



# Iowa Department of Human Services

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## INFORMATIONAL LETTER NO.1101

**DATE:** February 28, 2012

**TO:** Iowa Medicaid Dentists, Clinics and Federally Qualified Health Centers (FQHCs)

**ISSUED BY:** Iowa Department of Human Services, Iowa Medicaid Enterprise

**RE:** Coverage for D2933 and D9110, Billing for Crowns and Crown Build-Ups; Billing for Multi-Surface Restorations; Occlusal Guards

**EFFECTIVE:** Upon Receipt

Effective for dates of service on or after March 1, 2012, procedure code **D9110**, palliative (emergency) treatment of dental pain, a minor procedure has been added for coverage. Examples include treatment of soft tissue infections, smoothing a fractured tooth. This code may be billed in addition to a limited oral evaluation (D0140), radiographs or other diagnostic procedures. It should not be billed on the same date of service as other treatment procedures on the same tooth, nor for other multi-visit treatments such as endodontics or orthodontics. Documentation of a description of the treatment must be submitted with the claim.

Effective for dates of service on or after March 1, 2012, procedure code **D2933**, prefabricated stainless steel crown with a resin window has been added for coverage. Reimbursement is at the same fee schedule amount as D2934, an esthetic coated stainless steel crown. Coverage is limited to primary anterior teeth C through H and M through R, the same as with D2934. Procedure code D2931 for a stainless steel crown and a composite restoration code should no longer be billed when providing a stainless steel crown with a "cut-out."

The **billing date for any crown** should be the date the crown is placed, not the preparation date. If, after a reasonable time, the Medicaid member has not returned for the crown to be placed, reimbursement can be allowed at 80 percent of the fee schedule amount for the crown. Procedure code D2999 should be billed for a nondelivered crown with a notation in box 35, "Remarks" on the claim form indicating when the crown was fabricated, the procedure code for the type of crown, and an explanation of the circumstances. The dentist must maintain the crown for a period of one year following the fabrication date.

**Core build-ups**, including pins, should be billed using procedure code **D2950**, not other restoration procedures, such as codes D2140 – D2161 or D2330 – D2394.

Any **multi-surface restoration**, regardless of the location should be combined and billed as follows:

- One, two, or more restorations on one surface of a tooth should be billed as a one-surface restoration, i.e., mesial occlusal pit and distal occlusal pit of a maxillary molar or mesial and distal occlusal pits of a lower bicuspid.
- Two separate one-surface restorations should be combined and billed as a two-surface restoration, i.e., an occlusal pit restoration and buccal pit restoration should be billed as a two-surface restoration.
- Occlusal lingual groove of a maxillary molar that extends from the distal occlusal pit and down the distolingual groove should be billed as a two-surface restoration. This restoration and a mesial occlusal pit restoration on the same tooth will be paid as one, two-surface restoration.
- A two-surface anterior composite restoration should be billed a one-surface restoration if it involved the lingual surface.
- More than four surfaces on an amalgam or composite restoration should be billed as a “four-surface” amalgam or composite.

Medicaid allows for coverage of an **occlusal orthotic device** with splints, **D7880** for treatment of severe pain from temporomandibular dysfunction and an **occlusal guard**, **D9940** for severe bruxism and other occlusal factors. A detailed narrative must be submitted with the claim for either procedure. In addition, photographs showing evidence of occlusal wear must be submitted with D9940.

Replacements due to loss, theft or damage are limited to once every twelve months. The clinical notes must document that instructions on how to care for the device were provided, as well as when and where it was lost or how it was broken. The fee schedule amounts have been adjusted for each of the codes to more accurately reflect the difference in the two procedures.

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