



**Iowa Medicaid Dental Wellness Plan
Full Benefit Services**

Code	Description
D0120	PERIODIC ORAL EVALUATION
D0140	LIMITED ORAL EXAMINATION
D0150	COMPREHENSIVE ORAL EXAMINATION
D0170	RE-EVALUTAION, LIMITED, PROBLEM
D0180	COMPREHENSIVE PERIODONTAL EXAM
D0190	SCREENING OF A PATIENT – ONLY TO BE USED BY NON-DENTIST PROVIDERS
D0210	INTRAORAL- COMPLETE SERIES
D0220	INTRAORAL PERIAPICAL 1ST RADIOGRAPHIC IMAGE
D0230	INTRAORAL PERIAPICAL-EACH ADDTL IMAGE
D0240	INTRAORAL-OCCLUSAL RADIOGRAPHIC IMAGE
D0250	EXTRAORAL-1ST RADIOGRAPHIC IMAGE
D0251	EXTRA-ORAL POSTERIOR DENTAL RADIOGRAPHIC
D0270	BITEWING-SINGLE RADIOGRAPHIC IMAGE
D0272	BITEWINGS-TWO RADIOGRAPHIC IMAGES
D0273	BITEWINGS - THREE RADIOGRAPHIC IMAGES
D0274	BITEWINGS-FOUR RADIOGRAPHIC IMAGES
D0321	TEMPORAMANDIBULAR JOINT RADIOGRAPHIC IMA
D0330	PANORAMIC RADIOGRAPHIC IMAGE
D0340	CEPHALOMETRIC IMAGE
D0364	CT CAPTURE, LIMITED VIEW < I JAW
D0365	CT CAPTURE, FULL ARCH, MADIBLE
D0366	CT CAPTURE, FULL ARCH, MAXILLA
D0367	CT CAPTURE, BOTH JAWS
D0368	CT CAPTURE, TMJ, 2+ EXPOSURES
D0380	CT IMAGE, LIMITED VIEW < I JAW
D0381	CT IMAGE, FULL ARCH, MANDIBLE
D0382	CT IMAGE, FULL ARCH, MAXILLA
D0383	CT IMAGE, BOTH JAWS
D0384	CT IMAGE, TMJ, 2+ EXPOSURES
D0391	INTERPRETATION DIAGNOSTIC IMAGE BY OTHER PROVIDER
D0393	TREATMENT SIMULATION USING 3D IMAGE
D0394	DIGITAL SUBTRACTION OF TWO OR MORE IMAGES
D0395	FUSION OF TWO OR MORE 3D IMAGES
D0460	PULP VITALITY TESTS
D0470	DIAGNOSTIC CASTS
D0601	CARIES RISK ASSESSMENT AND DOCUMENTATION – LOW RISK



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Code	Description
D0602	CARIES RISK ASSESSMENT AND DOCUMENTATION – MODERATE RISK
D0603	CARIES RISK ASSESSMENT AND DOCUMENTATION – HIGH RISK
D1110	ADULT PROPHYLAXIS
D1120	CHILD PROPHYLAXIS
D1206	FLUORIDE VARNISH
D1208	TOPICAL APPLICATION OF FLUORIDE
D1351	SEALANT, PER TOOTH
D1352	PREVENTIVE RESIN RESTORATION, PERM TOOTH
D1353	SEALANT REPAIR - PER TOOTH
D1354	INTERIM CARIES ARRESTING MEDICAMENT APPLLCATION
D1510	SPACE MAINTAINER-FIXED UNILATERAL TYPE
D1516	FIXED BILATERAL MAXILLARY SPACE MAINTAINER (ARCH SPECIFIC)
D1517	FIXED BILATERAL MANDIBULAR SPACE MAINTAINER (ARCH SPECIFIC)
D1520	SPACE MAINTAINER-REMOVABLE UNILATERAL TYPE
D1526	REMOVABLE BILATERAL MAXILLARY SPACE MAINTAINER (ARCH SPECIFIC)
D1527	REMOVABLE BILATERAL MANDIBULAR SPACE MAINTAINER (ARCH SPECIFIC)
D1550	RECEMENTATION OF SPACE MAINTAINER
D1555	REMOVAL OF FIXED SPACE MAINTAINER
D1999	UNSPECIFIED PREVENTIVE PROCEDURE, BY REPORT
D2140	AMALGAM-ONE SURFACE,PERMANENT
D2150	AMALGAM-TWO SURFACES,PRIMARY OR PERMANENT
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 INVOLVING INCISAL ANGLE (ANTERIOR)
D2390	RESIN BASED COMPOSITE CROWN ANTERIOR
D2391	RESIN BASED COMPOSITE-ONE SURFACE POSTERIOR
D2392	RESIN BASED COMPOSITE,TWO SURFACES POSTERIOR
D2393	RESIN BASED COMPOSITE-3 SURFACE POSTERIOR
D2394	RESIN BASED COMPOSITE-4 OR MORE SURFACES
D2710	CROWN - RESIN-BASED COMPOSITE (INDIRECT)
D2712	CROWN - 3/4 RESIN-BASED COMPOSITE (INDIRECT)
D2720	CROWN, RESIN WITH HIGH NOBLE METAL
D2721	CROWN, RESIN WITH PREDOMINANTLY BASE METAL
D2740	CROWN, PORCELAIN/CERAMIC SUBSTRATE



