



Iowa Department of Human Services

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INFORMATIONAL LETTER NO.1090

DATE: January 17, 2012

TO: All Iowa Medicaid Hospitals

ISSUED BY: Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)

RE: Dental Procedure Codes on Outpatient Hospital Claims are Payable under Ambulatory Payment Classification (APC) 00330

EFFECTIVE: October 1, 2011

Effective for dates of service on and after October 1, 2011, covered dental procedure codes will be payable in an outpatient hospital setting (place of service).

This change is being made to provide more appropriate payment to hospitals for Iowa Medicaid members who have a need to have dental procedures done in an outpatient surgical setting. The need for dental procedures being done in this place of service typically relates to children with behavioral conditions and adults with certain disabilities. In these types of cases, the dental procedures need to be done under a level of sedation that is not available or safe in a typical dental office setting. This is also consistent with Iowa Medicaid dental coverage rules under 441 Iowa Administrative Code 78.4(9), which allows for payment of dental services in a hospital when the mental, physical, or emotional condition of the patient prevents a dentist from providing necessary care in the office.

The covered dental procedure code list is attached to this Informational Letter. The codes highlighted in yellow are grouped under the ambulatory payment classification (APC) 00330 for payment. Payment under the APC 00330 will be consistent with those paid under any other APC, including the general APC payment rules allowing outlier payments (where applicable). The codes highlighted in green will be paid off of the Medicaid hospital fee schedule. Payments are subject to the ongoing reductions mentioned in Informational Letter No. 918.

As a convenience, claims previously processed by the IME within the effective date will automatically be reprocessed and paid under this methodology in the next few weeks.

If you have any questions, please contact the IME Provider Services Unit, 1-800-338-7909, locally 515-256-4609 or by email at imeproviderservices@dhs.state.ia.us.

Procedure Code	Description
D0120	PERIODIC ORAL EVALUATION
D0140	LIMITED ORAL EXAMINATION
D0150	COMPREHENSIVE ORAL EXAMINATION
D0240	INTRAORAL-OCCLUSAL,FILM
D0250	EXTRAORAL-SINGLE,FIRST FILM
D0260	EXTRAORAL-EACH ADDITIONAL FILM
D0270	BITEWING-SINGLE FILM
D0272	BITEWINGS-TWO FILMS
D0273	BITEWINGS - THREE FILMS
D0274	BITEWINGS-FOUR FILMS
D0470	DIAGNOSTIC CASTS
D1110	ADULT PROPHYLAXIS
D1120	CHILD PROPHYLAXIS
D1203	TOPICAL APPLICATION FLUORIDE-CHILD
D1204	TOPICAL APPLICATION OF FLUORIDE-ADULT
D1206	FLUORIDE VARNISH
D1351	SEALANT, PER TOOTH
D1352	PREVENTIVE RESIN RESTORATION, PERM TOOTH
D1510	SPACE MAINTAINER-FIXED UNILATERAL TYPE
D1515	SPACE MAINTAINER-FIXED BILATERAL TYPE
D1520	SPACE MAINTAINER-REMOVABLE UNILATERAL TY
D1525	SPACE MAINTAINER-REMOVABLE BILATERAL TYP
D1550	RECEMENTATION OF SPACE MAINTAINER
D1555	REMOVAL OF FIXED SPACE MAINTAINER
D2140	AMALGAM-ONE SURFACE,PERMANENT
D2150	AMALGAM-TWO SURFACES,PRIMARY OR PERMANEN
D2160	AMALGAM-THREE SURFACES,PERMANENT
D2161	AMALGAM-FOUR OR MORE SURFACES,PERMANENT
D2330	RESIN - ONE SURFACE ANTERIOR
D2331	RESIN - TWO SURFACES ANTERIOR
D2332	RESIN - THREE SURFACES, ANTERIOR
D2335	RESIN - FOUR OR MORE SURFACES OR INVOLVI
D2390	RESIN BASED COMPOSITE CROWN ANTERIOR
D2391	RESIN BASED COMPOSITE-ONE SURFACE POST.
D2392	RESIN BASED COMPOSITE, TWO SURFACES POST.
D2393	RESIN BASED COMPOSITE-3 SURFACE POSTER.
D2394	RESIN BASED COMPOSITE-4 OR MORE SURFACES
D2710	CROWN, RESIN (LABORATORY)
D2712	CROWN RESIN BASED COMPOSITE
D2720	CROWN, RESIN WITH HIGH NOBLE METAL

