

Iowa Department of Human Services

For Human Services use only:

General Letter No. 8-AP-52
Employees' Manual, Title 8
Medicaid Appendix

March 30, 1998

DENTAL SERVICES MANUAL TRANSMITTAL NO. 98-1

ISSUED BY: Division of Medical Services, Iowa Department of Human Services

SUBJECT: *Dental Services Manual*, Table of Contents, page 5, revised; Chapter E, *Coverage and Limitations*, pages 17 and 18, revised; and Chapter F, *Billing and Payment*, pages 1 through 20, revised.

This transmittal adopts the American Dental Association (ADA) claim form.

Date Effective

July 1, 1997

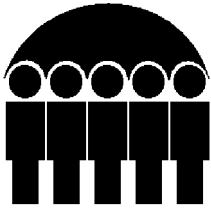
Material Superseded

Remove the following pages from *Dental Services Manual* and destroy them:

<u>Page</u>	<u>Date</u>
Table of Contents (page 5)	January 1, 1995
Chapter E	
17, 18	January 1, 1994
Chapter F	
1	March 1, 1993
2	7/86
3-6	March 1, 1993
7, 8	12/92
9-21	March 1, 1993

Additional Information

If any portion of this manual is not clear, please direct your inquiries to Consultec, fiscal agent for the Department of Human Services.



Iowa Department of Human Services

For Human Services use only:

General Letter No. 8-AP-74
Employees' Manual, Title 8
Medicaid Appendix

July 6, 1998

DENTAL SERVICES MANUAL TRANSMITTAL NO. 98-2

ISSUED BY: Division of Medical Services, Iowa Department of Human Services

SUBJECT: *Dental Services Manual*, Table of Contents (pages 4 and 5), revised; Chapter E, *Coverage and Limitations*, pages 2 through 4, 7, 13 through 39, 47, and 48, revised.

This transmittal adopts the American Dental Association (ADA) coding and description.

Prior authorization for post care and oral prophylaxes more frequently than six months is eliminated and the age for sealants is revised.

Date Effective

July 1, 1998

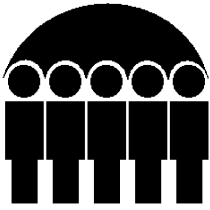
Material Superseded

Remove the following pages from *Dental Services Manual* and destroy them:

<u>Page</u>	<u>Date</u>
Contents (page 4)	January 1, 1994
Contents (page 5)	July 1, 1997
Chapter E	
2-4, 7, 13-16	January 1, 1994
17, 18	July 1, 1997
19	January 1, 1994
20	January 1, 1995
21-39	January 1, 1994
47, 48	January 1, 1995

Additional Information

If any portion of this manual is not clear, please direct your inquiries to Consultec, fiscal agent for the Department of Human Services.



Iowa Department of Human Services

For Human Services use only:

General Letter No. 8-AP-145

Employees' Manual, Title 8
Medicaid Appendix

June 19, 2000

DENTAL SERVICES MANUAL TRANSMITTAL NO. 00-1

ISSUED BY: Division of Medical Services, Iowa Department of Human Services

SUBJECT: *Dental Services Manual*, Table of Contents (page 5), revised; Chapter F, *Billing and Payment*, pages 7 through 14 and 20, revised, and pages 12a and 21 through 25, new.

Chapter F is revised to provide claim completion instructions for the 1999 ADA *Dental Claim Form*.

Forms 470-3744, *Provider Inquiry*, and 470-0040, *Credit/Adjustment Request*, are added to Chapter F for provider convenience.

Date Effective

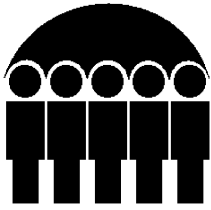
January 1, 2000

Material Superseded

Remove from the *Dental Services Manual*, Table of Contents, page 5, dated July 1, 1998, and Chapter F, pages 7 through 14 and 20, dated July 1, 1997, and destroy them.

Additional Information

If any portion of this manual is not clear, please direct your inquiries to Consultec, fiscal agent for the Department of Human Services.



Iowa Department of Human Services

For Human Services use only:

General Letter No. 8-AP-195

Employees' Manual, Title 8

Medicaid Appendix

October 2, 2002

DENTAL PROVIDER MANUAL TRANSMITTAL NO. 02-1

ISSUED BY: Bureau of Managed Care and Clinical Services

SUBJECT: ***DENTAL PROVIDER MANUAL***, Table of Contents, pages 4 and 5, revised; Chapter E, *Coverage and Limitations*, pages 1 through 51, revised, and pages 52 and 53, new; and Chapter F, *Billing and Payment*, page 3, revised.