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D2750	CROWN, PORCELAIN FUSED TO HIGH NOBLE METAL
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 METAL
D2792	CROWN,FULL CAST NOBLE METAL
D2910	RECEMENT INLAY, ONLAY, OR PARTIAL COVERAGE
D2915	RECEMENT CAST OR PREFAB. POST AND CORE
D2920	RECEMENT CROWN
D2921	REATTACHMENT OF TOOTH FRAGMENT, INCISAL
D2929	PREFABRICATED PORCELAIN/CERAMIC CROWN -- PRIMARY TOOTH
D2930	PREFABRICATED STAINLESS STEEL CROWN, PRIMARY TOOTH
D2931	PREFABRICATED STAINLESS STEEL CROWN, PERMANENT TOOTH
D2932	PREFABRICATED RESIN CROWN
D2933	PREFAB SSC WITH RESIN WINDOW
D2934	PREFAB ESTHETIC COATED SS CROWN PRIMARY
D2940	PROTECTIVE RESTORATION
D2950	CORE BUILDUP, INCLUDING ANY PINS
D2951	TOOTH PIN RETENTION
D2952	CAST POST AND CORE IN ADDITION TO CROWN
D2954	PREFABRICATED POST AND CORE IN ADDITION TO CROWN
D2971	ADDITIONAL PROCEDURE TO CONSTRUCT NEW CROWN FOR PARTIAL DENTURE FRAMEWORK
D2980	CROWN REPAIR
D2990	RESIN INFILTRATION OF INCIPIENT SMOOTH SURFACE LESIONS
D2999	UNSPECIFIED RESTORATIVE PROCEDURE, BY REPORT
D3220	THERAPEUTIC PULPOTOMY, EXCLUDING FINAL RESTORATION
D3221	PULPAL DEBRIDEMENT
D3222	PARTIAL PULPOTOMY FOR APEXOGENESIS, PERMANENT TOOTH
D3310	ENDODONTIC THERAPY-ANTERIOR(EXCLUDES FINAL RESTORATION)
D3320	ENDODONTIC THERAPY-BISCUSPID(EXCLUDES FINAL RESTORATION)
D3330	ENDODONTIC THERAPY-MOLAR(EXCLUDES FINAL RESTORATION)
D3332	INCOMPLETE ENDODONTIC THERAPY; INOPERABLE, UNRESTORABLE OR FRACTURED TOOTH
D3346	RETREATMENT OF PREV ROOT CANEL THERAPY
D3347	RETREATMENT OF PREV ROOT CANAL THERAPY
D3348	RETREATMENT OF PREV ROOT CANAL THERAPY



