

NDB Nevada Kids Silver In-Network Schedule of Benefits

D4260	Osseous Surgery (Including Elevation of a Full Thickness Flap and Closure) Four or More Contiguous Teeth or tooth Bounded Spaces per Quadrant (1 per quadrant per lifetime).....	\$300.00
D4261	Osseous Surgery (Including Elevation of a Full Thickness Flap and Closure) One to Three Contiguous Teeth or tooth Bounded Spaces per Quadrant (1 per quadrant per lifetime)	\$250.00
D4263	Bone Replacement Graft – Retained Natural Tooth - First Site in Quadrant	\$200.00
D4264	Bone Replacement Graft – Retained Natural Tooth - Each Additional Site in Quadrant	\$200.00
D4265	Biologic Materials to Aid in Soft and Osseous Tissue Regeneration	\$100.00
D4266	Guided Tissue Regeneration – Resorbable Barrier, per Site	\$285.00
D4267	Guided Tissue Regeneration – Non-Resorbable Barrier, per Site.....	\$330.00
D4270	Pedicle Soft Tissue Graft Procedure.....	\$250.00
D4273	Autogenous Connective Tissue Graft Procedure, Including Donor and Recipient Surgical Sites First Tooth, Implant, or Edentulous Tooth Position in Graft.....	\$250.00
D4274	Mesial/Distal Wedge Procedure, Single Tooth (When Not Performed in Conjunction With Surgical Procedures in the Same Anatomical Area).....	\$210.00
D4277	Free Soft Tissue Graft Procedure (Including Recipient and Donor Surgical Sites), First Tooth, Implant or Edentulous Tooth Position in Graft.....	\$250.00
D4278	Free Soft Tissue Graft Procedure (Including Recipient and Donor Surgical Sites), Each Additional Contiguous Tooth, Implant or Edentulous Tooth Position In Same Graft Site.....	No Charge
D4283	Autogenous Connective Tissue Graft Procedure (Including Recipient and Donor Surgical Sites), Each Additional Contiguous Tooth, Implant or Edentulous Tooth Position In Same Graft Site.....	No Charge
D4320	Provisional Splinting – Intracoronaral	No Charge
D4341	Periodontal Scaling and Root Planing – Four or More Teeth per Quadrant (Once per quadrant per 24 months)	\$65.00
D4342	Periodontal Scaling and Root Planing – One to Three Teeth per Quadrant (Once per quadrant per 24 months)	\$50.00
D4355	Full Mouth Debridement to Enable a Comprehensive Evaluation and Diagnosis On a Subsequent Visit (1 per 36 months)	\$65.00
D4346	Scaling in Presence of Generalized Moderate or Severe Gingival Inflammation - Full Mouth, After Oral Evaluation.....	\$20.00
D4381	Localized Delivery of Antimicrobial Agents Via a Controlled Release Vehicle into Diseased Crevicular Tissue, Per Tooth.....	No Charge
D4910	Periodontal Maintenance (1 per 3 months).....	\$50.00
D4999	Unspecified Periodontal Procedure, by Report	\$50.00

Prosthodontics – Removable

Member Pays

D5110	Complete Denture – Maxillary (1 per 60 months).....	\$350.00
D5120	Complete Denture – Mandibular (1 per 60 months).....	\$350.00
D5130	Immediate Denture – Maxillary (1 per 60 months)	\$350.00
D5140	Immediate Denture – Mandibular (1 per 60 months)	\$350.00
D5211	Maxillary Partial Denture – Resin Base, Including Any Conventional Clasps, Rests and Teeth (1 per 60 months)	\$300.00
D5212	Mandibular Partial Denture – Resin Base, Including Any Conventional Clasps, Rests and Teeth (1 per 60 months)	\$300.00
D5213	Maxillary Partial Denture – Cast Metal Framework with Resin Denture Bases, Including Any Conventional Clasps, Rests and Teeth (1 per 60 months).....	\$350.00
D5214	Mandibular Partial Denture – Cast Metal Framework with Resin Denture Bases, Including Any Conventional Clasps, Rests and Teeth (1 per 60 months).....	\$350.00
D5221	Immediate Maxillary Partial Denture – Resin Base, Including Any Conventional Clasps, Rests and Teeth (1 per 60 months).....	\$300.00
D5222	Immediate Mandibular Partial Denture – Resin Base, Including Any Conventional Clasps, Rests and Teeth (1 per 60 months).....	\$300.00
D5223	Immediate Maxillary Partial Denture – Cast Metal Framework With Resin Denture Bases, Including Any Conventional Clasps, Rests and Teeth (1 per 60 months)	\$350.00