D2721	CROWN, PLASTIC WITH PREDOMINANTLY BASE M
D2740	CROWN, PORCELAIN/CERAMIC SUBSTANCE
D2750	CROWN, PORCELAIN FUSED TO HIGH NOBLE MET
D2751	CROWN, PORCELAIN FUSED TO PREDOMINANTLY
D2752	CROWN,PORCELAIN FUSED TO NOBLE METAL
D2781	CROWN, 3/4 CAST PREDOMINATELY BASE METAL
D2790	CROWN, FULL CAST HIGH NOBLE METAL
D2791	CROWN, FULL CAST PREDOMINANTLY BASE META
D2792	CROWN,FULL CAST NOBLE METAL
D2910	RECEMENT INLAYS
D2915	RECEMENT CAST OR PREFAB. POST AND CORE
D2920	RECEMENT CROWNS
D2930	PREFABRICATED STAINLESS STEEL CROWN, PRI
D2931	PREFABRICATED STAINLESS STEEL CROWN, PER
D2932	PREFABRICATED RESIN CROWN
D2934	PREFAB ESTHETIC COATED SS CROWN PRIMARY
D2940	PROTECTIVE RESTORATION
D2999	UNSPECIFIED RESTORATIVE PROCEDURE
D3220	VITAL PULPOTOMY, EXCLUDING FINAL RESTORA
D3221	PULPAL DEBRIDEMENT
D3310	ROOT CANAL THERAPY-ANTERIOR(EXCLUDES FIN
D3320	ROOT CANAL THERAPY-BISCUSPID(EXCLUDES FI
D3330	ROOT CANAL THERAPY-MOLAR(EXCLUDES FINAL
D3346	RETREATMENT OF PREV ROOT CANEL THERAPY
D3347	RETREATMENT OF PREV ROOT CANAL THERAPY
D3348	RETREATMENT OF PREV ROOT CANAL THERAPY
D3351	APEXIFICAT/RECALC/PULPL REGEN-INITIAL
D3352	APEXIFICAT/RECALC/PULPL REGEN-INTERIM
D3353	APEXIFICATION/RECALCIF. FINAL VISIT INC
D3410	APICOECTOMY/PERIADICULAR SURG-ANTERIOR
D3421	APICOECTOMY/PERIADICULAR SURGERY, BICUSP
D3425	APICOECTOMY/PERIRADICULAR SURGERY, MOLAR
D3426	APICOECTOMY/PERIRADICULAR SURGERY, EACH
D3430	RETROGRADE FILLING, PER ROOT INCLUDING A
D3450	ROOT AMPUTATION, PER ROOT
D3999	UNSPECIFIED ENDODONTIC PROCEDURE
D4210	GINGIVECTOMY OR GINGIVOPLASTY-PER QUADRA
D4211	GINGIVECTOMY OR GINGIVOPLASTY, PER TOOTH
D4240	GINGIVAL FLAP PROCEDURE
D4241	GINGIVAL FLAP PROCED.INCLUD.ROOT PLANING
D4260	OSSEOUS SURGERY, INC FLAP ENTRY AND CLOS
D4261	OSSEOUS SURGERY 1-3 TEETH PER QUADRANT

