

**HEALTH PLAN OF NEVADA, INC.  
SOUTHERN NEVADA**

**HMO CO-PAYMENT SCHEDULE**

<u>ADA CODE</u>	<u>CODE DESCRIPTION</u>	<u>PRODUCT (Plan) DLV CODES</u>			
		<b>00505</b>	<b>00517</b>	<b>00502 00503</b>	<b>00507</b>
0120	PERIODIC ORAL EVALUATION	0	0	0	5
0140	LIMITED EMERGENCY ORAL EVALUATION - PROBLEM FOCUSED	0	0	5	5
0145	ORAL EVALUATION FOR A PATIENT UNDER THREE YEARS OF AGE AND COUNSELING WITH PRIMARY CAREGIVEE	0	0	0	5
0150	COMPREHENSIVE ORAL EVALUATION – NEW OR ESTABLISHED PATIENT	0	0	0	5
0160*	DETAILED AND EXTENSIVE ORAL EVALUATION - PROBLEM FOCUSED (SPECIALTY OFFICE ONLY)	0	0	50%	5
0170	RE-EVALUATION – LIMITED, PROBLEM FOCUSED ( <i>ESTABLISHED PATIENT; NOT POST-OPERATIVE VISIT</i> )	0	0	0	5
0180	COMPREHENSIVE PERIODONTAL EVALUATION – NEW OR ESTABLISHED PATIENT (SPECIALTY OFFICE ONLY)	0	0	50%	5
0210	INTRAORAL - COMPLETE SERIES ( <i>AT LEAST 14 FILMS, INCLUDING BITEWINGS</i> )	0	0	0	5
0220	INTRAORAL - PERIAPICAL - FIRST FILM	0	0	0	5
0230	INTRAORAL - PERIAPICAL - EACH ADDITIONAL FILM ( <i>ALLOWABLE OF THREE (3) PER DATE OF SERVICE</i> )	0	0	0	5
0240	INTRAORAL - OCCLUSAL FILM	0	0	0	5
0250	EXTRAORAL - FIRST FILM	0	0	0	Contracted Rate
0260	EXTRAORAL - EACH ADDITIONAL FILM	0	0	0	Contracted Rate
0270	BITEWING - SINGLE FILM	0	0	0	Contracted Rate
0272	BITEWINGS - TWO FILMS	0	0	0	5
0273	BITEWINGS - THREE FILMS	0	0	0	5
0274	BITEWINGS - FOUR FILMS	0	0	0	5
0277	VERTICAL BITEWINGS – 7 to 8 FILMS	0	0	0	Contracted Rate
0330	PANORAMIC FILM	0	0	0	5
*** 0350	ORAL/FACIAL PHOTOGRAPHIC IMAGES (FOR PLANS WITH ORTHODONTIC BENEFITS WHEN ADMINISTERED BY A LICENSED ORTHODONTIST)	20%	20%	50%	N/C

**Product DLV00517 has a 12 month wait on REPLACEMENT Prosthodontics removable and fixed (The wait time does not apply to initial placement crowns or crowns that are over 5 years old). The 12 month wait time also applies to repair to dentures, denture adjustments, denture relining-chairside, denture relining-laboratory, stress breaker, precision attachment.**

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0360	CONE BEAM CT – CRANIOFACIAL DATA CAPTURE	N/C	N/C	N/C	N/C
0362	CONE BEAM – TWO DIMENSIONAL IMAGE .....	N/C	N/C	N/C	N/C
0363	CONE BEAM – THREE DIMENSIONAL IMAGE.....	N/C	N/C	N/C	N/C
0460	PULP VITALITY TESTS	Contracted Rate	Contracted Rate	Contracted Rate	5
***0470	DIAGNOSTIC CASTS (APPLIES TO PLANS WITH ORTHODONTIC BENEFITS WHEN ADMINISTERED BY A LICENSED ORTHODONTIST)	20%	20%	50%	5
0486	LABORATORY ACCESSION OF BRUSH BIOPSY SAMPLE, MICROSCOPIC EXAM	N/C	N/C	N/C	N/C
1110	PROPHYLAXIS - ADULT	0	0	0	5
1120	PROPHYLAXIS - CHILD	0	0	0	5
1205	TOPICAL APPLICATION OF FLUORIDE - ADULT <i>(INCLUDING PROPHYLAXIS)</i>	0	0	0	10 Under age 18
1206	TOPICAL FLUORIDE VARNISH; THERAPEUTIC APPLICATION FOR MODERATE TO HIGH CARIES RISK PATIENTS	0	0	0	5
1208	TOPICAL APPLICATION OF FLUORIDE	0	0	0	5 Under age 18
1351	SEALANT – PER TOOTH	Contracted Rate	Contracted Rate	Contracted Rate	Contracted Rate
1510	SPACE MAINTAINER - FIXED – UNILATERAL	0	0	0	Contracted Rate
1515	SPACE MAINTAINER - FIXED – BILATERAL	0	0	0	Contracted Rate
1520	SPACE MAINTAINER - REMOVABLE – UNILATERAL	0	0	0	Contracted Rate
1525	SPACE MAINTAINER - REMOVABLE – BILATERAL	0	0	0	Contracted Rate
1550	RECEMENTATION OF SPACE MAINTAINER	0	0	0	Contracted Rate
1555	REMOVAL OF FIXED SPACE MAINTAINER	0	0	0	Contracted Rate
2140*	AMALGAM – ONE SURFACE, PRIMARY OR PERMANENT	0	0	5	5
2150*	AMALGAM – TWO SURFACES, PRIMARY OR PERMANENT	0	0	10	5