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Code	Description
D3351	APEXIFICAT/RECALC/PULPL REGEN-INITIAL
D3352	APEXIFICAT/RECALC/PULPL REGEN-INTERIM
D3353	APEXIFICATION/RECALCIF. FINAL VISIT INCCLUDES COMPETED ROOTH CANAL THERAPY
D3355	PULPAL REGENERATION – INITIAL VISIT
D3356	PULPAL REGENERATION – INTERIM MEDICATION
D3357	PULPAL REGENERATION – COMPLETION OF TREATMENT
D3410	APICOECTOMY/PERIADICULAR SURG-ANTERIOR
D3421	APICOECTOMY/PERIADICULAR SURGERY, BICUSP
D3425	APICOECTOMY/PERIRADICULAR SURGERY, MOLAR
D3426	APICOECTOMY/PERIRADICULAR SURGERY, EACH
D3427	PERIRADICULAR SURGERY WITHOUT APICOECTOMY
D3430	RETROGRADE FILLING, PER ROOT
D3450	ROOT AMPUTATION, PER ROOT
D3999	UNSPECIFIED ENDODONTIC PROCEDURE
D4210	GINGIVECTOMY OR GINGIVOPLASTY-PER QUADRANT
D4211	GINGIVECTOMY OR GINGIVOPLASTY, 1-3 CONTIGUOUS TEETH
D4212	GINGIVECTOMY OR GINGIVOPLASTY TO ALLOW A RESTORATIVE PROCEDURE, PER TOOTH
D4240	GINGIVAL FLAP PROCEDURE, INCL ROOT PLANING
D4241	GINGIVAL FLAP PROCED.INCLUD.ROOT PLANING
D4245	APICALLY POSITIONED FLAP
D4249	CROWN LENGTHENING
D4260	OSSEOUS SURGERY, INC FLAP ENTRY AND CLOSURE
D4261	OSSEOUS SURGERY 1-3 TEETH PER QUADRANT
D4263	BONE REPLACEMENT GRAFT,FIRST SITE IN QUADRANT
D4264	BONE REPLACEMENT GRAFT,EACH ADDL SITE
D4265	BIOLOGICAL MATER. TO AID IN TISSUE REGENERATION
D4266	GUIDED TISSUE REGENERATION - RESORBABLE
D4267	GUIDED TISSUE REGENERATION - NONRESORBABLE
D4270	PEDICLE SOFT TISSUE GRAFTS
D4273	SUBEPITHELIAL CONNECTIVE TISSUE GRAFT
D4275	SOFT TISSUE ALLOGRAFT
D4276	COMBINED CONNECTIVE TISSUE/PEDICAL GRAFT
D4277	FREE SOFT TISSUE GRAFT PROCEDURE, FIRST TOOTH
D4278	FREE SOFT TISSUE GRAFT PROCEDURE, EACH ADDITIONAL TOOTH
D4283	AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEURE
D4285	NON-AUTOGENOUS CONNECTIVE TISSUE GRAFT PROCEDURE



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Code	Description
D4321	PROVISIONAL SPLINTING-EXTRACORONAL
D4341	PERIODONTAL SCALING AND ROOT PLANING – 4 OR MORE TEETH PER QUADRANT
D4342	PERIODONTAL SCALING AND ROOT PLANING 1-3 OR MORE TEETH PER QUADRANT
D4346	SCALING IN PRESNCE OF GENERALIZED MODERATE OR SEVERE GINGIVAL INFLAMMATION
D4355	FULL MOUTH DEBRIDEMENT TO ENABLE A COMPREHENSIVE EVALUATION AND DIAGNOSIS
D4381	ANTIMICROBIAL MEDICATION, PER TOOTH
D4910	PREVENTIVE PERIODONTAL MAINTENANCE
D4920	UNSCHEDULED DRESSING CHANGE, BY NONTREATMENT
D4999	UNSPECIFIED PERIODONTAL PROCEDURE
D5110	COMPLETE DENTURE - MAXILLARY
D5120	COMPLETE DENTURE - MANDIBULAR
D5130	IMMEDIATE DENTURE - MAXILLARY
D5140	IMMEDIATE DENTURE - MANDIBULAR
D5211	MAXILLARY PARTIAL DENTURE-RESIN BASE
D5212	MANDIBULAR PARTIAL DENTURE-RESIN BASE
D5213	MAXILLARY PARTIAL DENTURE,CAST METAL FRAMEWORK
D5214	MANDIBULAR PARTIAL DENTURE,CAST METAL FRAMEWORK
D5225	MAX.PARTIAL DENTURE FLEXIBLE BASE
D5226	MANDIBULAR PARTIAL FLEXIBLE BASE
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 MAXILL DENTURE
D5711	REBASE COMPLETE MANDIB DENTURE