D4263	BONE REPLACEMENT GRAFT,FIRST SITE IN QUD
D4264	BONE REPLACEMENT GRAFT,EACH ADDL SITE
D4270	PEDICLE SOFT TISSUE GRAFTS
D4271	FREE SOFT TISSUE GRAFTS(INCLUDING DONOR
D4275	SOFT TISSUE ALLOGRAFT
D4341	PERIODONTAL SCALING AND ROOT PLANING - P
D4342	PERIODONTAL SCALING AND ROOT PLANING 1-3
D4355	FULL MOUTH DEBRIDEMENT
D4910	PREVENTIVE PERIODONTAL PROCEDURES
D4999	UNSPECIFIED PERIODONTAL PROCEDURE
D6920	CONNECTOR BAR
D7111	CORONAL REMNANTS-DECIDUOUS TOOTH
D7140	EXTRACTION,ERUPTED TOOTH OR EXP.ROOT
D7210	SURGICAL REMOVAL OF ERUPTED TOOTH
D7220	IMPACTION,(SOFT TISSUE IMPACTION UPPER)
D7230	REMOVAL OF IMPACTED TOOTH - PARTIAL BONY
D7240	REMOVAL OF IMPACTED TOOTH - BONY
D7241	REMOVAL IMPACTED TOOTH COMPL BONY W/UNUS
D7250	ROOT RECOVERY(SURGICAL REMOVAL OF RESIDU
D7251	CORONECTOMY -PARTIAL TOOTH REMOVAL
D7260	ORAL ANTRAL FISTULA CLOSURE(AND/OR ANTRA
D7261	PRIMARY CLOSURE OF A SINUS PERFORATION
D7270	REPLANTATION OF TRAUMATICALLY AVULSED TO
D7280	SURGICALLY EXPOSURE OF IMPACTED/UNERUPT
D7285	BIOPSY OF ORAL TISSUE(HARD)
D7286	BIOPSY OF ORAL TISSUE(SOFT)
D7287	CYTOLOGY SAMPLE COLLECTION
D7295	HARVEST OF BONE
D7310	ALVEOLOPLASTY PER QUAD-IN CONJUNCTION WI
D7311	ALEVEOLPLASTY W/EXTRACTIONS
D7320	ALVEOLOPLASTY PER QUAD-NOT IN CONJUNCTIO
D7321	ALVEOLOPLASTY NOT W/EXTRACTIONS
D7340	VESTIBULOPLASTY, RIDGE EXTEN. 2NDARY EPI
D7350	VESTIBULOPLASTY--COMPLICATED
D7410	RADICAL EXCISION-LESION DIAMETER UP TO 1
D7411	EXCISION OF BENIGN LESION >1.25 CM
D7412	EXCISION OF BENIGN LESION COMPLICATED
D7413	EXCISION MALIGNANT LESION UP TO 1.25CM
D7414	EXCISION OF MALIGNANT LESION >1.25CM
D7415	EXCISION OF MALIGNANT LESION COMPLICATED
D7440	EXCISION MALIGNANT TUMOR-LESION DIAMETER
D7441	EXCISION MALIGNANT TUMOR-LESION DIAMETER

