (excluding final restoration)			
D3351	Apexification/recalcification, initial visit	1 (D3351) per tooth in a lifetime		X-rays Required with Claim Submission
D3352	Apexification/recalcification, interim medication replacement	1 (D3352) per tooth in a lifetime		X-rays Required with Claim Submission
D3353	Apexification/recalcification, final visit	1 (D3353) per tooth in a lifetime		X-rays Required with Claim Submission
D3410	Apicoectomy, anterior	1 of (D3410-D3425) per tooth in a lifetime		X-rays Required with Claim Submission
D3421	Apicoectomy, premolar (first root)			
D3425	Apicoectomy, molar (first root)			
D3426	Apicoectomy, (each additional root)	1 (D3426) per tooth in a lifetime		X-rays Required with Claim Submission
D3430	Retrograde filling, per root	1 (D3430) per tooth in a lifetime - multiple roots may be claimed		X-rays Required with Claim Submission
D3450	Root amputation, per root	1 (D3450) per tooth in a lifetime		X-rays Required with Claim Submission
D3460	Endodontic endosseous implant	1 (D3460) per tooth in a lifetime		X-rays Required with Claim Submission
D3920	Hemisection, not including root canal therapy	1 (D3920) per tooth in a lifetime		X-rays Required with Claim Submission
D3950	Canal preparation and fitting of preformed dowel or post	1 (D3950) per tooth in a lifetime		
<b>Periodontal Services</b>				
D4210	Gingivectomy or gingivoplasty, four or more teeth per quadrant	1 of (D4210-D4278) per site/quadrant every 60 months		Narrative and X-rays Required with Claim Submission
D4211	Gingivectomy or gingivoplasty, one to three teeth per quadrant			
D4212	Gingivectomy or gingivoplasty, restorative procedure, per tooth			
D4230	Anatomical crown exposure, one to three teeth per quadrant			
D4231	Anatomical crown exposure, four or more teeth per quadrant			
D4240	Gingival flap procedure, four or more teeth per quadrant			
D4241	Gingival flap procedure, one to three teeth per quadrant			
D4249	Clinical crown lengthening, hard tissue			
D4260	Osseous surgery, four or more teeth per quadrant			
D4261	Osseous surgery, one to three teeth per quadrant			
D4263	Bone replacement graft, retained natural tooth, first site, quadrant			
D4264	Bone replacement graft, retained natural tooth, each additional site			
D4265	Biologic materials to aid in soft and osseous tissue regeneration			
D4266	Guided tissue regeneration, resorbable barrier, per site			
D4267	Guided tissue regeneration, non-resorbable barrier, per site			
D4270	Pedicle soft tissue graft procedure			
D4273	Autogenous connective tissue graft procedure, first tooth			
D4274	Mesial/distal wedge procedure, single tooth			
D4277	Free soft tissue graft, first tooth		Y	
D4278	Free soft tissue graft, each additional tooth		Y	
D4320	Provisional splinting, intracoronal	1 of (D4320, D4321) per quadrant every 60 months		Narrative and X-rays Required with Claim Submission
D4321	Provisional splinting, extracoronal			
D4341	Periodontal scaling and root planing, four or more teeth per quadrant	1 of (D4341, D4342) per site/quadrant every 12 months		X-Rays Required with Claim Submission
D4342	Periodontal scaling and root planing, one to three teeth per quadrant			
D4346	Scaling in the presence of generalized moderate or severe gingival inflammation, full mouth after oral	1 (D4346) every 12 months		Narrative and X-rays Required with Claim Submission
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis, subsequent visit	1 (D4355) every 12 months		Narrative and X-rays Required with Claim Submission
D4381	Localized delivery of antimicrobial agent/per tooth	1 (D4381) per tooth every 12 months		
D4910	Periodontal maintenance	1 (D4910) every 3 months		
<b>Removable Prosthodontic Services</b>				
D5110	Complete denture, maxillary	1 of (D5110-D5140) per arch every 60 months, unless medically necessary		Narrative and X-rays Required with Claim Submission
D5120	Complete denture, mandibular			
D5130	Immediate denture, maxillary			
D5140	Immediate denture, mandibular			