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Code	Description
D5720	REBASE MAX PARTIAL DENTURE
D5721	REBASE MANDIB PARTIAL DENTURE
D5730	RELINE COMPLETE MAXILL DENTURE,CHAIRSIDE
D5731	RELINE COMPLETE MANDIB 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
D5850	TISSUE CONDITIONING,MAXILLARY
D5851	TISSUE CONDITIONING,MANDIBULAR
D5862	PRECISION ATTACHMENT - OVERDENTURE
D5863	OVERDENTURE – COMPLETE MAXILLARY
D5864	OVERDENTURE – PARTIAL MAXILLARY
D5865	OVERDENTURE – COMPLETE MANDIBULAR
D5866	OVERDENTURE – PARTIAL MANDIBULAR
D5899	UNSPECIFIED REMOVABLE PROSTHODONTIC PROCEDURE
D5931	OBTURATOR PROSTHESIS,SURGICAL
D5932	OBTURATOR PROSTHESIS,DEFINITIVE
D5933	OBTURATOR PROSTHESIS,MODIFICATION
D5954	PALATAL AUGMENTATION
D5958	PALATAL LIFT PROSTHESIS,INTERIM
D5992	ADJUST MAXILLOFACIAL PROSTHET APPLIANCE
D5993	MAINT & CLEANING MAXILLOFACIAL PROSTHESIS
D5999	UNSPECIFIED MAXILLOFACIAL PROSTHESIS
D6010	ENDOSTEAL (OSSEOUS) IMPLANT
D6012	SURG PLACEMENT INTERIM IMPLANT BODY
D6013	SURGICAL PLACEMENT OF MINI IMPLANT
D6040	SURGICAL PLACEMENT: EPOSTEAL IMPLANT
D6050	TRANSOSTEAL IMPLANT
D6055	CONNECT BAR-IMPLANT SUPPORT OR ABUTMENT
D6056	PREFABRICATED ABUTMENT
D6057	CUSTOM ABUTMENT - INCLUDES PLACEMENT
D6058	ABUTMENT SUPPORT PORCELAIN/CERAMIC CROWN
D6059	ABUTMENT SUPPORT PORCELAIN FUSED METAL
D6060	ABUTMENT SUPPORTPORCELAIN FUSED METAL



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Code	Description
D6061	ABUTMENT SUPPORTED NOBLE METAL CROWN
D6062	ABUTMENT SUPPORTED CAST METAL CROWN
D6063	ABUTMENT SUPPORTED CAST METAL CROWN
D6064	ABUTMENT SUPPORTED CAST METAL CROWN
D6065	IMPLANT SUPPORT PORCELAIN/CERAMIC CROWN
D6066	IMPLANT SUPPORT PORCELAIN FUSED TO METAL
D6067	IMPLANT SUPPORTED METAL CROWN
D6068	ABUTMENT SUPPORT RETAINER PORCEL/CERAMIC
D6069	ABUTMENT SUPPORT RETAIN PORCELAIN FUSED
D6070	ABUTMENT SUPPORT RETAINER PORCELAIN FUSE
D6071	ABUTMENT SUPPORT RETAINER PORCELAIN FUSE
D6072	ABUTMENT SUPPORTED RETAINER FOR CAST
D6073	ABUTMENT SUPPORTED RETAINER FOR CAST
D6074	ABUTMENT SUPPORTED RETAINER FOR CAST
D6075	IMPLANT SUPPORT RETAINER FOR CERAMIC FPD
D6076	IMPLANT SUPPORT RETAINER PORCELAIN FUSED
D6077	IMPLANT SUPPORT RETAINER CAST METAL FPD
D6080	IMPLANT MAINTENANCE PROCEDURES
D6090	REPAIR IMPLANT SUPPORTED PROSTHESIS RPT
D6091	REPLACMENT ATTACH FOR IMPLANT/ABUTMENT
D6092	RECEMENT IMPLANT/ABUTMENT SUPPORT CROWN
D6093	RECEMENT IMPLANT/ABUTMENT SUPPORT FIXED
D6094	ABUTMENT SUPPORTED CROWN TITANIUM
D6095	REPAIR IMPLANT ABUTMENT, BY REPORT
D6100	IMPLANT REMOVAL, BY REPORT
D6101	DEBRIDE PERI-IMPLANT DEFECT
D6102	DEBRIDE/OSS PERI-IMPLANT DEFECT
D6110	IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENURE
D6111	IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENURE
D6112	IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENURE
D6113	IMPLANT/ABUTMENT SUPPORTED REMOVABLE DENURE
D6114	IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE
D6115	IMPLANT/ABUTMENT SUPPORTED FIXED- MANDIBULAR
D6116	IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE
D6117	IMPLANT/ABUTMENT SUPPORTED FIXED DENTURE
D6190	RADIOGRAPH/SURGICAL IMPLANT INDEX
D6194	ABUTMENT SUPPORTED RETAINER CROWN TITANIUM



