Nevada Medicaid - Adult (D)
Schedule of Benefits
Coverage, Limitations and Prior Authorization Requirements

PRIOR AUTHORIZATION TABLE:

01 = Prior authorization is required.

02 = Prior authorization is required. Covered services are for adjacent/abutment tooth for partials

NC = Not covered

FQHC - Prior authorization is NOT required for Community Health Alliance and Eastern Family Medical & Dental Center

Community Health Alliance and Eastern Family Medical & Dental Center ONLY

Prior authorization not required for covered services

5 Office Visits (Encounters) covered every calendar year

D0120, D1206, D1208, D1354, D1355, D4210, D4211, D4212, D4341, D4342, D4346, D4910 apply towards encounter (office visit) limitation, once five encounters (office visits) are met, no additional FQHC Office Visits (Encounters) are payable.

Code	Description	Standard Adult Population (ages 21-64) - Limitations	Non-Pregnant Adult with Diabetes Population (ages 21-64) - Limitations FQHC - Community Health Alliance FQHC - Eastern Family Medical & Dental Center	Prior Auth Required Standard Adult Population	Documentation/X-Ray Required
	Diagnostic Services				
D0120	Periodic oral evaluation	Not Covered	1 (D0120) every 6 months, up to 5 FQHC office visits per calendar year, combined with D1206, D1208, D1354, D1355, D4210-D4212, D4341, D4346, D4910		
D0140	Limited oral evaluation	2 (D0140) every 6 months[1], considered inclusive and is not payable on the same date of service as preventive services	2 (D0140) every 6 months[1], considered inclusive and is not payable on the same date of service as preventive services		
D0150	Comprehensive oral evaluation	1 (D0150) every 12 months (VA) 1 (D0150) every 36 months, covered for members with removable prosthodontics or to diagnosis the need for removable prosthodontics	1 (D0150) every 12 months, per office		
D0160	Oral evaluation, problem focused	1 of (D0160, D0170) every 6 months[1]	1 of (D0160, D0170) every 6 months[1]		
D0170	Re-evaluation, limited, problem focused				
D0190	Screening of a patient	1 of (D0190, D0191) every 6 months	1 of (D0190, D0191) every 6 months		
D0191	Assessment of a patient				
D0210	Intraoral, comprehensive series of radiographic images	1 of (D0210, D0709) every 36 months	1 of (D0210, D0709) every 36 months		
D0220	Intraoral, periapical, first radiographic image	1 of (D0220, D0707) every 12 months. D0220 may not be billed on the same date of service as D0210. 4 additional of (D0220, D0230) every 12 months - (VAF)	1 of (D0220, D0707) 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. 4 additional of (D0220, D0230) every 12 months - (VAF)	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	2 (D0240) every 12 months		
D0270	Bitewing, single radiographic image	1 of (D0270-D0277, D0708) every 6 months 1 additional (D0274) every 12 months - (VAF)	1 of (D0270-D0277, D0708) 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	1 (D0322) every 6 months		
D0330	Panoramic radiographic image	1 of (D0330, D0701) every 36 months	1 of (D0330, D0701) every 36 months		
D0340	2D cephalometric radiographic image, measurement and analysis	1 (D0340) every 36 months. This procedure is only payable when submitted with documentation of medical necessity. Not payable in conjunction with orthodontic treatment.	1 (D0340) every 36 months. This procedure is only payable when submitted with documentation of medical necessity. Not payable in conjunction with orthodontic treatment.		Narrative required with claim submission