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2160*	AMALGAM – THREE SURFACES, PRIMARY OR PERMANENT	0	0	15	5
2161*	AMALGAM – FOUR OR MORE SURFACES, PRIMARY OR PERMANENT	0	0	20	5
2330*	RESIN-BASED COMPOSITE - ONE SURFACE, ANTERIOR	0	0	5	Contracted Rate
2331*	RESIN-BASED COMPOSITE - TWO SURFACES, ANTERIOR	0	0	10	Contracted Rate
2332*	RESIN-BASED COMPOSITE - THREE SURFACES, ANTERIOR	0	0	15	Contracted Rate
2335*	RESIN-BASED COMPOSITE - FOUR OR MORE SURFACES OR INVOLVING INCISAL ANGLE, ANTERIOR	0	0	20	Contracted Rate
2390*	RESIN-BASED COMPOSITE CROWN, ANTERIOR	N/C	N/C	N/C	N/C
2391*	RESIN-BASED COMPOSITE – ONE SURFACE, POSTERIOR	0	0	5	Contracted Rate
2392*	RESIN-BASED COMPOSITE – TWO SURFACES, POSTERIOR	0	0	10	Contracted Rate
2393*	RESIN-BASED COMPOSITE – THREE SURFACES, POSTERIOR	0	0	15	Contracted Rate
2394*	RESIN-BASED COMPOSITE – FOUR OR MORE SURFACES, POSTERIOR	0	0	20	Contracted Rate
2510**	INLAY – METALLIC - ONE SURFACE	25	25	100	Contracted Rate
2520**	INLAY – METALLIC - TWO SURFACES	25	25	100	Contracted Rate
2530**	INLAY – METALLIC – THREE OR MORE SURFACES	25	25	100	Contracted Rate
2542**	ONLAY – METALLIC - TWO SURFACES	25	25	100	Contracted Rate
2543**	ONLAY – METALLIC - THREE SURFACES	25	25	100	Contracted Rate
2544**	ONLAY – METALLIC - FOUR OR MORE SURFACES	25	25	100	Contracted Rate
2610**	INLAY – PORCELAIN / CERAMIC - ONE SURFACE	25	25	100	Contracted Rate
2620**	INLAY – PORCELAIN / CERAMIC - TWO SURFACES	25	25	100	Contracted Rate
2630**	INLAY – PORCELAIN / CERAMIC - THREE OR MORE SURFACES	25	25	100	Contracted Rate
2642**	ONLAY – PORCELAIN / CERAMIC - TWO SURFACES	25	25	100	Contracted Rate
2643**	ONLAY – PORCELAIN / CERAMIC - THREE SURFACES	25	25	100	Contracted Rate
2644**	ONLAY – PORCELAIN / CERAMIC - FOUR OR MORE SURFACES	25	25	100	Contracted Rate
2650**	INLAY – RESIN-BASED COMPOSITE – ONE SURFACE ( <i>LAB PROCESSED</i> )	Contracted Rate	Contracted Rate	Contracted Rate	Contracted Rate

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2651**	INLAY – RESIN-BASED COMPOSITE – TWO SURFACES (LAB PROCESSED)	Contracted Rate	Contracted Rate	Contracted Rate	Contracted Rate
2652**	INLAY – RESIN-BASED COMPOSITE – THREE OR MORE SURFACES (LAB PROCESSED)	Contracted Rate	Contracted Rate	Contracted Rate	Contracted Rate
2662**	ONLAY – RESIN-BASED COMPOSITE – TWO SURFACES (LAB PROCESSED)	Contracted Rate	Contracted Rate	Contracted Rate	Contracted Rate
2663**	ONLAY – RESIN-BASED COMPOSITE – THREE SURFACES (LAB PROCESSED)	Contracted Rate	Contracted Rate	Contracted Rate	Contracted Rate
2664**	ONLAY – RESIN-BASED COMPOSITE – FOUR OR MORE SURFACES (LAB PROCESSED)	Contracted Rate	Contracted Rate	Contracted Rate	Contracted Rate
2710**	CROWN – RESIN BASED COMPOSITE (INDIRECT)	N/C	N/C	N/C	N/C
2720**	CROWN – RESIN WITH HIGH NOBLE METAL	N/C	N/C	N/C	N/C
2721**	CROWN – RESIN WITH PREDOMINANTLY BASE METAL	N/C	N/C	N/C	N/C
2722**	CROWN – RESIN WITH NOBLE METAL	N/C	N/C	N/C	N/C
2740**	CROWN – PORCELAIN / CERAMIC SUBSTRATE	25	25	100	Contracted Rate
2750**	CROWN – PORCELAIN FUSED TO HIGH NOBLE METAL	25	25	100	Contracted Rate
2751**	CROWN – PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	25	25	100	Contracted Rate
2752**	CROWN – PORCELAIN FUSED TO NOBLE METAL	25	25	100	Contracted Rate
2780**	CROWN – ¾ CAST HIGH NOBLE METAL	25	25	100	Contracted Rate
2781**	CROWN – ¾ CAST PREDOMINANTLY BASE METAL	25	25	100	Contracted Rate
2782**	CROWN – ¾ CAST NOBLE METAL	25	25	100	Contracted Rate
2783**	CROWN – ¾ PORCELAIN / CERAMIC (DOES NOT INCLUDE FACIAL VENEERS)	25	25	100	Contracted Rate
2790**	CROWN – FULL CAST HIGH NOBLE METAL	25	25	100	Contracted Rate
2791**	CROWN – FULL CAST PREDOMINANTLY BASE METAL	25	25	100	Contracted Rate
2792**	CROWN – FULL CAST NOBLE METAL	25	25	100	Contracted Rate
2799**	PROVISIONAL CROWN	N/C	N/C	N/C	Contracted Rate
2910*	RECEMENT INLAY, ONLAY, OR PARTIAL COVERAGE RESTORATION	0	0	5	Contracted Rate
2920*	RECEMENT CROWN	0	0	5	Contracted Rate
2930*	PREFABRICATED STAINLESS STEEL CROWN - PRIMARY	0	0	25	Contracted Rate