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D5224	Immediate Mandibular Partial Denture – Cast Metal Framework With Resin Denture Bases, Including Any Conventional Clasps, Rests and Teeth (1 per 60 months).....	\$350.00
D5225	Maxillary Partial Denture – Flexible Base, Including and Clasps, Rests and Teeth (1 per 60 months)	\$350.00
D5226	Mandibular Partial Denture – Flexible Base, Including and Clasps, Rests and Teeth (1 per 60 months)	\$350.00
D5281	Removable Unilateral Partial Denture – One Piece Cast Metal (Including Clasps and Teeth)(1 unit per 60 months)	\$350.00
D5410	Adjust Complete Denture – Maxillary (1 unit per 6 months)	\$20.00
D5411	Adjust Complete Denture – Mandibular (1 unit per 6 months)	\$20.00
D5421	Adjust Partial Denture – Maxillary (1 unit per 6 months)	\$20.00
D5422	Adjust Partial Denture – Mandibular (1 unit per 6 months)	\$20.00
D5511	Repair Broken Complete Denture Base, Mandibular (1 per 60 months)	\$50.00
D5512	Repair Broken Complete Denture Base, Maxillary (1 per 60 months)	\$50.00
D5520	Replace Missing or Broken Teeth – Complete Denture (Each Tooth). (1 per 60 months).....	\$75.00
D5611	Repair Resin Partial Denture Base, Mandibular	\$50.00
D5612	Repair Resin Partial Denture Base, Maxillary	\$50.00
D5621	Repair Cast Partial Framework, Mandibular	\$100.00
D5622	Repair Cast Partial Framework, Maxillary	\$100.00
D5630	Repair or Replace Broken Clasp – Per Tooth (contraindicated within 91 days of delivery, any provider)	\$75.00
D5640	Replace Broken Teeth – Per Tooth (contraindicated within 91 days of delivery, any provider)	\$75.00
D5650	Add Tooth to Existing Partial Denture (contraindicated within 91 days of delivery, any provider).....	\$75.00
D5660	Add Clasp to Existing Partial Denture – Per Tooth (contraindicated within 91 days of delivery, any provider)	\$75.00
D5670	Replace All Teeth and Acrylic on Cast Metal Framework (Maxillary).....	\$305.00
D5671	Replace All Teeth and Acrylic on Cast Metal Framework (Mandibular)	\$305.00
D5710	Rebase Complete Maxillary Denture (1 per 60 months)	\$150.00
D5711	Rebase Complete Mandibular Denture (1 per 60 months).....	\$150.00
D5720	Rebase Maxillary Partial Denture (1 per 60 months)	\$150.00
D5721	Rebase Mandibular Partial Denture	\$150.00
D5730	Reline Complete Maxillary Denture, Chairside (1 per 6 months).....	\$100.00
D5731	Reline Complete Mandibular Denture, Chairside (1 per 6 months).....	\$100.00
D5740	Reline Maxillary Partial Denture, Chairside (1 per 6 months)	\$100.00
D5741	Reline Mandibular Partial Denture, Chairside (1 per 6 months).....	\$100.00
D5750	Reline Complete Maxillary Denture, Laboratory (1 per 6 months)	\$125.00
D5751	Reline Complete Mandibular Denture, Laboratory (1 per 6 months)	\$125.00
D5760	Reline Maxillary Partial Denture, Laboratory (1 per 6 months)	\$125.00
D5761	Reline Mandibular Partial Denture, Laboratory (1 per 6 months)	\$125.00
D5820	Interim Partial Denture (Maxillary) (1 per 60 months)	\$200.00
D5821	Interim Partial Denture (Mandibular) (1 per 60 months).....	\$200.00
D5850	Tissue Conditioning, Maxillary (1 per 12 months).....	\$20.00
D5851	Tissue Conditioning, Mandibular (1 per 12 months).....	\$20.00
D5862	Precision Attachment, by Report	\$90.00
D5863	Overdenture – Complete Maxillary (1 per 60 months).....	\$350.00
D5864	Overdenture – Partial Maxillary (1 per 60 months).....	\$350.00
D5865	Overdenture – Complete Mandibular (1 per 60 months).....	\$350.00
D5866	Overdenture – Partial Mandibular (1 per 60 months).....	\$350.00
D5899	Unspecified Removable Prosthodontic Procedure, by Report	\$50.00
D5999	Unspecified Maxillofacial Prosthesis, by Report	\$50.00