D0364	Cone beam CT capture & interpretation, limited view, less than one whole jaw	1 of (D0364-D0367) every 6 months	1 of (D0364-D0367) every 6 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	1 of (D0370, D0386) every 36 months		Narrative required with claim submission
D0372	Intraoral tomosynthesis, comprehensive series of radiographic images	1 (D0372) every 36 months. May not be billed on the same date of service as D0210, D0220, D0230 and/or D0270-D0274	1 (D0372) every 36 months. May not be billed on the same date of service as D0210, D0220, D0230 and/or D0270-D0274	01	Narrative & x-rays required with prior authorization
D0373	Intraoral tomosynthesis, bitewing radiographic image	1 (D0373) every 36 months. May not be billed on the same date of service as D0210 and D0270-D0274	1 (D0373) every 36 months. May not be billed on the same date of service as D0210 and D0270-D0274	01	Narrative & x-rays required with prior authorization
D0374	Intraoral tomosynthesis, periapical radiographic image	1 (D0374) every 36 months. May not be billed on the same date of service as D0210, D0220 and D0230	1 (D0374) every 36 months. May not be billed on the same date of service as D0210, D0220 and D0230	01	Narrative & x-rays required with prior authorization
D0380	Cone beam CT image capture with limited field of view, less than one whole jaw	1 of (D0380-D0383) every 36 months	1 of (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	1 of (D0370, D0386) every 36 months		Narrative required with claim submission
D0387	Intraoral tomosynthesis, comprehensive series, radiographic images, image capture only	1 (D0387) every 36 months. May not be billed on the same date of service as D0210, D0220, D0230, D0270-D0274, D0372 and/or D0709	1 (D0387) every 36 months. May not be billed on the same date of service as D0210, D0220, D0230, D0270-D0274, D0372 and/or D0709	01	Narrative & x-rays required with prior authorization
D0388	Intraoral tomosynthesis, bitewing radiographic image, image capture only	1 (D0388) every 36 months. May not be billed on the same date of service as D0270-D0274, D0373 and/or D0708	1 (D0388) every 36 months. May not be billed on the same date of service as D0270-D0274, D0373 and/or D0708	01	Narrative & x-rays required with prior authorization
D0389	Intraoral tomosynthesis, periapical radiographic image, image capture only	1 (D0389) every 36 months. May not be billed on the same date of service as D0220, D0230, D0374 and/or D0707	1 (D0389) every 36 months. May not be billed on the same date of service as D0220, D0230, D0374 and/or D0707	01	Narrative & x-rays required with prior authorization
D0414	Laboratory process of microbial specimen, culture, sensitivity, prep, report	1 of (D0414-D0416) every 6 months	1 of (D0414-D0416) every 6 months		
D0415	Collection of microorganisms for culture				
D0416	Viral culture				
D0460	Pulp vitality tests	1 (D0460) per patient, per day, same provider	1 (D0460) per patient, per day, same provider		
D0502	Other oral pathology procedures, by report	1 (D0502) every 12 months	1 (D0502) every 12 months		