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2931*	PREFABRICATED STAINLESS STEEL CROWN - PERMANENT	Contracted Rate	Contracted Rate	Contracted Rate	Contracted Rate
2932*	PREFABRICATED RESIN CROWN	0	0	25	Contracted Rate
2933*	PREFABRICATED STAINLESS STEEL CROWN WITH RESIN WINDOW, ANTERIOR – PRIMARY	0	0	25	Contracted Rate
2934*	PREFABRICATED ESTHETIC COATED STAINLESS STEEL CROWN-PRIMARY TOOTH	0	0	25	Contracted Rate
2940*	SEDATIVE FILLING	0	0	5	Contracted Rate
2950**	CORE BUILDUP, INCLUDING ANY PINS	0	0	25	Contracted Rate
2951*	PIN RETENTION - PER TOOTH, IN ADDITION TO RESTORATION	0	0	10	Contracted Rate
2952**	CAST POST AND CORE, IN ADDITION TO CROWN	0	0	30	Contracted Rate
2953**	EACH ADDITIONAL CAST POST – SAME TOOTH	0	0	30	Contracted Rate
2954**	PREFABRICATED POST AND CORE, IN ADDITION TO CROWN	0	0	30	Contracted Rate
2955*	POST REMOVAL ( <i>NOT IN CONJUNCTION WITH ENDODONTIC THERAPY</i> )	N/C	N/C	N/C	N/C
2957**	EACH ADDITIONAL PREFABRICATED POST – SAME TOOTH	0	0	30	Contracted Rate
2960**	LABIAL VENEER ( <i>RESIN LAMINATE</i> ) – CHAIRSIDE	Contracted Rate	Contracted Rate	Contracted Rate	Contracted Rate
2970**	TEMPORARY CROWN, FRACTURED TOOTH	0	0	25	Contracted Rate
2980**	CROWN REPAIR, BY REPORT	0	0	25	Contracted Rate
3110*	PULP CAP – DIRECT ( <i>EXCLUDING FINAL RESTORATION</i> )	0	0	5	5
3120*	PULP CAP – INDIRECT ( <i>EXCLUDING FINAL RESTORATION</i> )	0	0	5	5
3220*	THERAPEUTIC PULPOTOMY ( <i>EXCLUDING FINAL RESTORATION</i> )	0	0	5	Contracted Rate
3221*	PULPAL DEBRIDEMENT, PRIMARY & PERMANENT TEETH ( <i>NOT TO BE USED BY PROVIDER COMPLETING ENDODONTIC TREATMENT</i> )	0	0	5	Contracted Rate
3222*	PARTIAL PULPTOMY FOR APEXOGNOSIS – PERMANENT TOOTH WITH INCOMPLETE ROOT DEVELOPMENT	0	0	5	Contracted Rate
3230*	PULPAL THERAPY (RESORBABLE FILLING) – ANTERIOR, PRIMARY TOOTH ( <i>EXCLUDING FINAL RESTORATION</i> )	0	0	50	Contracted Rate

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3240*	PULPAL THERAPY (RESORBABLE FILLING) – POSTERIOR, PRIMARY TOOTH (EXCLUDING FINAL RESTORATION)	0	0	75	Contracted Rate
3310*	ENDODONTIC THERAPY – ANTERIOR TOOTH	0	0	50	Contracted Rate
3320*	ENDODONTIC THERAPY - BICUSPID TOOTH	0	0	75	Contracted Rate
3330*	ENDODONTIC THERAPY – MOLAR	0	0	100	Contracted Rate
3332*	INCOMPLETE ENDODONTIC THERAPY; INOPERABLE OR FRACTURED TOOTH	0	0	5	Contracted Rate
3333*	INTERNAL ROOT REPAIR OF PERFORATION DEFECTS	0	0	50%	Contracted Rate
3346*	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – ANTERIOR	0	0	50	Contracted Rate
3347*	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – BICUSPID	0	0	75	Contracted Rate
3348*	RETREATMENT OF PREVIOUS ROOT CANAL THERAPY – MOLAR	0	0	100	Contracted Rate
3351*	APEXIFICATION / RECALCIFICATION – INITIAL VISIT	0	0	50%	Contracted Rate
3352*	APEXIFICATION / RECALCIFICATION – INTERIM MEDICATION REPLACEMENT	0	0	50%	Contracted Rate
3353*	APEXIFICATION / RECALCIFICATION – FINAL VISIT (INCLUDES COMPLETED ROOT CANAL THERAPY)	0	0	50%	Contracted Rate
3410*	APICOECTOMY / PERIRADICULAR SURGERY – ANTERIOR	0	0	50%	Contracted Rate
3421*	APICOECTOMY / PERIRADICULAR SURGERY – BICUSPID (FIRST ROOT)	0	0	50%	Contracted Rate
3425*	APICOECTOMY / PERIRADICULAR SURGERY – MOLAR (FIRST ROOT)	0	0	50%	Contracted Rate
3426*	APICOECTOMY / PERIRADICULAR SURGERY (EACH ADDITIONAL ROOT)	0	0	50%	Contracted Rate
3430*	RETROGRADE FILLING - PER ROOT	0	0	50%	Contracted Rate
3450*	ROOT AMPUTATION - PER ROOT	0	0	50%	Contracted Rate
3920*	HEMISECTION (INCLUDING ANY ROOT REMOVAL) NOT INCLUDING ROOT CANAL THERAPY	0	0	50%	Contracted Rate
4210*	GINGIVECTOMY OR GINGIVOPLASTY – FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES, PER QUADRANT	20%	20%	50%	Contracted Rate