D7450	REMOVE ODONTOGENIC CYST/TUMOR-UP TO 1.25
D7451	REMOVE ODONTOGENIC CYST/TUMOR-OVER 1.25
D7460	REMOVAL OF NON-ONDONTOGENIC CYST/TUMOR-U
D7461	REMOVAL OF NON-ONDONTOGENIC CYST/TUMOR-O
D7465	DESTRUCTION OF LESIONS BY PHYSICAL METHO
D7471	REMOVAL OF EXOSTOSIS, PER SITE
D7472	REMOVAL OF TORUS PALATINUS
D7473	REMOVAL OF TORUS MANDIBULARIS
D7485	SURGICAL REDUCTION OF OSSEOUS TUBEROSITY
D7490	RADICAL RESECTION OF MANDIBLE/BONE GRAFT
D7510	INCISION AND DRAINAGE OF ABSCESS-INTRAOR
D7511	INCISION/DRAIN OF ABSCESS SOFT TISSUE
D7520	INCISION AND DRAINAGE OF ABSCESS-EXTRAOR
D7521	INCISION/DRAIN ABSCESS EXTRAORAL TISS
D7530	REMOVAL OF FOREIGN BODY,SKIN,OR SUBCUTAN
D7540	REMOVAL OF REACTION-PRODUCING FOREIGN BO
D7550	SEQUESTRECTOMY OF OSTEOMYELITIS
D7560	MAXILLARY SINUSOTOMY FOR REMOVAL OF TOOT
D7610	MAXILLA-OPEN REDUCTION,TEETH IMMOBILIZED
D7620	MAXILLA-CLOSED REDUCTION,TEETH IMMOBILIZ
D7630	MANDIBLE-OPEN REDUCTION,TEETH IMMOBILIZE
D7640	MANDIBLE-CLOSED REDUCTION,TEETH IMMOBILI
D7650	MALAR AND/OR ZYGOMATIC ARCH-OPEN REDUCTI
D7660	MALAR AND/OR ZYGOMATIC ARCH-CLOSED REDUC
D7670	ALVEOLUS-STABILIZATION OF TEETH,OPEN RED
D7671	ALVEOLUS OPEN REDUCTION,STABIL OF TEETH
D7680	FACIAL BONES-COMPLICATED REDUCTION W/FIX
D7710	MAXILLA-OPEN REDUCTION COMPOUND FRACTURE
D7720	MAXILLA-CLOSED REDUCTION COMPOUND FRACTU
D7730	MANDIBLE-OPEN REDUCTION COMPOUND FRACTUR
D7740	MANDIBLE-CLOSED REDUCTION COMPOUND FRACT
D7750	MALAR AND/OR ZYGOMATIC ARCH-OPEN REDUCTI
D7760	MALAR AND/OR ZYGOMATIC ARCH-CLOSED REDU
D7770	ALVEOLUS COMPOUND FRACTURE-STABILIZATION
D7771	ALVEOLUS CLOSED REDUCTION STABIL.TEETH
D7780	FACIAL BONES COMPOUND FRACTURE-COMPLICAT
D7810	OPEN REDUCTION OF DISLOCATION
D7820	CLOSED REDUCTION OF DISLOCATION
D7830	MANIPULATION UNDER ANESTHESIA
D7840	CONDYLECTOMY
D7850	MENISCECTOMY
D7860	ARTHROTOMY

D7870	ARTHROCENTESIS
D7880	OCCLUSAL ORTHOTIC APPLIANCE
D7910	SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM
D7911	SUTURE OF TRAUMATIC WOUNDS UP TO 5 CM.
D7912	SUTURE OF TRAUMATIC WOUNDS OVER 5 CM.
D7920	SKIN GRAFTS
D7940	OSTEOPLASTY FOR ORTHOGNATHIC DEFORMITIES
D7941	OSTEOTOMY, RAMUS, CLOSED
D7943	OSTEOTOMY, RAMUS, OPEN WITH BONE GRAFT
D7944	OSTEOTOMY, SEGMENTED OR SUBAPICAL PER SE
D7945	OSTEOTOMY, BODY OF MANDIBLE
D7946	LEFORT I (MAXILLA, TOTAL)
D7947	LEFORT I (MAXILLA SEGMENT)
D7948	LEFORT II OR LEFORT III (OSTEOPLASTY FAC
D7949	LEFORT II OR LEFORT III WITH BONE GRAFT
D7950	OSSEOUS/PERIOSTEAL/CARTILAGE GRAFT AUTOG
D7953	BONE REPLACEMENT GRAFT FOR RIDGE PRESERV
D7955	REPAIR MAXILLOFACIAL TISSUE DEFECT
D7960	FRENULECTOMY- SEP PROC NOT INCIDENTAL
D7963	FRENULOPLASTY
D7970	EXCISION OF HYPERPLASTIC TISSUE-PER ARCH
D7971	EXCISION OF PERICORONAL GINGIVA
D7972	SURGICAL REDUCTION OF FIBROUS TUBEROSITY
D7980	SIALOLITHOTOMY
D7981	EXCISION OF SALIVARY GLAND
D7982	SIALODOCHOPLASTY
D7983	CLOSURE OF SALIVARY FISTULA
D7990	EMERGENCY TRACHEOTOMY
D7991	CORONOIDECTOMY
D7998	INTRAORAL PLACE OF FIX DEV
D7998	INTRAORAL PLACE OF FIX DEV
D9930	COMPLICATIONS POST SURGERY
D9940	OCCLUSAL GUARD