Nevada Medicaid - Adult (D)

Schedule of Benefits

Coverage, Limitations and Prior Authorization Requirements

Community Health Alliance and Eastern Family Medical & Dental Center ONLY

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Code	Description	Standard Adult Population (ages 21-64) - Limitations	Non-Pregnant Adult with Diabetes Population (ages 21-64) - Limitations FQHC - Community Health Alliance FQHC - Eastern Family Medical & Dental Center	Prior Auth Required Standard Adult Population	Documentation/X-Ray Required
	Diagnostic Services (continued)				
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin, and cementum	1 (D0600) every 6 months	1 (D0600) every 6 months		
D0701	Panoramic radiographic image, image capture only	1 of (D0330, D0701) every 36 months	1 of (D0330, D0701) every 36 months		
D0702	2-D cephalometric radiographic image, image capture only	1 (D0702) every 36 months	1 (D0702) every 36 months		
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally, image capture only	1 (D0703) every 12 months	1 (D0703) every 12 months		
D0707	Intraoral, periapical radiographic image, image capture only	1 of (D0220, D0707) every 12 months	1 of (D0220, D0707) every 12 months		
D0708	Intraoral, bitewing radiographic image, image capture only	1 of (D0270-D0277, D0708) every 6 months	1 of (D0270-D0277, D0708) every 6 months		
D0709	Intraoral, comprehensive series of radiographic images, image capture only	1 of (D0210, D0709) every 36 months	1 of (D0210, D0709) every 36 months		
	Preventive Services				
D1110	Prophylaxis, adult	1 (D1110) every 12 months - (VA)	1 (D1110) every 6 months		Narrative required with claim submission[3]
D1206	Topical application of fluoride varnish	Not Covered	1 (D1206) every 6 months, up to 5 FQHC office visits per calendar year, combined with D0120, D1208, D1354, D1355, D4210-D4212, D4341, D4346, D4910	NC	
D1208	Topical application of fluoride, excluding varnish	Not Covered	1 (D1208) every 6 months, up to 5 FQHC office visits per calendar year, combined with D0120, D1206, D1354, D1355, D4210-D4212, D4341, D4346, D4910	NC	
D1354	Application of caries arresting medicament, per tooth	2 (D1354) every 12 months (VA)	1 (D1354) per tooth every 6 months, up to 5 FQHC office visits per calendar year, combined with D0120, D1206, D1208, D1355, D4210-D4212, D4341, D4346, D4910		X-rays and Narrative required with claim submission[3]
D1355	Caries preventive medicament application, per tooth	Not Covered	1 (D1355) per tooth every 6 months, up to 5 FQHC office visits per calendar year, combined with D0120, D1206, D1208, D1354, D4210-D4212, D4341, D4346, D4910	NC	
	Restorative Services				
D2140	Amalgam, one surface, primary or permanent	1 of (D2140-D2335, D2391-D2394) per surface per tooth every 36 months	1 of (D2140-D2335, D2391-D2394) per surface per tooth every 36 months	02	
D2150	Amalgam, two surfaces, primary or permanent			02	
D2160	Amalgam, three surfaces, primary or permanent			02	
D2161	Amalgam, four or more surfaces, primary or permanent			02	
D2330	Resin-based composite, one surface, anterior			02	
D2331	Resin-based composite, two surfaces, anterior			02	
D2332	Resin-based composite, three surfaces, anterior			02	
D2335	Resin-based composite, four or more surfaces			02	
D2390	Resin-based composite crown, anterior	1 (D2390) per tooth every 36 months	1 (D2390) per tooth every 36 months	02	
D2391	Resin-based composite, one surface, posterior	1 of (D2140-D2335, D2391-D2394) per surface per tooth every 36 months	1 of (D2140-D2335, D2391-D2394) per surface per tooth every 36 months	02	
D2392	Resin-based composite, two surfaces, posterior			02	
D2393	Resin-based composite, three surfaces, posterior			02	
D2394	Resin-based composite, four or more surfaces, posterior			02	
D2710	Crown, resin-based composite (indirect)	1 of (D2710-D2791, D2960-D2962) per tooth in a lifetime	1 of (D2710-D2791) per tooth in a lifetime	02	
D2712	Crown, ¾ resin-based composite (indirect)			02	
D2721	Crown, resin with predominantly base metal			02	
