


Health Plan of Nevada
 A UnitedHealthcare Company 
2024 Periodontic Fee Schedule
 effective 9/1/24

Procedure Code	Procedure Description	Fee Schedule
120	Periodic Oral Evaluation	\$70.20
140	Limited Emergency Oral Evaluation - problem focused	\$42.12
145	Oral Evaluation for a Patient under three years of age and counseling with primary caregiver	\$94.77
160	Detailed & Extensive Oral Evaluation – problem focused.	\$94.77
170	Re-Evaluation –limited, problem focused (established patient; not post-operative visit)	\$70.20
180	Comprehensive Periodontal Evaluation – new or established patient	\$94.77
210	Intraoral – Complete Series (<i>refer to product regarding number of films</i>)	\$74.88
220	Intraoral - Periapical – first film	\$15.21
230	Intraoral – Periapical – each additional film (<i>products allow three (3) per date of service</i>)	\$10.53
270	Bitewing – one film	\$10.53
272	Bitewings – two films	\$19.89
273	Bitewings – three films	\$39.78
274	Bitewings - four films	\$39.78
277	Vertical Bitewings – 7 to 8 films	\$10.53
330	Panoramic film	\$63.18
350	Oral / Facial Photographic Images	\$12.87
470	Diagnostic Casts	\$58.50
1110	Prophylaxis – Adult	\$60.84
1208	Topical application of fluoride	\$15.21
	HPN & SHL REQUIRE PERIO CHARTING FOR ALL SURGERIES & SRPs, PLEASE DO NOT SEND DUPLICATE X-RAYS UNLESS REQUESTED. PLEASE CHECK WITH THE TPAs IN REGARDS TO BILLING REQUIREMENST FOR SHO GROUPS	\$-
4210	Gingivectomy / Gingivoplasty – four or more contiguous teeth or bounded teeth spaces, per quadrant	\$448.11
4211	Gingivectomy / Gingivoplasty – one to three contiguous teeth or bounded teeth spaces, per quadrant	\$94.77
4240	Gingival Flap Procedure, including root planing – four or more contiguous teeth or bounded teeth spaces, per quadrant	\$596.70
4241	Gingival Flap Procedure, including root planing – one to three contiguous teeth or bounded teeth spaces, per quadrant	\$596.70
4249	Clinical Crown Lengthening – hard tissue	\$555.75
4260	Osseous Surgery (including flap entry and closure) – four or more contiguous teeth or bounded teeth spaces, per quadrant	\$819.00
4261	Osseous Surgery (including flap entry and closure) – one to three contiguous teeth or bounded teeth spaces, per quadrant	\$819.00
4263	Bone Replacement Graft - first site in quadrant	\$149.76
4264	Bone Replacement Graft - each additional site in quadrant	\$249.21
4266	Guided Tissue Regeneration, resorbable barrier – per site	\$298.35
4267	Guided Tissue Regeneration, non resorbable barrier – per site	\$298.35
4268	Surgical Revision Procedure - per tooth	\$596.70
4270	Pedicle Soft Tissue Graft Procedure	\$596.70