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Code	Description
D6199	UNSPECIFIED IMPLANT PROCEDURE, BY REPORT
D6205	PONTIC-INDIRECT RESIN BASED COMPOSITE
D6210	PONTIC, CAST HIGH NOBLE METAL
D6211	PONTIC, CAST PREDOMINANTLY BASE METAL
D6212	PONTIC, CAST NOBLE METAL
D6240	PONTIC, PORCELAIN FUSED TO HIGH NOBLE METAL
D6241	PONTIC, PORCELAIN FUSED TO PREDOMINANTLY
D6242	PONTIC, PORCELAIN UFSED TO NOBLE METAL
D6245	PONTIC, PORCELAIN/CERAMIC
D6250	PONTIC, RESIN WITH HIGH NOBLE METAL
D6251	PONTIC RESIN WITH PREDOMINANTLY BASE METAL
D6252	PONTIC RESIN WITH NOBLE METAL
D6545	CAST METAL RETAINER,RESIN BANDED FIXED
D6549	RESIN RETAINER - FOR RESIN BONDED FIXED
D6710	CROWN-INDIRECT RESIN BASED COMPOSITE
D6720	CROWN, RESIN WITH HIGH NOBLE METAL
D6721	CROWN, RESIN WITH PREDOMINANTLY BASE MET
D6722	CROWN, RESIN WITH NOBLE METAL
D6740	RETAINER- CROWN- PORCELAIN/CERAMIC
D6750	CROWN, PORCELAIN FUSED TO HIGH NOBLE MET
D6751	CROWN, PORCELAIN FUSED TO PREDOMINATELY
D6752	CROWN, PROCELAIN FUSED TO NOBLE METAL
D6780	THREE FOURTH CAST GOLD CROWN
D6790	CROWN, FULL CAST HIGH NOBLE METAL
D6791	CROWN, FULL CAST PREDOMINANTLY BASE METAL
D6792	CROWN, FULL CAST NOBLE METAL
D6920	CONNECTOR BAR
D6930	RECEMENT FIXED PARTIAL DENTURE
D6940	STRESS BREAKER
D6950	PRECISION ATTACHMENT
D6980	FIXED PARTIAL DENTURE REPAIR
D6999	UNSPECIFIED FIXED PROSTHODONTIC PROCEDURE
D7111	EXTRACTION, CORONAL REMNANTS-DECIDUOUS 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