D2740	Crown, porcelain/ceramic			02	
D2751	Crown, porcelain fused to predominantly base metal			02	
D2781	Crown, ¾ cast predominantly base metal			02	
D2791	Crown, full cast predominantly base metal			02	
D2910	Re-cement or re-bond inlay, onlay, veneer, or partial coverage	1 of (D2910, D2920) per tooth every 12 months	1 of (D2910, D2920) per tooth every 12 months	01	
D2920	Re-cement or re-bond crown				
D2921	Reattachment of tooth fragment, incisal edge or cusp	1 (D2921) per tooth in a lifetime	1 (D2921) per tooth in a lifetime	01	Narrative and x-rays required with claim submission
D2930	Prefabricated stainless steel crown, primary tooth	1 of (D2930, D2932, D2933) per tooth every 36 months	1 of (D2930, D2932, D2933) per tooth every 36 months	02	Narrative and x-rays required with prior authorization
D2931	Prefabricated stainless steel crown, permanent tooth	1 (D2931) per tooth every 36 months	1 (D2931) per tooth every 36 months	02	
D2932	Prefabricated resin crown	1 of (D2930, D2932, D2933) per tooth every 36 months	1 of (D2930, D2932, D2933) per tooth every 36 months	02	Narrative and x-rays required with prior authorization
D2933	Prefabricated stainless steel crown with resin window			02	Narrative and x-rays required with prior authorization
D2940	Placement of interim direct restoration	2 (D2940) per tooth every 6 months	2 (D2940) per tooth every 6 months		
D2950	Core buildup, including any pins when required	1 (D2950) per tooth every 36 months	1 (D2950) per tooth every 36 months	02	
D2951	Pin retention, per tooth, in addition to restoration	2 (D2951) per tooth every 36 months	2 (D2951) per tooth every 36 months	02	
D2952	Post and core in addition to crown, indirectly fabricated	1 of (D2952, D2954) per tooth in a lifetime	1 of (D2952, D2954) per tooth in a lifetime	02	
D2953	Each additional indirectly fabricated post, same tooth	1 of (D2953, D2957) per tooth in a lifetime	1 of (D2953, D2957) per tooth in a lifetime	02	
D2954	Prefabricated post and core in addition to crown	1 of (D2952, D2954) per tooth in a lifetime	1 of (D2952, D2954) per tooth in a lifetime	02	
D2955	Post removal	1 (D2955) per tooth in a lifetime	1 (D2955) per tooth in a lifetime	02	
D2957	Each additional prefabricated post, same tooth	1 of (D2953, D2957) per tooth in a lifetime	1 of (D2953, D2957) per tooth in a lifetime	02	
D2980	Crown repair necessitated by restorative material failure	1 (D2980) per tooth in a lifetime	1 (D2980) per tooth in a lifetime	02	
	Periodontal Services				
D4210	Gingivectomy or gingivoplasty, four or more teeth per quadrant	Not Covered	1 of (D4210-D4212) per site/quadrant every 60 months, up to 5 FQHC office visits per calendar year, combined with D0120, D1206, D1208, D1354, D1355, D4341, D4346, D4910	NC	
D4211	Gingivectomy or gingivoplasty, one to three teeth per quadrant	Not Covered		NC	
D4212	Gingivectomy or gingivoplasty, restorative procedure, per tooth	Not Covered		NC	
D4341	Periodontal scaling and root planing, four or more teeth per quadrant	Not Covered	1 of (D4341, D4342) per site/quadrant every 12 months, up to 5 FQHC office visits per calendar year, combined with D0120, D1206, D1208, D1354, D1355, D4210-D4212, D4346, D4910	NC	
D4342	Periodontal scaling and root planing, one to three teeth per quadrant	Not Covered		NC	
D4346	Scaling in presence of moderate or severe inflammation, full mouth after evaluation	Not Covered	1 (D4346) every 12 months, up to 5 FQHC office visits per calendar year, combined with D0120, D1206, D1208, D1354, D1355, D4210-D4212, D4341, D4342, D4910	NC	Narrative and x-rays required with claim submission
D4355	Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis, subsequent visit	1 (D4355) every 12 months	1 (D4355) every 12 months		Narrative and x-rays required with claim submission
D4910	Periodontal maintenance	Not Covered	1 (D4910) every 3 months, up to 5 FQHC office visits per calendar year, combined with D0120, D1206, D1208, D1354, D1355, D4210-D4212, D4341, D4342, D4346	NC	