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4277	Free Soft Tissue Graft Procedure (including donor site surgery) * Previously code 4271	\$630.63
4273	Subepithelial Connective Tissue Graft (including donor site surgery)	\$630.63
4274	Distal or Proximal Wedge Procedure (when not performed in conjunction with surgical procedures in the same anatomical area)	\$526.50
4320	Provisional Splinting – Intracoronal	\$134.55
4321	Provisional Splinting – Extracoronal	\$134.55
4341	Periodontal Scaling and Root Planing – four or more teeth, per quadrant	\$248.04
4342	Periodontal Scaling and Root Planing – one to three teeth, per quadrant	\$248.04
4355	Full Mouth Debridement to enable comprehensive evaluation and diagnosis <i>(when covered, limited to once per 36 months, refer to the product)</i>	\$105.30
4381	Localized Delivery of Chemotherapeutic Agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report REVIEW PRODUCT AS THIS IS NOT TYPICALLY COVERED	\$219.96
4910	Periodontal Maintenance Prophylaxis <i>(requires evidence of prior periodontal treatment, i.e. 4341, 4260)</i>	\$99.45
7140	Extraction, erupted tooth or exposed root - elevation and/or forceps removal	\$70.20
7210	Surgical Removal of Erupted Tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	\$93.60
7220	Removal of Impacted Tooth - soft tissue	\$140.40
7230	Removal of Impacted Tooth - partially bony	\$163.80
7240	Removal of Impacted Tooth - completely bony	\$245.70
7241	Removal of Impacted Tooth - completely bony, with unusual surgical complications	\$280.80
7250	Surgical Removal of Residual Tooth Roots <i>(cutting procedure)</i>	\$131.04
7260	Oroantral Fistula Closure	\$234.00
7261	Primary Closure of Sinus Perforation	\$234.00
7270	Tooth Reimplantation and/or Stabilization of accidentally avulsed or displaced tooth and/or alveolus	\$187.20
7280	Surgical Access of an unerupted tooth	\$205.92
7283	Placement of device to facilitate eruption of impacted tooth	\$102.96
7286	Biopsy of Oral Tissue – soft	\$168.48
7291	Transseptal Fiberotomy / Supra Crestal Fiberotomy	\$50.31
7310	Alveoloplasty - in conjunction with extractions - per quadrant	\$93.60
7311	Alveoloplasty- in conjunction with extractions-one to three teeth or tooth spaces, per quadrant	\$57.33
7320	Alveoloplasty - not in conjunction with extractions – per quadrant	\$133.38
7321	Alveoloplasty- not in conjunction with extractions-one to three teeth or tooth spaces, per quadrant	\$83.07
7340	Vestibuloplasty - ridge extension <i>(secondary epithelialization)</i>	\$807.30
7350	Vestibuloplasty – ridge extension <i>(including soft tissue grafts, muscle reattachment, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)</i>	By Report
7471	Removal of Lateral Exostosis – Maxilla or Mandible	\$187.20

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7472	Removal of Torus Palatinus	\$187.20
7473	Removal of Torus Mandibularis	\$187.20
7510	Incision and Drainage of Abscess – intraoral soft tissue	\$ 88.92
7511	Incision and Drainage of Abscess – intraoral soft tissue - complicated (includes drainage of multiple fascial spaces) <i>(not covered refer to medical)</i>	\$0
7520	Incision and Drainage of Abscess – extraoral soft tissue <i>(not covered refer to medical)</i>	\$0
7521	Incision and Drainage of Abscess – extraoral soft tissue - complicated (includes drainage of multiple fascial spaces) <i>(not covered refer to medical)</i>	\$0
7530	Removal of Foreign Body from Skin, or Subcutaneous Alveolar Tissue	\$112.32
7540	Removal of Reaction-Producing Foreign Bodies – musculoskeletal system	\$93.60
7560	Maxillary Sinusotomy for removal of tooth fragment or foreign body	\$1,404.00
7910	Suture of Recent Small Wounds up to 5cm <i>(not covered, refer to medical)</i>	\$249.21
7961	BUCCAL/LABIAL FRENECTOMY	\$224.64
7962	LINGUAL FRENECTOMY	\$224.64
7970	Excise of Hyperplastic Tissue - per arch	\$374.40
9110	Palliative (Emergency) Treatment of Dental Pain – minor procedure	\$74.88
9120	Fixed Partial Denture Sectioning	\$29.25
9223	Deep sedation/general anesthesia – each 15 minute increment	\$76.05
9230	Analgesia, Anxiolysis, Inhalation of Nitrous Oxide	\$79.56
9243	Intravenous moderate (conscious) sedation/analgesia – each 15 min increment	\$76.05
9248	Non-Intravenous Conscious Sedation	\$79.56
9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	\$85.41
9430	Office Visit for Observation <i>(during regularly scheduled hours)</i> - no other services performed	\$37.44
9440	Office Visit – after regularly scheduled hours	\$58.50
9450	Case presentation, detailed and extensive treatment planning (not covered, to be included with examination or consultation)	\$0
9610	Therapeutic Drug Injection	\$65.52
9630	Other Drugs and/or Medicaments <i>(dispensing of oral antibiotics/oral analgesics in the office, does not apply to writing a prescription)</i>	\$18.72
9910	Application of Desensitizing Medicaments	\$25.74
9911	Application of Desensitizing Resin for Cervical and/or Root Surface - per tooth	\$25.74
9930	Treatment of Complication <i>(post-surgical)</i> - unusual circumstances	\$38.61
9940	Occlusal Guard, by report <i>(refer to the product for coverage)</i>	\$292.50
9944	Hard Occlusal Guard, by report <i>(refer to the product for coverage)</i>	\$292.50
9945	Soft Occlusal Guard, by report <i>(refer to the product for coverage)</i>	\$292.50