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4211*	GINGIVECTOMY OR GINGIVOPLASTY – ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES, PER QUADRANT	20%	20%	50%	Contracted Rate
4230*	ANATOMICAL CROWN EXPOSURE – 4 TEETH/QUAD	N/C	N/C	N/C	N/C
4231*	ANATOMICAL CROWN EXPOSURE - 1-3 TEETH/QUAD	N/C	N/C	N/C	N/C
4240*	GINGIVAL FLAP PROCEDURE ( <i>INCLUDING ROOT PLANING</i> ) - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES, PER QUADRANT	20%	20%	50%	Contracted Rate
4241*	GINGIVAL FLAP PROCEDURE, ( <i>INCLUDING ROOT PLANING</i> ) - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES, PER QUADRANT	20%	20%	50%	Contracted Rate
4249*	CLINICAL CROWN LENGTHENING - HARD TISSUE	20%	20%	50%	Contracted Rate
4260*	OSSEOUS SURGERY ( <i>INCLUDING FLAP ENTRY &amp; CLOSURE</i> ) - FOUR OR MORE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES, PER QUADRANT	20%	20%	50%	Contracted Rate
4261*	OSSEOUS SURGERY, ( <i>INCLUDING FLAP ENTRY AND CLOSURE</i> ) - ONE TO THREE CONTIGUOUS TEETH OR TOOTH BOUNDED SPACES, PER QUADRANT	20%	20%	50%	Contracted Rate
4263*	BONE REPLACEMENT GRAFT - FIRST SITE IN QUADRANT	20%	20%	50%	Contracted Rate
4264*	BONE REPLACEMENT GRAFT - EACH ADDITIONAL SITE IN QUADRANT	20%	20%	50%	Contracted Rate
4265*	BIOLOGIC MATERIALS TO AID IN SOFT AND OSSEOUS TISSUE REGENERATION	N/C	N/C	N/C	N/C
4266*	GUIDED TISSUE REGENERATION - RESORBABLE BARRIER - PER SITE	20%	20%	50%	Contracted Rate
4267*	GUIDED TISSUE REGENERATION -NONRESORBABLE BARRIER - PER SITE ( <i>INCLUDES MEMBRANE REMOVAL</i> )	20%	20%	50%	Contracted Rate
4268*	SURGICAL REVISION PROCEDURE - PER TOOTH	20%	20%	50%	Contracted Rate
4270*	PEDICLE SOFT TISSUE GRAFT PROCEDURE	20%	20%	50%	Contracted Rate
4271*	FREE SOFT TISSUE GRAFT ( <i>INCLUDING DONOR SITE SURGERY</i> )	20%	20%	50%	Contracted Rate
4273*	SUBEPITHELIAL CONNECTIVE TISSUE GRAFT PROCEDURE ( <i>INCLUDING DONOR SITE SURGERY</i> )	N/C	N/C	N/C	N/C
4274*	DISTAL OR PROXIMAL WEDGE PROCEDURE	N/C	N/C	N/C	N/C

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4275*	SOFT TISSUE ALLOGRAFT	N/C	N/C	N/C	N/C
4276*	COMBINED CONNECTIVE TISSUE AND DOUBLE PEDICLE GRAFT	N/C	N/C	N/C	N/C
4341*	PERIODONTAL SCALING AND ROOT PLANING - FOUR OR MORE TEETH, PER QUADRANT	0	0	25	Contracted Rate
4342*	PERIODONTAL SCALING AND ROOT PLANING - ONE TO THREE TEETH, PER QUADRANT	0	0	25	Contracted Rate
4355*	FULL MOUTH DEBRIDEMENT – TO ENABLE COMPREHENSIVE EVALUATION & DIAGNOSIS	0	0	0	Contracted Rate
4910*	PERIODONTAL MAINTENANCE PROPHYLAXIS (AFTER COMPLETION OF ACTIVE(SURGICAL OR NON SURGICAL) PERIODONTAL THERAPY)	20%	20%	50%	Contracted Rate
5110**	COMPLETE DENTURE – MAXILLARY	25	25	150	Contracted Rate
5120**	COMPLETE DENTURE – MANDIBULAR	25	25	150	Contracted Rate
5130**	IMMEDIATE DENTURE – MAXILLARY	25	25	150	Contracted Rate
5140**	IMMEDIATE DENTURE – MANDIBULAR	25	25	150	Contracted Rate
5150**	REMOVABLE PROSTHETIC IDENTIFICATION PER APPLIANCE (DENTURE/PARTIAL)	0	0	0	Contracted Rate
5211**	MAXILLARY PARTIAL DENTURE – RESIN BASE (INCLUDING CONVENTIONAL CLASPS, RESTS & TEETH)	25	25	150	Contracted Rate
5212**	MANDIBULAR PARTIAL DENTURE - RESIN BASE (INCLUDING CONVENTIONAL CLASPS, RESTS & TEETH)	25	25	150	Contracted Rate
5213**	MAXILLARY PARTIAL DENTURE – CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING CONVENTIONAL CLASPS, RESTS & TEETH)	25	25	150	Contracted Rate
5214**	MANDIBULAR PARTIAL DENTURE - CAST METAL FRAMEWORK WITH RESIN DENTURE BASES (INCLUDING CONVENTIONAL CLASPS, RESTS & TEETH)	25	25	150	Contracted Rate
5225**	MAXILLARY PARTIAL DENTURE – FLEXIBLE BASE (INCLUDING ANY CLASPS, RESTS AND TEETH)	25	25	150	Contracted Rate

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**HEALTH PLAN OF NEVADA, INC.  
SOUTHERN NEVADA**