**Nevada Medicaid - Child**  
**Schedule of Benefits**  
**Coverage, Limitations and Prior Authorization Requirements**

Code	Description	Limitations	Prior Auth Req	Documentation/X-Ray Required
<b>Removable Prosthodontic Services (continued)</b>				
D5211	Maxillary partial denture, resin base	1 of (D5211-D5214) per arch every 60 months unless medically necessary		Narrative and X-rays Required with Claim Submission
D5212	Mandibular partial denture, resin base			
D5213	Maxillary partial denture, cast metal, resin base			
D5214	Mandibular partial denture, cast metal, resin base			
D5221	Immediate maxillary partial denture, resin base	1 of (D5221-D5222) per arch every 12 months		Narrative and X-rays Required with Claim Submission
D5222	Immediate mandibular partial denture, resin base			
D5410	Adjust complete denture, maxillary	1 of (D5410-D5422) per arch every 6 months		
D5411	Adjust complete denture, mandibular			
D5421	Adjust partial denture, maxillary			
D5422	Adjust partial denture, mandibular			
D5511	Repair broken complete denture base, mandibular	1 of (D5511, D5512) per arch every 60 months		
D5512	Repair broken complete denture base, maxillary			
D5520	Replace missing or broken teeth, complete denture	1 (D5520) per arch every 60 months		
D5611	Repair cast partial framework, mandibular	Contraindicated any provider, within 91 days		
D5612	Repair cast partial framework, maxillary			
D5621	Repair cast framework, maxillary	Contraindicated any provider, within 91 days		
D5622	Repair cast framework, mandibular			
D5630	Repair or replace broken clasp, per tooth	Contraindicated any provider, within 91 days		
D5640	Replace broken teeth, per tooth	Contraindicated any provider, within 91 days		
D5650	Add tooth to existing partial denture	Contraindicated any provider, within 91 days		
D5660	Add clasp to existing partial denture, per tooth	Contraindicated any provider, within 91 days		
D5670	Replace all teeth & acrylic on cast metal frame, maxillary	1 of (D5670, D5671) per arch every 60 months	Y	
D5671	Replace all teeth & acrylic on cast metal frame, mandibular		Y	
D5730	Reline complete maxillary denture, chairside	1 of (D5730-D5761) per arch every 6 months, no more than 3 per arch every 60 months		
D5731	Reline complete mandibular denture, chairside			
D5740	Reline maxillary partial denture, chairside			
D5741	Reline mandibular partial denture, chairside			
D5750	Reline complete maxillary denture, laboratory			
D5751	Reline complete mandibular denture, laboratory			
D5760	Reline maxillary partial denture, laboratory			
D5761	Reline mandibular partial denture, laboratory			Narrative Required with Claim Submission
D5820	Interim partial denture, maxillary	1 of (D5820, D5821) per arch every 60 months		Narrative and X-rays Required with Claim Submission
D5821	Interim partial denture, mandibular			
D5850	Tissue conditioning, maxillary	1 of (D5850, D5851) per arch every 12 months		
D5851	Tissue conditioning, mandibular			
D5862	Precision attachment, by report	1 (D5862) every 60 months	Y	
D5899	Unspecified removable prosthodontic procedure, by report	2 (D5899) every 60 months		
<b>Maxillofacial Prosthetic Services</b>				
D5931	Obturator prosthesis, surgical	1 (D5931) in a lifetime	Y	
D5932	Obturator prosthesis, definitive	1 (D5932) in a lifetime	Y	
D5933	Obturator prosthesis, modification	1 (D5933) in a lifetime	Y	
D5936	Obturator prosthesis, interim	1 (D5936) in a lifetime	Y	
D5985	Radiation cone locator	1 (D5985) every 12 months	Y	
D5988	Surgical splint	1 (D5988) in a lifetime	Y	
D5992	Adjust maxillofacial prosthetic appliance, by report	1 (D5992) every 12 months		Narrative Required with Claim Submission
D5993	Maintenance & cleaning, maxillofacial prosthesis, other than required adjustments, by report	1 (D5993) every 3 months		Narrative Required with Claim Submission
<b>Fixed Prosthodontic Services</b>				
D6930	Re-cement or re-bond fixed partial denture	Contraindicated any provider, within 91 days		
<b>Oral and Maxillofacial Services</b>				
D7111	Extraction, coronal remnants, primary tooth	1 of (D7111-D7250) 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			
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth			
D7220	Removal of impacted tooth, soft tissue			
D7230	Removal of impacted tooth, partially bony			
D7240	Removal of impacted tooth, completely bony			Narrative and X-rays Required with Claim Submission