Nevada Medicaid - Adult (D)

Schedule of Benefits

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Code	Description	Standard Adult Population (ages 21-64) - Limitations	Non-Pregnant Adult with Diabetes Population (ages 21-64) - Limitations FQHC - Community Health Alliance FQHC - Eastern Family Medical & Dental Center	Prior Auth Required Standard Adult Population	Documentation/X-Ray Required
	Removable Prosthodontic Services				
D5110	Complete denture, maxillary	1 of (D5110-D5140) per arch every 60 months, unless medically necessary	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				
D5211	Maxillary partial denture, resin base	1 of (D5211-D5228) per arch every 60 months unless medically necessary	1 of (D5211-D5228) 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				
D5222	Immediate mandibular partial denture, resin base				
D5223	Immediate maxillary partial denture, cast metal framework, resin denture base				
D5224	Immediate mandibular partial denture, cast metal framework, resin denture base				
D5227	Immediate maxillary partial denture, flexible base				
D5228	Immediate mandibular partial denture, flexible base				
D5410	Adjust complete denture, maxillary	1 of (D5410-D5422) per arch every 6 months, no additional payment is allowed within 6 months of delivery date of appliance	1 of (D5410-D5422) per arch every 6 months, no additional payment is allowed within 6 months of delivery date of appliance		
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, no additional payment is allowed within 6 months of delivery date of appliance	1 of (D5511, D5512) per arch every 60 months, no additional payment is allowed within 6 months of delivery date of appliance		
D5512	Repair broken complete denture base, maxillary				
D5520	Replace missing or broken teeth, complete denture, per tooth	1 (D5520) per tooth every 60 months, no additional payment is allowed within 6 months of delivery date of appliance	1 (D5520) per tooth every 60 months, no additional payment is allowed within 6 months of delivery date of appliance		
D5611	Repair resin partial denture base, mandibular	1 of (D5611, D5612) per arch every 60 months	1 of (D5611, D5612) per arch every 60 months		
D5612	Repair resin partial denture base, maxillary				
D5621	Repair cast partial framework, mandibular	1 of (D5621, D5622) per arch every 60 months	1 of (D5621, D5622) per arch every 60 months		
D5622	Repair cast partial framework, maxillary				
D5630	Repair or replace broken retentive clasping materials, per tooth	Contraindicated any provider, within 91 days, no additional payment is allowed within 6 months of delivery date of appliance	Contraindicated any provider, within 91 days, no additional payment is allowed within 6 months of delivery date of appliance		
D5640	Replace missing or broken teeth, partial denture, per tooth	Contraindicated any provider, within 91 days, no additional payment is allowed within 6 months of delivery date of appliance	Contraindicated any provider, within 91 days, no additional payment is allowed within 6 months of delivery date of appliance		
D5650	Add tooth to existing partial denture, per tooth	Contraindicated any provider, within 91 days, no additional payment is allowed within 6 months of delivery date of appliance	Contraindicated any provider, within 91 days, no additional payment is allowed within 6 months of delivery date of appliance		