*HMO CO-PAYMENT SCHEDULE*

<u>ADA CODE</u>	<u>CODE DESCRIPTION</u>	<u>PRODUCT (Plan) DLV CODES</u>			
		<b>00505</b>	<b>00517</b>	<b>00502 00503</b>	<b>00507</b>
5226**	MANDIBULAR PARTIAL DENTURE – FLEXIDBLE BASE <i>(INCLUDING ANY CLASPS, RESTS AND TEETH)</i>	25	25	150	Contracted Rate
5281**	REMOVABLE UNILATERAL PARTIAL DENTURE – ONE PIECE CAST METAL <i>(INCLUDING CLASPS &amp; TEETH)</i>	N/C	N/C	N/C	N/C
5410*	ADJUST COMPLETE DENTURE – MAXILLARY	0	0	5	5
5411*	ADJUST COMPLETE DENTURE – MANDIBULAR	0	0	5	5
5421*	ADJUST PARTIAL DENTURE – MAXILLARY	0	0	5	5
5422*	ADJUST PARTIAL DENTURE – MANDIBULAR	0	0	5	5
5510*	REPAIR BROKEN COMPLETE DENTURE BASE	0	0	25	Contracted Rate
5520*	REPLACE MISSING OR BROKEN TEETH – COMPLETE DENTURE - PER TOOTH	0	0	25	Contracted Rate
5610*	REPAIR RESIN DENTURE BASE	0	0	25	Contracted Rate
5620*	REPAIR CAST FRAMEWORK	0	0	25	Contracted Rate
5630*	REPAIR OR REPLACE BROKEN CLASP	0	0	25	Contracted Rate
5640*	REPLACE BROKEN TEETH - PER TOOTH	0	0	25	Contracted Rate
5650**	ADD TOOTH TO EXISTING PARTIAL DENTURE <i>(REPLACES EXTRACTED TOOTH)</i>	0	0	25	Contracted Rate
5660**	ADD CLASP TO EXISTING PARTIAL DENTURE	0	0	25	Contracted Rate
5670**	REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK – MAXILLARY	0	0	50	Contracted Rate
5671**	REPLACE ALL TEETH AND ACRYLIC ON CAST METAL FRAMEWORK – MANDIBULAR	0	0	50	Contracted Rate
5710**	REBASE COMPLETE MAXILLARY DENTURE	0	0	50	Contracted Rate
5711**	REBASE COMPLETE MANDIBULAR DENTURE	0	0	50	Contracted Rate
5720**	REBASE MAXILLARY PARTIAL DENTURE	0	0	50	Contracted Rate
5721**	REBASE MANDIBULAR PARTIAL DENTURE	0	0	50	Contracted Rate
5730**	RELINE COMPLETE MAXILLARY DENTURE <i>(CHAIRSIDE)</i>	0	0	10	Contracted Rate

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SOUTHERN NEVADA**

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5731**	RELINE COMPLETE MANDIBULAR DENTURE ( <i>CHAIRSIDE</i> )	0	0	10	Contracted Rate
5740**	RELINE MAXILLARY PARTIAL DENTURE ( <i>CHAIRSIDE</i> )	0	0	10	Contracted Rate
5741**	RELINE MANDIBULAR PARTIAL DENTURE ( <i>CHAIRSIDE</i> )	0	0	10	Contracted Rate
5750**	RELINE COMPLETE MAXILLARY DENTURE ( <i>LABORATORY</i> )	0	0	50	Contracted Rate
5751**	RELINE COMPLETE MANDIBULAR DENTURE ( <i>LABORATORY</i> )	0	0	50	Contracted Rate
5760**	RELINE MAXILLARY PARTIAL DENTURE ( <i>LABORATORY</i> )	0	0	50	Contracted Rate
5761**	RELINE MANDIBULAR PARTIAL DENTURE ( <i>LABORATORY</i> )	0	0	50	Contracted Rate
5820**	INTERIM PARTIAL DENTURE – MAXILLARY ( <i>ANTERIOR ONLY</i> )	25	25	50	Contracted Rate
5821**	INTERIM PARTIAL DENTURE – MANDIBULAR ( <i>ANTERIOR ONLY</i> )	25	25	50	Contracted Rate
5850**	TISSUE CONDITIONING – MAXILLARY	0	0	0	Contracted Rate
5851**	TISSUE CONDITIONING – MANDIBULAR	0	0	0	Contracted Rate
5860**	OVERDENTURE - COMPLETE, BY REPORT	Contracted Rate	Contracted Rate	Contracted Rate	Contracted Rate
5861**	OVERDENTURE - PARTIAL, BY REPORT	Contracted Rate	Contracted Rate	Contracted Rate	Contracted Rate
5862**	PRECISION ATTACHMENT, BY REPORT	0	0	25	Contracted Rate
5867**	REPLACEMENT OF REPLACEABLE PART OF SEMI-PRECISION OR PRECISION ATTACHMENT ( <i>MALE OR FEMALE COMPONENT</i> )	0	0	25	Contracted Rate
6000** THRU 6199**	IMPLANT SERVICES	N/C	N/C	N/C	N/C
6210**	PONTIC - CAST HIGH NOBLE METAL	25	25	100	Contracted Rate
6211**	PONTIC - CAST PREDOMINANTLY BASE METAL	25	25	100	Contracted Rate
6212**	PONTIC - CAST NOBLE METAL	25	25	100	Contracted Rate
6240**	PONTIC - PORCELAIN FUSED TO HIGH NOBLE METAL	25	25	100	Contracted Rate
6241**	PONTIC - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	25	25	100	Contracted Rate
6242**	PONTIC - PORCELAIN FUSED TO NOBLE METAL	25	25	100	Contracted Rate
6245**	PONTIC – PORCELAIN / CERAMIC	25	25	100	Contracted Rate