Prosthodontics – Fixed

Member Pays

D6210	Pontic – Cast High Noble Metal (1 per 60 months).....	\$300.00
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D6211	Pontic – Cast Predominantly Base Metal (1 per 60 months).....	\$300.00
D6212	Pontic – Cast Noble Metal (1 per 60 months)	\$300.00
D6240	Pontic – Porcelain Fused to High Noble Metal (1 per 60 months)	\$300.00
D6241	Pontic – Porcelain Fused to Predominantly Base Metal (1 per 60 months)	\$300.00
D6242	Pontic – Porcelain Fused to Noble Metal (1 per 60 months).....	\$300.00
D6250	Pontic – Resin with High Noble Metal (1 per 60 months).....	\$300.00
D6549	Resin Retainer – For Resin Bonded Fixed Prosthesis.....	\$170.00
D6720	Retainer Crown – Resin with High Noble Metal (1 per 60 months).....	\$300.00
D6740	Retainer Crown – Porcelain/Ceramic (1 per 60 months)	\$250.00
D6750	Retainer Crown – Porcelain Fused to High Noble Metal (1 per 60 months).....	\$350.00
D6751	Retainer Crown – Porcelain Fused to Predominantly Base Metal (1 per 60 months).....	\$300.00
D6752	Retainer Crown – Porcelain Fused to Noble Metal (1 per 60 months)	\$350.00
D6751	Retainer Crown – Porcelain Fused to Predominantly Base Metal (1 per 60 months).....	\$300.00
D6752	Retainer Crown – Porcelain Fused to Noble Metal (1 per 60 months)	\$350.00
D6790	Retainer Crown – Full Cast High Noble Metal (1 per 60 months).....	\$300.00
D6792	Retainer Crown – Full Cast Noble Metal (1 per 60 months)	\$300.00
D6930	Recement or Re-Bond Fixed Partial Denture (contraindicated within 91 days of delivery, any provider).....	\$50.00
D6950	Precision Attachment	\$90.00
D6980	Fixed Partial Denture Repair, by Report	\$75.00