D5660	Add clasp to existing partial denture, per tooth	Contraindicated any provider, within 91 days, no additional payment is allowed within 6 months of delivery date of appliance	Contraindicated any provider, within 91 days, no additional payment is allowed within 6 months of delivery date of appliance		
D5670	Replace all teeth & acrylic on cast metal frame, maxillary	1 of (D5670, D5671) per arch every 60 months, no additional payment is allowed within 6 months of delivery date of appliance	1 of (D5670, D5671) per arch every 60 months, no additional payment is allowed within 6 months of delivery date of appliance	01	
D5671	Replace all teeth & acrylic on cast metal frame, mandibular			01	
D5730	Reline complete maxillary denture, direct	1 of (D5730-D5761) per arch every 6 months, no more than 3 per arch every 60 months, no additional payment is allowed within 6 months of delivery date of appliance	1 of (D5730-D5761) per arch every 6 months, no more than 3 per arch every 60 months, no additional payment is allowed within 6 months of delivery date of appliance		
D5731	Reline complete mandibular denture, direct				
D5740	Reline maxillary partial denture, direct				
D5741	Reline mandibular partial denture, direct				
D5750	Reline complete maxillary denture, indirect				
D5751	Reline complete mandibular denture, indirect				
D5760	Reline maxillary partial denture, indirect				
D5761	Reline mandibular partial denture, indirect				
D5820	Interim partial denture, maxillary	1 of (D5820, D5821) per arch every 60 months	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	1 of (D5850, D5851) per arch every 12 months		
D5851	Tissue conditioning, mandibular				
D5862	Precision attachment, by report	1 (D5862) every 60 months	1 (D5862) every 60 months	01	
D5899	Unspecified removable prosthodontic procedure, by report	2 (D5899) every 60 months	2 (D5899) every 60 months		
	Maxillofacial Prosthetic Services				
D5931	Obturator prosthesis, surgical	1 (D5931) in a lifetime	1 (D5931) in a lifetime		
D5932	Obturator prosthesis, definitive	1 (D5932) in a lifetime	1 (D5932) in a lifetime		
D5933	Obturator prosthesis, modification	1 (D5933) in a lifetime	1 (D5933) in a lifetime		
D5936	Obturator prosthesis, interim	1 (D5936) in a lifetime	1 (D5936) in a lifetime		
D5983	Radiation carrier	1 (D5983) every 12 months	1 (D5983) every 12 months	01	
D5984	Radiation shield	1 (D5984) every 12 months	1 (D5984) every 12 months	01	
D5985	Radiation cone locator	1 (D5985) every 12 months	1 (D5985) every 12 months	01	
D5988	Surgical splint	1 (D5988) in a lifetime	1 (D5988) in a lifetime	01	
D5992	Adjust maxillofacial prosthetic appliance, by report	1 (D5992) every 6 months	1 (D5992) every 6 months	01	
D5993	Maintenance & cleaning, maxillofacial prosthesis, other than required adjustments, by report	1 (D5993) every 6 months	1 (D5993) every 6 months	01	
	Fixed Prosthodontic Services				
D6930	Re-cement or re-bond fixed partial denture	1 (D6930) every 12 months	1 (D6930) every 12 months		
	Oral and Maxillofacial Services				
D7140	Extraction, erupted tooth or exposed root				
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth				Narrative and x-rays required with claim submission
D7220	Removal of impacted tooth, soft tissue				Narrative and x-rays required with claim submission

