



September 8, 2025

## Nevada Medicaid Web Announcement 3714

### Attention Provider Type 22 (Dentist): Service Limitations Updated for Various Procedure Codes

Effective September 8, 2025, the service limitations for the dental codes below have been updated in the Medicaid Management Information System (MMIS) to match the limitations defined in the provider type (PT) 22 (Dentist) [Attachment A: Fee-for-Service Coverage, Limitations and Prior Authorization Requirements](#) guide. Claims that exceed the service limitation will deny with the appropriate error code.

No claims will be reprocessed automatically as this is a go-forward change.

See the table below for the impacted codes.

Code	Description	Service Limit
D0370	Maxillofacial Ultrasound Capture And Interpretation	1 service unit per 36 months
D0380	Cone Beam Ct Image Capture With Limited Field Of View - Less Than One Whole Jaw	1 service unit per 36 months
D0381	Cone Beam Ct Image Capture With Field Of View Of One Full Dental Arch - Mandible	1 service unit per 36 months
D0382	Cone Beam Ct Image Capture With Field Of View Of One Full Dental Arch - Maxilla, With Or Without Cranium	1 service unit per 36 months
D0383	Cone Beam Ct Image Capture With Field Of View Of Both Jaws, With Or Without Cranium	1 service unit per 36 months
D0386	Maxillofacial Ultrasound Image Capture	1 service unit per 36 months
D0460	Pulp Vitality Test	1 service unit per patient, per day, same provider
D2921	Reattachment Of Tooth Fragment, Incisal Edge Or Cusp	Once in a lifetime per tooth
D4277	Free Soft Tissue Graft Proc First Tooth	4 units per 60 months
D4278	Free Soft Tissue Graft Proc Add'l Tooth	4 units per 60 months
D5621	Denture Repair Cast Partial, Mandibl	1 unit per 60 months
D5622	Denture Repair Cast Partial, Maxill	1 unit per 60 months
D5992	Adjust Maxillofcl Prosth Appliance	1 unit per 6 months
D5993	Main/Clean Maxillofaci Prosthesis	1 unit per 6 months
D7251	Coronectomy - Partial Tooth	Once in a lifetime
D7472	Removal Of Torus Palatinus	Twice in a lifetime

Code	Description	Service Limit
D7955	Repair Maxillofacial Defects	1 unit per 24 months
D9222	Deep Sedat/Gen Anesth, First 15 Min	1 unit per day
D9239	Iv Sedation, First 15 Min	1 unit per day