Iowa Medicaid Dental Wellness Plan
Excluded Services - Annual Benefit Maximum (ABM)

Diagnostic Codes	Description
D0120	periodic oral evaluation – established patient
D0140	limited oral evaluation – problem focused
D0150	comprehensive oral evaluation – new or established patient
D0170	re-evaluation – limited, problem focused (established patient; not post-operative visit)
D0180	comprehensive periodontal evaluation – new or established patient
D0210	intraoral – complete series of radiographic images
D0220	intraoral – periapical first radiographic image
D0230	intraoral – periapical each additional radiographic image
D0240	intraoral – occlusal radiographic image
D0250	extra-oral – 2D projection radiographic image created using a stationary radiation source, and detector
D0270	bitewing – single radiographic image
D0272	bitewings – two radiographic images
D0273	bitewings – three radiographic images
D0274	bitewings – four radiographic images
D0330	panoramic radiographic image
D0340	2D cephalometric radiographic image – acquisition, measurement and analysis
D0460	pulp vitality tests
D0470	diagnostic casts
D0601	caries risk assessment and documentation, with a finding of low risk
D0602	caries risk assessment and documentation, with a finding of moderate risk
D0603	caries risk assessment and documentation, with a finding of high risk

Preventive and Perio Codes	Description
D1110	prophylaxis – adult
D1206	topical application of fluoride varnish
D1208	topical application of fluoride – excluding varnish
D1354	interim caries arresting medicament application
D4346	scaling in presence of generalized moderate or severe gingival inflammation, - full mouth, after evaluation
D4910	periodontal maintenance

Prosthodontics-Denture Fabrication	Description
D5110	complete denture – maxillary
D5120	complete denture – mandibular

D5130	immediate denture – maxillary
D5140	immediate denture – mandibular
D5211	maxillary partial denture – resin base (including any conventional clasps, rests and teeth)
D5212	mandibular partial denture – resin base (including any conventional clasps, rests and teeth)
D5213	maxillary partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)
D5214	mandibular partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)
D5225	maxillary partial denture – flexible base (including any clasps, rests and teeth)
D5226	mandibular partial denture – flexible base (including any clasps, rests and teeth)
D5410	adjust complete denture, maxillary
D5411	adjust complete denture, mandibular
D5421	adjust partial denture, maxillary
D5422	adjust partial denture, mandibular
D5511	repair broken complete denture base, mandibular
D5512	repair broken complete denture base, maxillary
D5520	replace missing/broken teeth, complete denture
D5611	repair resin partial denture base, mandibular
D5612	repair resin partial denture base, maxillary
D5621	repair cast partial framework, mandibular
D5622	repair cast partial framework, maxillary
D5630	repair or replace broken clasp
D5640	replace broken teeth per tooth
D5650	add tooth to existing partial denture
D5660	add clasp to existing partial denture
D5710	rebase complete maxillary denture
D5711	rebase complete mandibular denture
D5720	rebase maxillary partial denture
D5721	rebase mandibular partial denture
D5730	reline complete maxillary denture, chairside
D5731	reline complete mandibular denture, chairside
D5740	reline upper partial denture, chairside
D5741	reline lower partial denture, chairside
D5750	reline complete upper denture, laboratory
D5751	reline complete lower denture, laboratory
D5760	reline upper partial denture, laboratory
D5761	reline lower partial denture, laboratory
D5863	overdenture – complete maxillary
D5864	overdenture – partial maxillary
D5865	overdenture – complete mandibular

D5866	overdenture – partial mandibular
Sedation Codes	**Description**
(in conjunction with allowable oral surgery procedures)	
D9222	deep sedation/general anesthesia – first 15 minutes
D9223	deep sedation/general anesthesia – each subsequent 15-minute increment
D9239	intravenous moderate (conscious) sedation/analgesia – first 15 minutes
D9243	intravenous moderate (conscious) sedation/analgesia – each subsequent 15 minute increment
D9248	non-intravenous conscious sedation
Other Services	**Description**
T1013	interpretation – Sign language or oral interpretive services - per 15 minutes
Emergent Codes	**Description**
Note: Since the following codes can also be provided as non-emergent, dentist will need to submit claims indicating the service(s) provided were emergent so not to count against a member's ABM. Each Dental Plan Administrator will provide guidance on how to submit this information.	
D3220	therapeutic pulpotomy, excluding final restoration
D3221	pulpal debridement
D3222	partial pulpotomy for apexogenesis, permanent tooth
D7140	extraction, erupted tooth or exp. root
D7210	surgical removal of erupted tooth
D7220	removal of impacted tooth – soft tissue
D7230	removal of impacted tooth – partial bony
D7240	removal of impacted tooth – bony
D7241	removal of impacted tooth complete bony with unusual complications
D7250	removal of residual tooth roots (cutting procedure)
D7270	replantation of traumatically avulsed tooth
D7285	biopsy of oral tissue (hard)
D7286	biopsy of oral tissue (soft)
D7510	incision and drainage of abscessed-intraoral
D7511	incision/drain of abscess soft tissue
D9110	palliative treatment
D9440	office visit after hours