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	Oral and Maxillofacial Services (continued)				
D7230	Removal of impacted tooth, partially bony				Narrative and x-rays required with claim submission
D7240	Removal of impacted tooth, completely bony				Narrative and x-rays required with claim submission
D7241	Removal impacted tooth, complete bony, complication				Narrative and x-rays required with claim submission
D7250	Removal of residual tooth roots (cutting procedure)	Not payable separately within 91 days of extraction when rendered by the same provider	Not payable separately within 91 days of extraction when rendered by the same provider		Narrative and x-rays required with claim submission
D7251	Coronectomy, intentional partial tooth removal	1 (D7251) in a lifetime	1 (D7251) in a lifetime		
D7280	Exposure of an unerupted tooth	1 (D7280) per tooth in a lifetime	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
D7287	Exfoliative cytological sample collection				Narrative required with claim submission
D7288	Brush biopsy, transepithelial sample collection				Narrative required with claim submission
D7291	Transseptal fiberotomy/supra cresta 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				Narrative and x-rays required with claim submission
D7294	Placement of temporary anchorage device without flap				Narrative and x-rays required with claim submission
D7295	Harvest of bone for use in autogenous grafting procedure				Narrative required with claim submission
D7298	Removal of temporary anchorage device [screw retained plate], requiring flap				Narrative and x-rays required with claim submission
D7299	Removal of temporary anchorage device, requiring flap				Narrative and x-rays required with claim submission
D7300	Removal of temporary anchorage device without flap				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 60 days	1 of (D7310-D7321) per quadrant in a lifetime, contraindicated any provider within 60 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				
D7412	Excision of benign lesion, complicated			01	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
D7472	Removal of torus palatinus	2 of (D7472, D7473) in a lifetime	2 of (D7472, D7473) in a lifetime		Narrative and x-rays required with claim submission
D7473	Removal of torus mandibularis				
D7490	Radical resection of maxilla or mandible			01	
D7509	Marsupialization of odontogenic cyst	1 (D7509) per site, every 24 months	1 (D7509) per site, every 24 months	01	Narrative & x-rays required with prior authorization
D7510	Incision & drainage of abscess, intraoral soft tissue	Incidental already part of another procedure	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	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	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
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	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			01	
D7820	Closed reduction of dislocation		Not Covered		Narrative required with claim submission
D7840	Condylectomy		Not Covered		Narrative and x-rays required with claim submission
D7850	Surgical discectomy, with/without implant		Not Covered		Narrative and x-rays required with claim submission
D7852	Disc repair		Not Covered		Narrative and x-rays required with claim submission
D7854	Synovectomy		Not Covered		Narrative and x-rays required with claim submission
D7858	Joint reconstruction		Not Covered	01	
D7860	Arthrotomy		Not Covered		Narrative and x-rays required with claim submission
D7865	Arthroplasty		Not Covered		Narrative and x-rays required with claim submission
D7870	Arthrocentesis		Not Covered		Narrative and x-rays required with claim submission
D7872	Arthroscopy, diagnosis, with or without biopsy		Not Covered		Narrative and x-rays required with claim submission
D7873	Arthroscopy: lavage and lysis of adhesions		Not Covered		Narrative and x-rays required with claim submission