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6250**	PONTIC – RESIN WITH HIGH NOBLE METAL	N/C	N/C	N/C	N/C
6251**	PONTIC – RESIN WITH PREDOMINANTLY BASE METAL	N/C	N/C	N/C	N/C
6252**	PONTIC – RESIN WITH NOBLE METAL	N/C	N/C	N/C	N/C
6253**	PROVISIONAL PONTIC	N/C	N/C	N/C	N/C
6545**	RETAINER - CAST METAL FOR RESIN BONDED FIXED PROSTHESIS	25	25	50	Contracted Rate
6548**	RETAINER – PORCELAIN / CERAMIC FOR RESIN BONDED FIXED PROSTHESIS	25	25	50	Contracted Rate
6600**	INLAY – PORCELAIN / CERAMIC, TWO SURFACES	25	25	100	Contracted Rate
6601**	INLAY – PORCELAIN / CERAMIC, THREE OR MORE SURFACES	25	25	100	Contracted Rate
6602**	INLAY – CAST HIGH NOBLE METAL, TWO SURFACES	25	25	100	Contracted Rate
6603**	INLAY – CAST HIGH NOBLE METAL, THREE OR MORE SURFACES	25	25	100	Contracted Rate
6604**	INLAY – CAST PREDOMINANTLY BASE METAL, TWO SURFACES	25	25	100	Contracted Rate
6605**	INLAY – CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACES	25	25	100	Contracted Rate
6606**	INLAY – CAST NOBLE METAL, TWO SURFACES	25	25	100	Contracted Rate
6607**	INLAY – CAST NOBLE METAL, THREE OR MORE SURFACES	25	25	100	Contracted Rate
6608**	ONLAY – PORCELAIN / CERAMIC, TWO SURFACES	25	25	100	Contracted Rate
6609**	ONLAY – PORCELAIN / CERAMIC, THREE OR MORE SURFACES	25	25	100	Contracted Rate
6610**	ONLAY – CAST HIGH NOBLE METAL, TWO SURFACES	25	25	100	Contracted Rate
6611**	ONLAY – CAST HIGH NOBLE METAL, THREE OR MORE SURFACES	25	25	100	Contracted Rate
6612**	ONLAY – CAST PREDOMINANTLY BASE METAL, TWO SURFACES	25	25	100	Contracted Rate
6613**	ONLAY – CAST PREDOMINANTLY BASE METAL, THREE OR MORE SURFACES	25	25	100	Contracted Rate
6614**	ONLAY – CAST NOBLE METAL, TWO SURFACES	25	25	100	Contracted Rate
6615**	ONLAY – CAST NOBLE METAL, THREE OR MORE SURFACES	25	25	100	Contracted Rate
6720**	CROWN – RESIN WITH HIGH NOBLE METAL	N/C	N/C	N/C	N/C
6721**	CROWN – RESIN WITH PREDOMINANTLY BASE METAL	N/C	N/C	N/C	N/C
6722**	CROWN – RESIN WITH NOBLE METAL	N/C	N/C	N/C	N/C
6740**	CROWN – PORCELAIN / CERAMIC	25	25	100	Contracted Rate

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6750**	CROWN - PORCELAIN FUSED TO HIGH NOBLE METAL	25	25	100	Contracted Rate
6751**	CROWN - PORCELAIN FUSED TO PREDOMINANTLY BASE METAL	25	25	100	Contracted Rate
6752**	CROWN - PORCELAIN FUSED TO NOBLE METAL	25	25	100	Contracted Rate
6780**	CROWN – ¾ CAST HIGH NOBLE METAL	25	25	100	Contracted Rate
6781**	CROWN – ¾ CAST PREDOMINANTLY BASE METAL	25	25	100	Contracted Rate
6782**	CROWN – ¾ CAST NOBLE METAL	25	25	100	Contracted Rate
6783**	CROWN – ¾ PORCELAIN / CERAMIC	25	25	100	Contracted Rate
6790**	CROWN - FULL CAST HIGH NOBLE METAL	25	25	100	Contracted Rate
6791**	CROWN - FULL CAST PREDOMINANTLY BASE METAL	25	25	100	Contracted Rate
6792**	CROWN - FULL CAST NOBLE METAL	25	25	100	Contracted Rate
6793**	PROVISIONAL RETAINER CROWN	N/C	N/C	N/C	N/C
6920**	CONNECTOR BAR	N/C	N/C	N/C	N/C
6930*	RECEMENT FIXED PARTIAL DENTURE	0	0	5	Contracted Rate
6940**	STRESS BREAKER	0	0	25	Contracted Rate
6950**	PRECISION ATTACHMENT	0	0	25	Contracted Rate
6970**	CAST POST AND CORE IN ADDITION TO FIXED PARTIAL DENTURE RETAINER	0	0	30	Contracted Rate
6971**	CAST POST AS PART OF FIXED PARTIAL DENTURE RETAINER	0	0	30	Contracted Rate
6972**	PREFABRICATED POST AND CORE IN ADDITION TO FIXED PARTIAL DENTURE RETAINER	0	0	30	Contracted Rate
6973**	CORE BUILD UP FOR RETAINER, INCLUDING ANY PINS	0	0	5	Contracted Rate
6976**	EACH ADDITIONAL CAST POST – SAME TOOTH	0	0	30	Contracted Rate
6977**	EACH ADDITIONAL PREFABRICATED POST – SAME TOOTH	0	0	30	Contracted Rate
6980**	FIXED PARTIAL DENTURE REPAIR, BY REPORT	B/R	B/R	B/R	N/C
6985**	PEDIATRIC PARTIAL DENTURE, FIXED	N/C	N/C	N/C	N/C
7111*	EXTRACTION, CORONAL REMNANTS – DECIDUOUS TOOTH	0	0	5	Contracted Rate
7140*	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT – ELEVATION AND/OR	0	0	5	Contracted Rate