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Code	Description
D7240	REMOVAL OF IMPACTED TOOTH - BONY
D7241	REMOVAL IMPACTED TOOTH COMPL BONY W/UNUSUAL COMPLICATIONS
D7250	REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)
D7251	CORONECTOMY -INTENTIONAL PARTIAL TOOTH REMOVAL
D7260	OROANTRAL FISTULA CLOSURE
D7261	PRIMARY CLOSURE OF A SINUS PERFORATION
D7270	REPLANTATION OF TRAUMATICALLY AVULSED TOOTH
D7280	SURGICAL ACCESS OF AN ERUPTED TOOTH
D7282	MOBILIZATION OF ERUPTED/MALPOSITIONED TOOTH
D7283	PLACE. DEVICE TO FACILITATE ERUPTION TOOTH
D7285	BIOPSY OF ORAL TISSUE(HARD)
D7286	BIOPSY OF ORAL TISSUE(SOFT)
D7287	CYTOLOGY SAMPLE COLLECTION
D7295	HARVEST OF BONE FOR GRAFTING
D7310	ALVEOLOPLASTY W EXTRACTIONS, 4 OR MORE TEETH OR TOOTH SPACES, PER QUADRANT
D7311	ALEVEOLPLASTY W/EXTRACTIONS, 1-3 TEETH OR TOOTH SPACES, PER QUADRANT
D7320	ALVEOLOPLASTY PER QUAD-NOT W/EXTRACTIONS
D7321	ALVEOLOPLASTY NOT W/EXTRACTIONS, 1-3 TEETH
D7340	VESTIBULOPLASTY, RIDGE EXTEN. SECONDARY EPITHELIALIZATION
D7350	VESTIBULOPLASTY--COMPLICATED
D7410	EXCISION OF BENIGN LESION UP TO 1.25 CM
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-UP TO 1.25 CM
D7441	EXCISION MALIGNANT TUMOR-OVER 1.25 CM
D7450	REMOVE ODONTOGENIC CYST/TUMOR-UP TO 1.25
D7451	REMOVE ODONTOGENIC CYST/TUMOR-OVER 1.25
D7460	REMOVAL OF NON-ONDONTOGENIC CYST/TUMOR-LESION DIAMETER UP TO 1.25 CM
D7461	REMOVAL OF NON-ONDONTOGENIC CYST/TUMOR-LESION DIAMETER GREATER THAN 1.25 CM
D7465	DESTRUCTION OF LESIONS BY PHYSICAL OR CHEMICAL METHOD, BY REPORT
D7471	REMOVAL OF EXOSTOSIS, PER SITE
D7472	REMOVAL OF TORUS PALATINUS
D7473	REMOVAL OF TORUS MANDIBULARIS



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Code	Description
D7485	SURGICAL REDUCTION OF OSSEOUS TUBEROSITY
D7490	RADICAL RESECTION OF MANDIBLE/BONE GRAFT
D7510	INCISION AND DRAINAGE OF ABSCESS-INTRAORAL
D7511	INCISION/DRAIN OF ABSCESS SOFT TISSUE
D7520	INCISION AND DRAINAGE OF ABSCESS-EXTRAORAL
D7521	INCISION/DRAIN ABSCESS EXTRAORAL TISSUE
D7530	REMOVAL OF FOREIGN BODY,SKIN,OR SUBCUTANEOUS ALVEOLAR TISSUE
D7540	REMOVAL OF REACTION-PRODUCING FOREIGN BODIES, MUSCULOSKELATAL SYSTEM
D7550	PARTIAL OSTECTOMY/SEQUESTRECTOMY
D7560	MAXILLARY SINUSOTOMY FOR REMOVAL OF TOOTH
D7610	MAXILLA-OPEN REDUCTION,TEETH IMMOBILIZED
D7620	MAXILLA-CLOSED REDUCTION,TEETH IMMOBILIZED
D7630	MANDIBLE-OPEN REDUCTION,TEETH IMMOBILIZED
D7640	MANDIBLE-CLOSED REDUCTION,TEETH IMMOBILITY
D7650	MALAR AND/OR ZYGOMATIC ARCH-OPEN REDUCTION
D7660	MALAR AND/OR ZYGOMATIC ARCH-CLOSED REDUCTION
D7670	ALVEOLUS-STABILIZATION OF TEETH, CLOSED REDUCTION
D7671	ALVEOLUS OPEN REDUCTION,STABILIZATION OF TEETH
D7680	FACIAL BONES-COMPLICATED REDUCTION W/FIXATION AND MULTIPLE SURGICAL APPROACHES
D7710	MAXILLA-OPEN REDUCTION COMPOUND FRACTURE
D7720	MAXILLA-CLOSED REDUCTION COMPOUND FRACTURE
D7730	MANDIBLE-OPEN REDUCTION COMPOUND FRACTURE
D7740	MANDIBLE-CLOSED REDUCTION COMPOUND FRACTRE
D7750	MALAR AND/OR ZYGOMATIC ARCH-OPEN REDUCTION
D7760	MALAR AND/OR ZYGOMATIC ARCH-CLOSED REDUCTION
D7770	ALVEOLUS COMPOUND FRACTURE-STABILIZATION
D7771	ALVEOLUS CLOSED REDUCTION STABIL.TEETH
D7780	FACIAL BONES COMPOUND FRACTURE-COMPLICATIONS
D7810	OPEN REDUCTION OF DISLOCATION
D7820	CLOSED REDUCTION OF DISLOCATION
D7830	MANIPULATION UNDER ANESTHESIA
D7840	CONDYLECTOMY
D7850	SURGICAL DISCECTOMY, WITH/WITHOUT IMPLANT
D7860	ARTHROTOMY
D7870	ARTHROCENTESIS
D7880	OCCLUSAL ORTHOTIC DEVICE