Oral Surgery

Member Pays

D7111	Extraction, Coronal Remnants – Primary Deciduous Tooth (1 per tooth per lifetime)	\$25.00
D7140	Extraction, Erupted Tooth or Exposed Root (Elevation and/or Forceps Removal) (1 per tooth per lifetime)	\$75.00
D7210	Extraction, Erupted Tooth Requiring Removal of Bone and/or Sectioning of Tooth, and Including Elevation of Mucoperiosteal Flap if Indicated (1 per tooth per lifetime)	\$90.00
D7220	Removal of Impacted Tooth – Soft Tissue (1 per tooth per lifetime).....	\$100.00
D7230	Removal of Impacted Tooth – Partially Bony (1 per tooth per lifetime)	\$140.00
D7240	Removal of Impacted Tooth – Completely Bony (1 per tooth per lifetime)	\$160.00
D7241	Removal of Impacted Tooth – Completely Bony, with Unusual Surgical Complications (1 per tooth per lifetime).....	\$180.00
D7250	Removal of Residual Tooth Roots (Cutting Procedure) (1 per tooth per lifetime).....	\$75.00
D7260	Oroantral Fistula Closure (contraindicated within 91 days of delivery, any provider)	\$350.00
D7261	Primary Closure of a Sinus Perforation (contraindicated within 91 days of delivery, any provider)	\$300.00
D7270	Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Tooth (contraindicated within 91 days of delivery, any provider)(1 per tooth per lifetime).....	\$225.00
D7280	Exposure of an Unerupted Tooth (1 per tooth per lifetime)	\$250.00
D7283	Placement of Device to Facilitate Eruption of Impacted Tooth.....	\$185.00
D7285	Incisional Biopsy of Oral Tissue – Hard (Bone, Tooth)	\$100.00
D7286	Incisional Biopsy of Oral Tissue – Soft	\$50.00
D7287	Exfoliative Cytological Sample Collection.....	\$50.00
D7288	Brush Biopsy – Transepithelial Sample Collection	\$250.00
D7290	Surgical Repositioning of Teeth	\$350.00
D7291	Transseptal Fiberotomy/Supra Crestal Fiberotomy, by Report	\$78.00
D7293	Placement: Temporary Anchorage Device Requiring Surgical Flap, Includes Device Removal	\$325.00
D7294	Placement: Temporary Anchorage Device without Surgical Flap, Includes Device Removal.....	\$270.00
D7310	Alveoplasty in Conjunction with Extractions Four or More Teeth or Tooth Spaces, Per Quadrant (1 per quadrant per lifetime)	\$80.00
D7311	Alveoplasty in Conjunction with Extractions One to Three Teeth or Tooth Spaces, Per Quadrant.....	\$60.00

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D7320	Alveoplasty Not in Conjunction with Extractions Four or More Teeth or Tooth Spaces, Per Quadrant (1 per quadrant per lifetime)	\$90.00
D7321	Alveoplasty Not in Conjunction with Extractions One to Three Teeth or Tooth Spaces, Per Quadrant.....	\$80.00
D7410	Excision of Benign Lesion Up to 1.25 cm	\$60.00
D7411	Excision of Benign Lesion Greater Than 1.25 cm	\$100.00
D7412	Excision of Benign Lesion Complicated	\$250.00
D7440	Excision of Malignant Tumor – Lesion Diameter Up to 1.25 cm	\$250.00
D7441	Excision of Malignant Tumor – Lesion Diameter Greater Than 1.25 cm	\$250.00
D7450	Removal of Benign Odontogenic Cyst or Tumor – Lesion Diameter Up to 1.25 cm	\$250.00
D7451	Removal of Benign Odontogenic Cyst or Tumor – Lesion Diameter Greater Than 1.25 cm	\$250.00
D7460	Removal of Benign Nonodontogenic Cyst or Tumor – Lesion Diameter Up to 1.25 cm.....	\$250.00
D7461	Removal of Benign Nonodontogenic Cyst or Tumor – Lesion Diameter Greater Than 1.25 cm.....	\$250.00
D7465	Destruction of Lesion(s) by Physical or Chemical Method, by Report	\$108.00
D7471	Removal of Lateral Exostosis (Maxilla or Mandible)	\$60.00
D7472	Removal of Torus Palatinus (2 per lifetime)	\$250.00
D7473	Removal of Torus Mandibularis (2 per lifetime)	\$250.00
D7510	Incision and Drainage of Abscess – Intraoral Soft Tissue (incidental, already part of another procedure).....	\$60.00
D7511	Incision and Drainage of Abscess – Intraoral Soft Tissue Complicated (Including Drainage of Multiple Fascial Spaces).....	\$60.00
D7520	Incision and Drainage of Abscess – Extraoral Soft Tissue (incidental, already part of another procedure)	\$100.00
D7530	Removal of Foreign Body from Mucosa, Skin, or Subcutaneous Alveolar Tissue	\$75.00
D7880	Occlusal Orthotic Device, By Report	\$75.00
D7881	Occlusal Orthotic Device Adjustment	\$20.00
D7910	Suture of Recent Small Wounds Up to 5 cm.....	\$50.00
D7951	Sinus Augmentation with Bone or Bone Substitutes via a Lateral Open Approach	\$350.00
D7953	Bone Replacement Graft for Ridge Preservation – Per Site	\$350.00
D7960	Frenulectomy – Also Known as Frenectomy or Frenotomy – Separate Procedure Not Incidental to Another (3 per lifetime)	\$250.00
D7963	Frenuloplasty.....	\$60.00
D7970	Excision of Hyperplastic Tissue – Per Arch	\$250.00
D7971	Excision of Pericoronal Gingiva.....	\$60.00
D7999	Unspecified Oral Surgery Procedure, by Report	No Charge