Revisions to Chapter E include:

- ◆ Reductions in coverage of services for adults, which were announced in Informational Letter Nos. 297, dated February 21, 2002, and 304, dated July 1, 2002.
- ◆ Changing the first digit of the procedure codes to "D" to match CDT-3 codes.
- ◆ Elimination of the requirement that documentation of the necessity for more frequent prophylaxis accompany the claim.
- ◆ Elimination of the requirement for prophylaxis before topical application of fluoride and allowance of more frequent applications for persons with a mental or physical disability.
- ◆ Coverage for replacement sealants and sealants through 18 years of age and for others with a physical or mental disability.
- ◆ Coverage for a comprehensive oral evaluation by the same dentist when the recipient has not seen that dentist for three years.
- ◆ A requirement for prior authorization for more than two porcelain crowns in a 12-month period.
- ◆ Clarification that full mouth debridement is not payable on the same date of service when other prophylaxis or periodontal services are performed.
- ◆ Removal of the 24-month limitation on periodontal scaling and root planing.
- ◆ Addition of non-intravenous conscious sedation (D9248) as an alternative to general anesthesia.
- ◆ Clarification that replacement of dentures due to resorption in less than 5 years is not covered.
- ◆ Removal of the \$125 limit for tooth guidance. Tooth guidance for a limited number of teeth or interceptive orthodontics is a payable service when extensive treatment is not required.

Chapter F is revised to update the sample of form 470-0829, *Request for Prior Authorization*.

Date Effective

July 1, 2002

Material Superseded

Remove the following pages from *DENTAL SERVICES MANUAL* and destroy them:

<u>Page</u>	<u>Date</u>
Table of Contents (page 4)	July 1, 1998
Table of Contents (page 5)	January 1, 2000
Chapter E	
1	January 1, 1994
2-4	July 1, 1998
5, 6	January 1, 1994
7	July 1, 1998
8-12	January 1, 1994
13-39	July 1, 1998
40-46	January 1, 1994
47, 48	July 1, 1998
49-51	January 1, 1995
Chapter F	
3	7/97

Additional Information

The updated provider manual containing the revised pages can be found at:

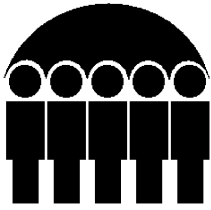
www.dhs.state.ia.us/policyanalysis

If you do not have Internet access, you may request a paper copy of this manual transmittal by sending a written request to:

ACS
Manual Transmittal Requests
PO Box 14422
Des Moines, IA 50306-3422

Include your Medicaid provider number, name, address, provider type, and the transmittal number that you are requesting.

If any portion of this manual is not clear, please direct your inquiries to ACS, fiscal agent for the Department of Human Services.



Iowa Department of Human Services

For Human Services use only:

General Letter No. 8-AP-214
Employees' Manual, Title 8
Medicaid Appendix

June 23, 2003

DENTAL PROVIDER MANUAL TRANSMITTAL NO. 03-1

ISSUED BY: Bureau of Managed Care and Clinical Services

SUBJECT: ***DENTAL PROVIDER MANUAL***, Chapter E, *Coverage and Limitations*, pages 26, 30 through 41, 43 through 48, 50, and 52, revised; and Chapter F, *Billing and Payment*, pages 20, 21, 23, and 25, revised.

This revision incorporates:

- ◆ Procedure code and nomenclature changes.
- ◆ Revisions in the CDT-4.

The following new codes are covered effective March 1, 2003:

D0180	Comprehensive periodontal exam
D2390	Resin based composite crown, anterior (age 20 and under)
D2391	Resin based composite-one surface posterior
D2392	Resin based composite-two surfaces posterior
D2393	Resin based composite-three surfaces posterior
D2394	Resin based composite-four or more surfaces posterior
D7111	Coronal remnants, deciduous tooth
D7140	Extraction, erupted tooth or exposed root
D7261	Primary closure of a sinus perforation
D7287	Cytology sample collection
D7411	Excision of benign lesion greater than 1.25 cm
D7412	Excision of benign lesion, complicated
D7413	Excision of malignant lesion up to 1.25 cm
D7414	Excision of malignant lesion greater than 1.25 cm
D7415	Excision of malignant lesion complicated
D7472	Removal of torus palatinus
D7473	Removal of torus mandibularis
D7485	Surgical reduction of osseous tuberosity
D7671	Alveolus-open reduction, may include stabilization
D7771	Alveolus-closed reduction, stabilization of teeth
D7972	Surgical reduction of fibrous tuberosity

The following new codes are covered effective March 1, 2003, when prior authorization has been obtained.

- D4261 Osseous surgery (including flap entry and closure)-one to three teeth per quadrant (covered for age 20 and under)
- D4275 Soft tissue allograft (covered for age 20 and under)
- D4342 Periodontal scaling and root planing 1-3 teeth, per quadrant (covered age 20 and under)

The following CDT-3 codes were eliminated from the CDT-4 and are not covered effective July 31, 2003. Use the cross-walked CDT-4 codes.