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	FORCEPS REMOVAL				
7210*	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING ELEVATION OF MUCOPERIOSTEAL FLAP & REMOVAL OF BONE AND/OR SECTION OF TOOTH	0	0	5	Contracted Rate
7220*	REMOVAL OF IMPACTED TOOTH - SOFT TISSUE	0	0	5	Contracted Rate
7230*	REMOVAL OF IMPACTED TOOTH - PARTIALLY BONY	0	0	5	Contracted Rate
7240*	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY	0	0	5	Contracted Rate
7241*	REMOVAL OF IMPACTED TOOTH - COMPLETELY BONY WITH UNUSUAL SURGICAL COMPLICATIONS	0	0	5	Contracted Rate
7250*	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS ( <i>CUTTING PROCEDURE</i> )	0	0	5	Contracted Rate
7260*	OROANTRAL FISTULA CLOSURE	0	0	50%	Contracted Rate
7261*	PRIMARY CLOSURE OF SINUS PERFORATION	0	0	50%	Contracted Rate
7270*	TOOTH REIMPLANTATION AND/OR STABILIZATION OF ACCIDENTALLY EVULSED OR DISPLACED TOOTH AND/OR ALVEOLUS ( <i>CONTACT PRIMARY CARE PHYSICIAN FOR MEDICAL RELATED ACCIDENTAL INJURY TO SOUND NATURAL TOOTH/TEETH</i> )	N/C	N/C	N/C	N/C
7280*	SURGICAL ACCESS OF AN UNERUPTED TOOTH ( <i>APPLIES TO PLANS WITH ORTHODONTIC BENEFITS WHEN ADMINISTERED BY A LICENSED ORAL SURGEON</i> )	0	0	50%	N/C
7282*	MOBILIZATION OF ERUPTED OR MALPOSITIONED TOOTH TO AID ERUPTION	N/C	N/C	N/C	N/C
7283	PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH	0	0	50%	N/C
7285*	BIOPSY OF ORAL TISSUE – HARD ( <i>BONE, TOOTH</i> ) ( <i>Refer to medical</i> )	N/C	N/C	N/C	N/C
7286*	BIOPSY OF ORAL TISSUE – SOFT ( <i>Refer to medical</i> )	N/C	N/C	N/C	N/C
7287*	EXFOLIATIVE CYTOLOGY SAMPLE COLLECTION	N/C	N/C	N/C	N/C
7291*	TRANSSEPTAL FIBEROTOMY / SUPRA CRESTAL FIBEROTOMY	N/C	N/C	N/C	N/C
7292*	SURGICAL PLACEMENT; TEMP ANCHORAGE.....	N/C	N/C	N/C	N/C
7293*	SURGICAL PLACEMENT; TEMP ANCHORAGE.....	N/C	N/C	N/C	N/C

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7294*	SURGICAL PLACEMENT; TEMP ANCHORAGE.....	N/C	N/C	N/C	N/C
7310*	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS - PER QUADRANT	0	0	50%	Contracted Rate
7311*	ALVEOLOPLASTY IN CONJUNCTION WITH EXTRACTIONS-ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT	0	0	50%	Contracted Rate
7320*	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS -PER QUADRANT	0	0	50%	Contracted Rate
7321*	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS-ONE TO THREE TEETH OR TOOTH SPACES, PER QUADRANT	0	0	50%	Contracted Rate
7340*	VESTIBULOPLASTY - RIDGE EXTENSION ( <i>SECONDARY EPITHELIAZATION</i> )	0	0	50%	Contracted Rate
7350*	VESTIBULOPLASTY - RIDGE EXTENSION ( <i>INCLUDING SOFT TISSUE GRAFTS, MUSCLE REATTACHMENT, REVISION OF SOFT TISSUE ATTACHMENT AND MANAGEMENT OF HYPERTROPHIED &amp; HYPERPLASTIC TISSUE</i> )	0	0	50%	Contracted Rate
7471*	REMOVAL OF LATERAL EXOSTOSIS, – MAXILLA OR MANDIBLE	0	0	50%	Contracted Rate
7472*	REMOVAL OF TORUS PALATINUS	0	0	50%	Contracted Rate
7473*	REMOVAL OF TORUS MANDIBULARIS	0	0	50%	Contracted Rate
7485*	SURGICAL REDUCTION OF OSSEOUS TUBEROSITY	0	0	50%	Contracted Rate
7510*	INCISION AND DRAINAGE OF ABSCESS - INTRAORAL SOFT TISSUE	0	0	50%	Contracted Rate
7511*	INCISION AND DRAINAGE OF ABSCESS-INTRAORAL SOFT TISSUE-COMPLICATED (INCLUDES DRAINAGE OF MULTIPLE FASCIAL SPACES) (NOT COVERED, REFER TO MEDICAL)	N/C	N/C	N/C	N/C
7520*	INCISION AND DRAINAGE OF ABSCESS - EXTRAORAL SOFT TISSUE	0	0	50%	Contracted Rate
7521*	INCISION AND DRAINAGE OF ABSCESS-EXTRAORAL SOFT TISSUE-COMPLICATED (INCLUDES DRAINAGE OF MULTIPLE FASCIAL SPACES) (NOT COVERED, REFER TO MEDICAL)	N/C	N/C	N/C	N/C
7530*	REMOVAL OF FOREIGN BODY FROM MUCOSA, SKIN OR SUBCUTANEOUS AREOLA TISSUE	0	0	50%	Contracted Rate