Orthodontics

Member Pays

D8080	Comprehensive Orthodontic Treatment of the Adolescent Dentition (1 per lifetime)	\$350.00
D8090	Comprehensive Orthodontic Treatment of the Adult Dentition (1 per lifetime).....	\$350.00

Adjunctive General Services

Member Pays

D9110	Palliative (Emergency) Treatment of Dental Pain – Minor Procedure (2 per 6 months).....	\$25.00
D9120	Fixed Partial Denture Sectioning	\$25.00
D9222	Deep Sedation/General Anesthesia – First 15 Minutes	\$45.00
D9223	Deep Sedation/General Anesthesia – Each Subsequent 15 Minute Interval (3 per day)	\$45.00
D9230	Inhalation of Nitrous Oxide/Analgesia, Anxiolysis	\$15.00
D9239	Intravenous Moderate (Conscious) Sedation/Analgesia – First 15 Minutes	\$40.00
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia – Each Subsequent 15 Minute Increment (3 per day) ...	\$40.00
D9248	Non-Intravenous Conscious Sedation	\$60.00
D9310	Consultation – Diagnostic Service Provided by Dentist or Physician Other than Requesting Dentist or Physician.....	\$50.00
D9311	Consultation With a Medical Health Care Professional.....	\$30.00

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D9410	House/Extended Care Facility Call.....	\$60.00
D9420	Hospital or Ambulatory Surgical Center Call.....	\$60.00
D9430	Office Visit for Observation (During Regularly Scheduled Hours) – No Other Services Performed	\$15.00
D9440	Office Visit – After Regularly Scheduled Hours (2 per 12 months).....	\$75.00
D9610	Therapeutic Parenteral Drug, Single Administration	\$25.00
D9612	Therapeutic Parenteral Drugs, Two or More Administrations, Different Medications.....	\$25.00
D9630	Drugs or Medicaments Dispensed in the Office For Home Use.....	\$12.00
D9930	Treatment of Complications (Post-Surgical) – Unusual Circumstances, by Report.....	\$50.00
D9940	Occlusal Guard, by Report.....	\$75.00
D9942	Repair and/or Reline of Occlusal Guard	\$35.00
D9943	Occlusal Guard Adjustment	\$20.00
D9951	Occlusal Adjustment – Limited	\$30.00
D9952	Occlusal Adjustment – Complete.....	\$100.00
D9999	Unspecified Adjunctive Procedure, by Report	No Charge

