



October 6, 2025

Nevada Medicaid Web Announcement 3739

Attention Provider Type 22 (Dentist):

Alveoloplasty Benefits Available for Members Under the Intellectual and Developmental Disabilities Waiver and Service Limitations Updated

Effective October 6, 2025, members under the Nevada Medicaid Intellectual and Developmental Disabilities (IDD) Waiver are eligible for the following alveoloplasty services:

Procedure Code	Description
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant

Additionally, the service limitations for procedure codes D7310, D7311, D7320, and D7321 have been updated. These limitations apply to Nevada Medicaid and Nevada Check Up members and IDD members.

Procedure Code	Service Limitation
D7310	1 unit, per quadrant, in a lifetime. D7310 may not be billed on the same date of service as D7311 for the same quadrant.
D7311	1 unit per quadrant, in a lifetime. D7311 may not be billed on the same date of service as D7310 for the same quadrant.
D7320	1 unit per quadrant, in a lifetime. D7320 may not be billed on the same date of service as D7321 for the same quadrant.
D7321	1 unit, per quadrant, in a lifetime. D7321 may not be billed on the same date of service as D7320 for the same quadrant.

Claims that exceed the service limitations will deny with error code 5511 (4 units allowed per lifetime), and claims that are billed for codes that cannot be billed with the same date of service will deny with error code 6136 (Dental Services not Allowed on Same Date of Service). Error code 6143 (Not Allowed within 60 Days from Extraction Date) has also been updated to no longer apply to codes D7310, D7311, D7320, and D7321.

[Attachment A](#) and [Attachment B](#) of the [Provider Type 22 \(Dentist\) Billing Guide](#) have been updated to reflect these changes. Please refer to these attachments on the [Billing Information](#) page for a complete list of covered dental services and their billing requirements.

No claims will be reprocessed automatically as these are go-forward updates.