Nevada Medicaid - Adult (D)

Schedule of Benefits

Coverage, Limitations and Prior Authorization Requirements

Community Health Alliance and Eastern Family Medical & Dental Center ONLY

Prior authorization not required for covered services

5 Office Visits (Encounters) covered every calendar year

D0120, D1206, D1208, D1354, D1355, D4210, D4211, D4212, D4341, D4342, D4346, D4910 apply towards encounter (office visit) limitation, once five encounters (office visits) are met, no additional FQHC Office Visits (Encounters) are payable.

Code	Description	Standard Adult Population (ages 21-64) - Limitations	Non-Pregnant Adult with Diabetes Population (ages 21-64) - Limitations FQHC - Community Health Alliance FQHC - Eastern Family Medical & Dental Center	Prior Auth Required Standard Adult Population	Documentation/X-Ray Required
	Oral and Maxillofacial Services (continued)				
D7874	Arthroscopy: disc repositioning and stabilization		Not Covered		Narrative and x-rays required with claim submission
D7875	Arthroscopy: synovectomy		Not Covered		Narrative and x-rays required with claim submission
D7876	Arthroscopy: discectomy		Not Covered		Narrative and x-rays required with claim submission
D7877	Arthroscopy: debridement		Not Covered		Narrative and x-rays required with claim submission
D7880	Occlusal orthotic device, by report		Not Covered		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
D7921	Collection and application of autologous blood concentrate product				
D7940	Osteoplasty, for orthognathic deformities	1 (D7940) in a lifetime	1 (D7940) in a lifetime	01	
D7941	Osteotomy, mandibular rami	1 (D7941) in a lifetime	1 (D7941) in a lifetime	01	
D7943	Osteotomy, mandibular rami with bone graft; includes obtaining the graft	1 (D7943) in a lifetime	1 (D7943) in a lifetime	01	
D7944	Osteotomy, segmented or subapical			01	
D7945	Osteotomy, body of mandible	1 (D7945) in a lifetime	1 (D7945) in a lifetime	01	
D7946	LeFort I (maxilla, total)	1 (D7946) in a lifetime	1 (D7946) in a lifetime	01	
D7947	LeFort I (maxilla, segmented)	1 (D7947) in a lifetime	1 (D7947) in a lifetime	01	
D7948	LeFort II or LeFort III, without bone graft	1 (D7948) in a lifetime	1 (D7948) in a lifetime	01	
D7949	LeFort II or LeFort III, with bone graft			01	
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			01	
D7955	Repair of maxillofacial soft and/or hard tissue defect	1 (D7955) every 24 months	1 (D7955) every 24 months	01	
D7961	Buccal/labial frenectomy (frenulectomy)	3 (D7961) per arch, in a lifetime	3 (D7961) per arch, in a lifetime		Narrative required with claim submission
D7962	Lingual frenectomy (frenulectomy)	3 (D7962) in a lifetime	3 (D7962) in a lifetime		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	1 (D7991) in a lifetime		Narrative required with claim submission
D7993	Surgical placement of craniofacial implant, extra oral	3 (D7993) in a lifetime	3 (D7993) in a lifetime		A narrative of attesting to site/location, medical necessity and final
D7994	Surgical placement: zygomatic implant	3 (D7994) in a lifetime	3 (D7994) in a lifetime		restorative treatment plan, all diagnostic images extra-oral and intra-
D7996	Implant-mandible for augmentation purposes, by report			01	
D7998	Intraoral placement of a fixation device not in conjunction with a fracture				Narrative required with claim submission
	Adjunctive General Services				
D9110	Palliative treatment of dental pain, per visit	1 (D9110) per day same provider, 2 every 6 months	1 (D9110) per day same provider, 2 every 6 months		
D9120	Fixed partial denture sectioning	1 (D9120) every 60 months	1 (D9120) every 60 months		
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	Not payable with restorative procedures and extractions	Not payable with restorative procedures and extractions		Narrative required with claim submission
D9222	Administration of deep sedation/general anesthesia, first 15 minute increment, or any portion thereof	5 of (D9222, D9223) per day[1], 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)	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	Administration of deep sedation/general anesthesia, each subsequent 15 minute increment, or any portion thereof				
D9230	Administration of nitrous oxide	6 (D9230) every 12 months Not payable in conjunction with sedation codes D9222, D9223, D9239, D9243, D9244, and D9245	6 (D9230) every 12 months Not payable in conjunction with sedation codes D9222, D9223, D9239, D9243, D9244, and D9245	01	Narrative of medical necessity required with prior authorization
D9239	Administration of moderate sedation, intravenous, first 15 minute increment, or any portion thereof	5 of (D9239, D9243) per day[1], 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)	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	Administration of moderate sedation, intravenous, each subsequent 15 minute increment, or any portion thereof				
D9244	In-office administration of minimal sedation, single drug, enteral	6 of (D9244, D9245) every 12 months Not payable in conjunction with sedation codes D9222, D9223, D9230, D9239, D9243	6 of (D9244, D9245) every 12 months Not payable in conjunction with sedation codes D9222, D9223, D9230, D9239, D9243		Narrative of medical necessity required with claim submission
D9245	Administration of moderate sedation, enteral				Narrative of medical necessity required with claim submission
D9310	Consultation, other than requesting dentist				
D9311	Consultation with a medical health care professional	1 (D9311) every 6 months	1 (D9311) every 6 months		Narrative and x-rays required with claim submission
D9410	House/extended care facility call				
D9420	Hospital or ambulatory surgical center call				
D9610	Therapeutic parenteral drug, single administration	1 (D9610) every 12 months	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	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

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	Adjunctive General Services (continued)				
D9930	Treatment of complications, post surgical, unusual, by report	1 (D9930) every 12 months	1 (D9930) every 12 months		Narrative required with claim submission
D9991	Dental case management, addressing appointment compliance barriers	1 of (D9991-D9994) every 6 months	1 of (D9991-D9994) every 6 months		Narrative required with claim submission[3]
D9992	Dental case management, care coordination				Narrative required with claim submission
D9993	Dental case management, motivational interviewing				Narrative required with claim submission
D9994	Dental case management, patient education to improve oral health literacy				Narrative required with claim submission
D9995	Teledentistry, synchronous; real-time encounter	VA	NPB		
D9996	Teledentistry, asynchronous; information stored and forwarded to dentist for subsequent review		NPB		