Diagnostic

Member Pays

D0120	Periodic Oral Evaluation – Established Patient (1 per 6 months)	No Charge
D0140	Limited Oral Evaluation – Problem Focused (3 per 6 months)	No Charge
D0145	Oral Evaluation for a Patient Under Three Years of Age and Counseling with Primary Caregiver	No Charge
D0150	Comprehensive Oral Evaluation – New or Established Patient (1 per 36 months per location)	No Charge
D0170	Re-Evaluation – Limited, Problem Focused (Established Patient; Not Post-Operative Visit)	No Charge
D0171	Re-Evaluation – Post Operative Office Visit	No Charge
D0180	Comprehensive Periodontal Evaluation – New or Established Patient	No Charge
D0210	Intraoral – Complete Series, Including Bitewings (1 per 36 months)	\$40.00
D0220	Intraoral – Periapical First Film (2 per 3 months)	\$5.00
D0230	Intraoral – Periapical Each Additional Film (17 per 12 months)	\$5.00
D0240	Intraoral – Occlusal Film (2 per 12 months)	\$10.00
D0250	Extraoral – 2D Projection Radiographic Image Created Using a Stationary Radiation Source, and Detector	\$10.00
D0251	Extraoral – Posterior Dental Radiographic Image	\$10.00
D0270	Bitewing – Single Film (1 per 6 months)	\$5.00
D0272	Bitewings – Two Films (1 per 6 months)	\$20.00
D0273	Bitewings – Three Films (1 per 6 months)	\$20.00
D0274	Bitewings – Four Films (1 per 6 months)	\$20.00
D0330	Panoramic Film (1 per 36 months)	\$20.00
D0340	2D Cephalometric Radiographic Image – Acquisition, Measurement and Analysis (1 per 36 months)	\$50.00
D0425	Caries Susceptibility Tests	\$20.00
D0460	Pulp Vitality Tests	\$5.00
D0470	Diagnostic Casts	\$30.00
D0999	Unspecified Diagnostic Procedures, by Report	\$30.00

Preventive

Member Pays

D1110	Prophylaxis – Adult (1 per 6 months)	\$35.00
D1206	Topical Application of Fluoride Varnish (1 per 6 months)	\$15.00
D1208	Topical Application of Fluoride, Excluding Varnish (1 per 6 months)	\$15.00
D1310	Nutritional Counseling for Control of Dental Disease	\$15.00
D1330	Oral Hygiene Instructions (1 per 6 months)	\$15.00
D1351	Sealant – Per Tooth (1 per tooth per lifetime)	\$20.00
D1510	Space Maintainer – Fixed – Unilateral - Excludes a Distal Shoe Space Maintainer (2 units per 12 months, 4 units per lifetime)	\$120.00
D1515	Space Maintainer – Fixed – Bilateral (2 units per 12 months, 4 units per lifetime)	\$120.00
D1520	Space Maintainer – Removable – Unilateral (2 units per 12 months, 4 units per lifetime)	\$120.00
D1525	Space Maintainer – Removable – Bilateral (2 units per 12 months, 4 units per lifetime)	\$120.00
D1550	Re-cementation or Re-Bond of Space Maintainer	\$20.00
D1555	Removal of Fixed Space Maintainer	\$20.00
D1575	Distal Shoe Space Maintainer - Fixed - Unilateral	\$20.00

Restorative

Member Pays

D2140	Amalgam – One Surface, Primary or Permanent (1 per tooth per 36 months)	\$40.00
D2150	Amalgam – Two Surfaces, Primary or Permanent (1 per tooth per 36 months)	\$50.00
D2160	Amalgam – Three Surfaces, Primary or Permanent (1 per tooth per 36 months)	\$70.00
D2161	Amalgam – Four or More Surfaces, Primary or Permanent (1 per tooth per 36 months)	\$70.00
D2330	Resin-Based Composite – One Surface, Anterior (1 per tooth per 36 months)	\$40.00
D2331	Resin-Based Composite – Two Surfaces, Anterior (1 per tooth per 36 months)	\$50.00
D2332	Resin-Based Composite – Three Surfaces, Anterior (1 per tooth per 36 months)	\$70.00