# Nevada Medicaid - Child

## Schedule of Benefits

### Coverage, Limitations and Prior Authorization Requirements

Code	Description	Limitations	Prior Auth Req	Documentation/X-Ray Required
	<b>Oral and Maxillofacial Services (continued)</b>			
D7241	Removal impacted tooth, complete bony, complication	1 of (D7111-D7250) 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.		Narrative and X-rays Required with Claim Submission
D7250	Removal of residual tooth roots (cutting procedure)	1 of (D7111-D7250) 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.		Narrative and X-rays Required with Claim Submission
D7251	Coronectomy, intentional partial tooth removal	2 (D7251) in a lifetime		Narrative and X-rays Required with Claim Submission
D7260	Oroantral fistula closure	Contraindicated any provider, within 91 days		Narrative and X-rays Required with Claim Submission
D7261	Primary closure of a sinus perforation	Contraindicated any provider, within 91 days. D7241 and D7261 are contraindicated against each other - within 90 days, same recipient, any provider.		Narrative and X-rays Required with Claim Submission
D7270	Tooth reimplantation and/or stabilization, accident	Contraindicated any provider, within 91 days		Narrative and X-rays Required with Claim Submission
D7280	Exposure of an unerupted tooth	1 (D7280) per tooth in a lifetime		Narrative and X-rays Required with Claim Submission
D7283	Placement, device to facilitate eruption, impaction			Narrative and X-rays Required with Claim Submission
D7285	Incisional biopsy of oral tissue, hard (bone, tooth)			Narrative and X-rays Required with Claim Submission
D7286	Incisional biopsy of oral tissue, soft			Narrative Required with Claim Submission
D7287	Exfoliative cytological sample collection			Narrative Required with Claim Submission
D7288	Brush biopsy, transepithelial sample collection			Narrative Required with Claim Submission
D7290	Surgical repositioning of teeth			Narrative and X-rays Required with Claim Submission
D7291	Transseptal fiberotomy/supra crestal fiberotomy, by report			Narrative and X-rays Required with Claim Submission
D7292	Placement of temporary anchorage device [screw retained plate] requiring flap			Narrative and X-rays Required with Claim Submission
D7293	Placement of temporary anchorage device requiring flap; includes device removal			Narrative and X-rays Required with Claim Submission
D7294	Placement of temporary anchorage device without flap; includes device removal			Narrative and X-rays Required with Claim Submission
D7310	Alveoloplasty with extractions, four or more teeth per quadrant	1 of (D7310-D7321) per quadrant in a lifetime, contraindicated any provider within 3286 days		Narrative and X-rays Required with Claim Submission
D7311	Alveoloplasty with extractions, one to three teeth per quadrant			
D7320	Alveoloplasty, w/o extractions, four or more teeth per quadrant			
D7321	Alveoloplasty, w/o extractions, one to three teeth per quadrant			
D7410	Excision of benign lesion, up to 1.25 cm			Narrative and X-rays Required with Claim Submission
D7411	Excision of benign lesion, greater than 1.25 cm			Narrative and X-rays Required with Claim Submission
D7412	Excision of benign lesion, complicated			Narrative and X-rays Required with Claim Submission
D7440	Excision of malignant tumor, up to 1.25 cm			Narrative and X-rays Required with Claim Submission
D7441	Excision of malignant tumor, greater than 1.25 cm			Narrative and X-rays Required with Claim Submission
D7450	Removal, benign odontogenic cyst/tumor, up to 1.25 cm			Narrative and X-rays Required with Claim Submission
D7451	Removal, benign odontogenic cyst/tumor, greater than 1.25 cm			Narrative and X-rays Required with Claim Submission
D7460	Removal, benign nonodontogenic cyst/tumor, up to 1.25 cm			Narrative and X-rays Required with Claim Submission
D7461	Removal, benign nonodontogenic cyst/tumor, greater than 1.25 cm			Narrative and X-rays Required with Claim Submission
D7465	Destruction of lesion(s) by physical or chemical method, by report			Narrative and X-rays Required with Claim Submission
D7472	Removal of torus palatinus	2 of (D7472, D7243) in a lifetime		Narrative and X-rays Required with Claim Submission
D7473	Removal of torus mandibularis			
D7490	Radical resection of maxilla or mandible		Y	
D7510	Incision & drainage of abscess, intraoral soft tissue	Incidental already part of another procedure		Narrative and X-rays Required with Claim Submission
D7511	Incision & drainage of abscess, intraoral soft tissue, complicated			Narrative and X-rays Required with Claim Submission
D7520	Incision & drainage of abscess, extraoral soft tissue	Incidental already part of another procedure		Narrative and X-rays Required with Claim Submission
D7521	Incision & drainage of abscess, extraoral soft tissue, complicated			Narrative and X-rays Required with Claim Submission
D7530	Remove foreign body, mucosa, skin, tissue			Narrative Required with Claim Submission
D7540	Removal of reaction producing foreign bodies, musculoskeletal system			Narrative and X-rays Required with Claim Submission
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone			Narrative and X-rays Required with Claim Submission
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body			Narrative and X-rays Required with Claim Submission
D7610	Maxilla, open reduction (teeth immobilized, if present)			Narrative and X-rays Required with Claim Submission
D7620	Maxilla, closed reduction (teeth immobilized, if present)			Narrative and X-rays Required with Claim Submission
D7630	Mandible, open reduction (teeth immobilized, if present)			Narrative and X-rays Required with Claim Submission
D7640	Mandible, closed reduction (teeth immobilized, if present)			Narrative and X-rays Required with Claim Submission
D7650	Malar and/or zygomatic arch, open reduction	1 of (D7650, D7660, D7750, D7760) in a lifetime		Narrative and X-rays Required with Claim Submission
D7660	Malar and/or zygomatic arch, closed reduction			
D7670	Alveolus, closed reduction, may include stabilization of teeth			Narrative and X-rays Required with Claim Submission



