



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

PRIOR AUTHORIZATION TABLE:

O1 = Prior authorization is required.

O2 = 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		Prior Auth Required Standard Adult Population	Documentation/X-Ray Required
			FQHC - Community Health Alliance	FQHC - Eastern Family Medical & Dental Center		
	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 36 months, covered for members with removable prosthodontics or to diagnosis the need for removable prosthodontics	1 (D0150) every 12 months (VA)	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 1 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					
D0272	Bitewings, two radiographic images	1 of (D0270-D0277, D0708) every 6 months	1 of (D0270-D0277, D0708) every 6 months			
D0273	Bitewings, three radiographic images					
D0274	Bitewings, four radiographic images	1 additional (D0274) every 12 months - (VAF)				
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					
D0365	Cone beam CT capture & interpretation, view of one full arch, mandible	1 of (D0364-D0367) every 6 months	1 of (D0364-D0367) every 6 months			Narrative required with claim submission
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					
D0381	Cone beam CT image capture with field of view of one full dental arch, mandible	1 of (D0380-D0383) every 36 months	1 of (D0380-D0383) every 36 months			Narrative required with claim submission
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			



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Schedule of Benefits

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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		Prior Auth Required Standard Adult Population	Documentation/X-Ray Required
			FQHC - Community Health Alliance	FQHC - Eastern Family Medical & Dental Center		
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	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	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	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	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	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	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	1 of (D0210, D0709) every 36 months		
Preventive Services						
D1110	Prophylaxis, adult	1 (D1110) every 12 months - (VA)	1 (D1110) every 6 months	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	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	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	1 (D1354) 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		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	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	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	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	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)				02	
D2712	Crown, ¾ resin-based composite (indirect)	1 of (D2710-D2791, D2960-D2962) per tooth in a lifetime	1 of (D2710-D2791) per tooth in a lifetime	1 of (D2710-D2791) per tooth in a lifetime	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	1 of (D2910, D2920) per tooth every 12 months	01	
D2920	Re-cement or re-bond crown	1 of (D2910, D2920) per tooth every 12 months	1 of (D2910, D2920) per tooth every 12 months	1 of (D2910, D2920) per tooth every 12 months	01	
D2921	Reattachment of tooth fragment, incisal edge or cusp	1 (D2921) per tooth in a lifetime	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	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	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	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	2 (D2940) per tooth every 6 months	02	
D2950	Core buildup, including any pins when required	1 (D2950) per tooth every 36 months	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	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	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	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	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	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	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	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	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, D4210-D4212, D4341, D4342, 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	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, D4341, D4342, 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	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	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	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	



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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	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	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	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	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	1 of (D5511, D5512) per arch every 60 months, no additional payment is allowed within 6 months of delivery date of appliance							
D5511	Repair broken complete denture base, mandibular										
D5512	Repair broken complete denture base, maxillary	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	1 (D5520) per tooth every 60 months, no additional payment is allowed within 6 months of delivery date of appliance							
D5520	Replace missing or broken teeth, complete denture, per tooth										
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	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	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	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	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	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	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	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										
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	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	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	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	1 (D5862) every 60 months	01						
D5899	Unspecified removable prosthodontic procedure, by report	2 (D5899) every 60 months	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	1 (D5931) in a lifetime							
D5932	Obturator prosthesis, definitive	1 (D5932) in a lifetime	1 (D5932) in a lifetime	1 (D5932) in a lifetime							
D5933	Obturator prosthesis, modification	1 (D5933) in a lifetime	1 (D5933) in a lifetime	1 (D5933) in a lifetime							
D5936	Obturator prosthesis, interim	1 (D5936) in a lifetime	1 (D5936) in a lifetime	1 (D5936) in a lifetime							
D5983	Radiation carrier	1 (D5983) every 12 months	1 (D5983) every 12 months	1 (D5983) every 12 months	01						
D5984	Radiation shield	1 (D5984) every 12 months	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	1 (D5985) every 12 months	01						
D5988	Surgical splint	1 (D5988) in a lifetime	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	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	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	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					



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		Documentation/X-Ray Required
			FQHC - Community Health Alliance	Prior Auth Required Standard Adult Population	
			FQHC - Eastern Family Medical & Dental Center		
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 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				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 osteotomy/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				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			01	
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



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		Prior Auth Required Standard Adult Population	Documentation/X-Ray Required
			FQHC - Community Health Alliance	FQHC - Eastern Family Medical & Dental Center		
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 restorative treatment plan, all diagnostic images extra-oral and intra-
D7994	Surgical placement: zygomatic implant	3 (D7994) in a lifetime		3 (D7994) in a lifetime		
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, 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, 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		6 of (D9244, D9245) every 12 months		Narrative of medical necessity required with claim submission
D9245	Administration of moderate sedation, enteral	Not payable in conjunction with sedation codes D9222, D9223, D9230, D9239, D9243		Not payable in conjunction with sedation codes D9222, D9223, D9230, D9239, D9243		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



Nevada Medicaid - Adult (D)

Schedule of Benefits

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			FQHC - Community Health Alliance	FQHC - Eastern Family Medical & Dental Center		
			Prior Auth Required	Standard Adult Population		
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		