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7550*	PARTIAL OSTECTOMY / SEQUESTRECTOMY FOR REMOVAL OF NON-VITAL BONE	N/C	N/C	N/C	N/C
7910*	SUTURE OF RECENT SMALL WOUNDS UP TO 5CM	N/C	N/C	N/C	N/C
7951*	SINUS AUGMENTATION WITH BONE OR BONE SUBSTITUES	N/C	N/C	N/C	N/C
7960*	FRENULECTOMY ( <i>FRENECTOMY OR FRENOTOMY</i> ) – SEPARATE PROCEDURE	0	0	50%	Contracted Rate
7970*	EXCISION OF HYPERPLASTIC TISSUE - PER ARCH	0	0	50%	N/C
7972*	SURGICAL REDUCTION OF FIBROUS TUBEROSITY	0	0	50%	Contracted Rate
7998*	INTRAORAL PLACEMENT OF A SIXATION DEVICE.....	N/C	N/C	N/C	N/C
7999*	UNSPECIFIED ORAL SURGERY PROCEDURE, BY REPORT	N/C	N/C	N/C	N/C
***8210	REMOVABLE APPLIANCE THERAPY ( <i>THUMB SUCKING</i> ) (APPLIES TO PLANS WITH ORTHODONTIC BENEFITS WHEN ADMINISTERED BY A LICENSED ORTHODONTIST)	20%	20%	50%	N/C
***8220	FIXED APPLIANCE THERAPY ( <i>THUMB SUCKING</i> ) (APPLIES TO PLANS WITH ORTHODONTIC BENEFITS WHEN ADMINISTERED BY A LICENSED ORTHODONTIST)	20%	20%	50%	N/C
8693	REBONDING OR RECEMENTING; AND/OR REPAIR.....	N/C	N/C	N/C	N/C
9110	PALLIATIVE ( <i>EMERGENCY</i> ) TREATMENT OF DENTAL PAIN - MINOR PROCEDURE	0	0	5	Contracted Rate
9120*	FIXED PARTIAL DENTURE SECTIONING	0	0	50%	Contracted Rate
9210*	LOCAL ANESTHESIA NOT IN CONJUNCTION WITH OPERATIVE OR SURGICAL PROCEDURES	N/C	N/C	N/C	N/C
9211*	REGIONAL BLOCK ANESTHESIA	N/C	N/C	N/C	N/C
9212*	TRIGEMINAL DIVISION BLOCK ANESTHESIA	N/C	N/C	N/C	N/C
9215*	LOCAL ANESTHESIA	N/C	N/C	N/C	N/C
9223*	DEEP SEDATION / GENERAL ANESTHESIA – EACH 15 MINUTES	Contracted Rate	Contracted Rate	Contracted Rate	Contracted Rate
9230*	ANALGESIA, ANXIOLYSIS, INHALATION OF NITROUS OXIDE	Contracted Rate	Contracted Rate	Contracted Rate	Contracted Rate

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N/C = NOT A COVERED SERVICE

\* = BASIC SERVICES

\*\* = MAJOR SERVICES

\*\*\* = ADA CODES 0350, 0470, 8210, 8220 APPLIES TO PLANS WITH ORTHODONTIC BENEFITS WHEN ADMINISTERED BY A LICENSED ORTHODONTIST

**“PLEASE REFER TO SPECIFIC PLAN DOCUMENT FOR FREQUENCY, AGE AND TEETH LIMITATIONS”**

**HEALTH PLAN OF NEVADA, INC.  
SOUTHERN NEVADA**

*HMO CO-PAYMENT SCHEDULE*

<u>ADA CODE</u>	<u>CODE DESCRIPTION</u>	<u>PRODUCT (Plan) DLV CODES</u>			
		<b>00505</b>	<b>00517</b>	<b>00502 00503</b>	<b>00507</b>
9243*	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA – EACH 15 MINUTE INCREMENT	Contracted Rate	Contracted Rate	Contracted Rate	Contracted Rate
9248*	NON-INTRAVENOUS CONSCIOUS SEDATION	N/C	N/C	N/C	N/C
9310	CONSULTATION ( <i>DIAGNOSTIC SERVICE PROVIDED BY DENTIST OR PHYSICIAN OTHER THAN PRACTITIONER PROVIDING TREATMENT</i> )	N/C	N/C	N/C	N/C
9430	OFFICE VISIT FOR OBSERVATION ( <i>DURING REGULARLY SCHEDULED HOURS</i> ) - NO OTHER SERVICES PERFORMED	N/C	N/C	N/C	N/C
9440	OFFICE VISIT ( <i>AFTER REGULARLY SCHEDULED HOURS</i> )	Contracted Rate	Contracted Rate	Contracted Rate	5
9450	CASE PRESENTATION, DETAILED AND EXTENSIVE TREATMENT PLANNING ( <i>TO BE INCLUDED WITH EXAMINATION OR CONSULTATION</i> )	N/C	N/C	N/C	N/C
9610*	THERAPEUTIC DRUG INJECTION ( <i>ORAL SURGEONS ONLY</i> )	0	0	50%	Contracted Rate
9612*	THERAPEUTIC PARENTERAL DRUGS, 2 OR MORE	0	0	50% <i>c</i>	Contracted Rate
9630*	OTHER DRUGS AND/OR MEDICAMENTS ( <i>DISPENSING OF ORAL ANTIBIOTICS/ORAL ANALGESICS IN THE OFFICE; DOES NOT APPLY TO WRITING A PRESCRIPTION</i> )	N/C	N/C	N/C	N/C
9910*	APPLICATION OF DESENSITIZING MEDICAMENT	Contracted Rate	Contracted Rate	Contracted Rate	Contracted Rate
9911*	APPLICATION OF DESENSITIZING RESIN FOR CERVICAL AND/OR ROOT SURFACE - PER TOOTH	Contracted Rate	Contracted Rate	Contracted Rate	Contracted Rate
9930*	TREATMENT OF COMPLICATIONS ( <i>POST-SURGICAL</i> ) - UNUSUAL CIRCUMSTANCES, BY REPORT	N/C	N/C	N/C	N/C

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