# Nevada Medicaid - Child

## Schedule of Benefits

### Coverage, Limitations and Prior Authorization Requirements

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



# Nevada Medicaid - Child

## Schedule of Benefits

### Coverage, Limitations and Prior Authorization Requirements

Code	Description	Limitations	Prior Auth Req	Documentation/X-Ray Required
<b>Adjunctive General Services</b>				
D9110	Palliative (emergency) treatment, minor procedure	1 (D9110) per day same provider, 2 every 6 months		
D9120	Fixed partial denture sectioning	1 (D9120) every 60 months	Y	
D9210	Local anesthesia not in conjunction, operative or surgical procedures			Narrative Required with Claim Submission
D9212	Trigeminal division block anesthesia			Narrative Required with Claim Submission
D9215	Local anesthesia in conjunction with operative or surgical procedures			Narrative Required with Claim Submission
D9222	Deep sedation/general anesthesia, first 15 minute increment	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)		Narrative and X-rays Required with Claim Submission
D9223	Deep sedation/general anesthesia, each subsequent 15 minute increment			
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis			Narrative Required with Claim Submission
D9239	Intravenous moderate (conscious) sedation/analgesia, first 15 minute increment	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)		Narrative and X-rays Required with Claim Submission
D9243	Intravenous moderate (conscious) sedation/analgesia, each subsequent 15 minute increment			
D9248	Non-intravenous (conscious) sedation, includes non-IV minimal and moderate sedation			Narrative and X-rays Required with Claim Submission
D9310	Consultation, other than requesting dentist			
D9311	Consultation with a medical health care professional	1 (D9311) every 6 months		Narrative Required with Claim Submission
D9410	House/extended care facility call			
D9420	Hospital or ambulatory surgical center call			
D9440	Office visit, after regularly scheduled hours	1 (D9440) every 12 months		Narrative Required with Claim Submission
D9610	Therapeutic parenteral drug, single administration	1 (D9610) every 12 months		Narrative Required with Claim Submission
D9612	Therapeutic parenteral drugs, two or more administrations, different meds.	1 (D9612) every 12 months		Narrative Required with Claim Submission
D9630	Drugs or medicaments dispensed in the office for home use			Narrative Required with Claim Submission
D9930	Treatment of complications, post surgical, unusual, by report	1 (D9930) every 12 months		Narrative Required with Claim Submission
D9940	Occlusal guard, by report	1 (D9940) every 36 months	Y	
D9942	Repair and/or reline of occlusal guard	1 (D9942) in a lifetime		Narrative Required with Claim Submission
D9950	Occlusion analysis, mounted case	1 (D9950) in a lifetime		Narrative Required with Claim Submission
D9951	Occlusal adjustment, limited	1 (D9951) in a lifetime		
D9952	Occlusal adjustment, complete	1 (D9952) in a lifetime		
D9991	Dental case management, addressing appointment compliance barriers	1 of (D9991-D9994) every 6 months		
D9992	Dental case management, care coordination			
D9993	Dental case management, motivational interviewing			
D9994	Dental case management, patient education to improve oral health literacy			