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D7881	OCCLUSAL ORTHOTIC DEVICE ADJUSTMENT
D7910	SUTURE OF RECENT SMALL WOUNDS UP TO 5 CM
D7911	COMPLICATED SUTURE UP TO 5 CM
D7912	COMPLICATED SUTURE OVER 5 CM
D7920	SKIN GRAFTS
D7940	OSTEOPLASTY FOR ORTHOGNATHIC DEFORMITIES
D7941	OSTEOTOMY, MANDIBULAR RAMI
D7943	OSTEOTOMY, MANDIBULAR RAMI W BONE GRAFT
D7944	OSTEOTOMY, SEGMENTED OR SUBAPICAL
D7945	OSTEOTOMY, BODY OF MANDIBLE
D7946	LEFORT I (MAXILLA, TOTAL)
D7947	LEFORT I (MAXILLA SEGMENT)
D7948	LEFORT II OR LEFORT III (OSTEOPLASTY OF FACIAL BONES) WITHOUT BONE GRAFT
D7949	LEFORT II OR LEFORT III WITH BONE GRAFT
D7950	OSSEOUS/PERIOSTEAL/CARTILAGE GRAFT AUTOGENOUS OR NONAUTOGENOUS, BY REPORT
D7951	SINUS AUGMENTATION WITH BONE OR BONE SUBSTITUES VIA A LATERAL OPEN APPROACH
D7952	SINUS AUGMENTATION VIA A VERICAL APPROACH
D7953	BONE REPLACEMENT GRAFT FOR RIDGE PRESERVATION – PER SITE
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
D7995	SYNTHETIC GRAFT - MANDIBLE OR FACIAL BONE
D7998	INTRAORAL PLACE OF FIX DEV
D8060	INTERCEPTIVE ORTHODONTIC TREATMENT
D8070	ORTHO TREAT OF TRANSITIONAL DENTITION
D8080	COMPREHENSIVE ORTHODONTIC TREATMENT/ADOLESCENT
D8210	REMOVABLE APPLIANCE THERAPY



**Iowa Medicaid Dental Wellness Plan
Full Benefit Services**

Code	Description
D8220	FIXED APPLIANCE THERAPY
D8680	ORTHODONTIC RETENTION
D8690	ORTHODONTIC TREATMENT (ALTERNATIVE BIL)
D8692	REPLACEMENT OF LOST/BROKEN RETAINER
D8694	REPAIR OF FIXED RETAINERS, INCLUDES REST
D8999	UNSPECIFIED ORTHODONTIC PROCEDURE
D9110	PALLIATIVE TREATMENT
D9120	FIXED PARTIAL DENTURE SECTIONING
D9222	DEEP SEDATION/GENERAL ANESTHESIA- FIRST 15 MINUTES
D9223	DEEP SEDATION/GENERAL ANESTHESIA – EACH SUBSEQUENT 15 MINUTE INCRUMENTS
D9230	INHALATION OF NITROUS OXIDE/ANXIOLYSIS
D9239	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA - FIRST 15 MINUTES
D9243	INTRAVENOUS MODERATE (CONSCIOUS) SEDATION/ANALGESIA – EACH SUBSEQUENT 15 MINUTES
D9248	NON-IV CONSCIOUS SEDATION
D9310	CONSULTATION-PER SESSION
D9410	HOUSE CALL
D9420	HOSPITAL OR AMBULATORY SURGERY CENTER CALL
D9440	OFFICE VISIT AFTER HOURS
D9610	THERAPEUTIC DRUG INJECTION
D9910	APPLY DESENSITIZING MEDICAMENTS
D9930	COMPLICATIONS POST SURGERY
D9942	REPAIR/RELINING OF OCCLUSAL GUARD
D9943	OCCLUSAL GUARD ADJUSTMENT
D9944	OCCLUSAL GUARD, HARD APPLIANCE, FULL ARCH
D9946	OCCLUSAL GUARD, HARD APPLIANCE, PARTIAL ARCH
D9999	UNSPECIFIED DENTAL PROCEDURE