<u>Deleted Code</u>	<u>Cross-walk Code</u>
D2110	D2140
D2120	D2150
D2130	D2160
D2131	D2161
D2380	D2391
D2385	D2391
D2386	D2392
D6250	NONE
D6530	NONE
D6544	NONE
D7110	D7111
D7120	D7111
D7130	D7140
D7420	D7411
D7430	NONE
D7431	D7411
D7480	D7485
D7992	NONE

Date Effective

Immediately

Material Superseded

Remove the following pages from *DENTAL PROVIDER MANUAL* and destroy them:

<u>Page</u>	<u>Date</u>
Chapter E 26, 30-41, 43-48, 50, 52	July 1, 2002

Chapter F

20, 21	January 1, 2000
23 (470-3744)	4/00
25 (470-0040)	4/00

Additional Information

The updated provider manual containing the revised pages can be found at:

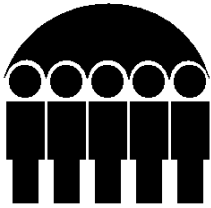
www.dhs.state.ia.us/policyanalysis

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Manual Transmittal Requests
PO Box 14422
Des Moines, IA 50306-3422

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Iowa Department of Human Services

For Human Services use only:
General Letter No. 8-AP-242
Employees' Manual, Title 8
Medicaid Appendix

January 13, 2004

DENTAL SERVICES MANUAL TRANSMITTAL NO. 04-1

ISSUED BY: Bureau of Managed Care and Clinical Services

SUBJECT: ***DENTAL SERVICES MANUAL***, Chapter E, *Coverage and Limitations*, pages 4, 7, 8, 23, 26, 34, 51, and 52, revised, and Chapter F, *Billing and Payment*, page 23, revised.

Chapter E is revised to:

- ◆ Include necessary crowns on permanent anterior teeth that have received root canal treatment.
- ◆ Clarify coverage of additional diagnostic and definitive procedures with a limited oral evaluation.
- ◆ Update orthodontia procedure codes. Orthodontia providers are reminded that a one-time, lump-sum payment for orthodontia treatment can be billed when form 470-3174, *Addendum to Dental Provider Agreement*, has been completed and submitted to the fiscal agent. Procedure code D8690 should be billed when treatment is transferred to another provider before completion.
- ◆ Correct typographical errors.

Date Effective

July 1, 2003

Material Superseded

Remove the following pages from ***DENTAL SERVICES MANUAL*** and destroy them:

<u>Page</u>	<u>Date</u>
Chapter E	
4, 7, 8, 23	July 1, 2002
26, 34	June 1, 2003
51	July 1, 2002
52	June 1, 2003
Chapter F	
23	10/02

Additional Information

The updated provider manual containing the revised pages can be found at:

www.dhs.state.ia.us/policyanalysis

If you do not have Internet access, you may request a paper copy of this manual transmittal by sending a written request to:

ACS
Manual Transmittal Requests
PO Box 14422
Des Moines, IA 50306-3422

Include your Medicaid provider number, name, address, provider type, and the transmittal number that you are requesting.

If any portion of this manual is not clear, please direct your inquiries to ACS, fiscal agent for the Department of Human Services.



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

For Human Services use only:

General Letter No. 8-AP-352

Employees' Manual, Title 8
Medicaid Appendix

November 1, 2013

DENTAL SERVICES MANUAL TRANSMITTAL NO. 13-1

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: **DENTAL SERVICES MANUAL**, Title page, new; Contents (page 1), new; Chapter III, *Provider-Specific Policies*, Title page, new; Contents (pages 1 and 2), new; pages 1 through 30, new; and form 470-3174, *Addendum to Dental Provider Agreement for Orthodontia*, new.

Summary

The **DENTAL SERVICES MANUAL** is revised to:

- ◆ Reformat and rename the chapter on coverage and limitations to reflect the implementation of the Iowa Medicaid Enterprise and the reorganization of the Medicaid "All Providers" manual chapters.
- ◆ Remove the form samples from the numbered pages within the manual. The forms are connected to the on-line manual through links to ensure that the most recent version of the form is accessible. This will make the chapter quicker to load on line and easier to read and update.
- ◆ Move information on billing and payment to Chapter IV. *Billing Iowa Medicaid*.
- ◆ Align with current policies, procedures, and terminology.
- ◆ Ensure that current contact information is provided.

Date Effective

Immediately.

Material Superseded

Remove the entire Chapter E and Chapter F from the **Dental Services Manual** and destroy them. This includes the following:

<u>Page</u>	<u>Date</u>
Title page	Undated
Contents (pages 4 and 5)	July 1, 2002

Chapter E

1-3	July 1, 2002
4	July 1, 2003
5, 6	July 1, 2002
7, 8	July 1, 2003
9-22	July 1, 2002
23	July 1, 2003
24, 25	July 1, 2002
26	July 1, 2003
27-29	July 1, 2002
30-33	June 1, 2003
34	July 1, 2003
35-41	June 1, 2003
42	July 1, 2002
43-48	June 1, 2003
49	July 1, 2002
50	June 1, 2003
51, 52	July 1, 2003
53	July 1, 2002

Chapter F

1, 2	July 1, 1997
3 (470-0829)	4/98
5, 6	July 1, 1997
7-12, 12a	January 1, 2000
13, 14 (ADA Dental Claim Form)	1999
15, 16	July 1, 1997
17 (Remittance Advice)	6/10/97
19	July 1, 1997
20, 21	June 1, 2003
22	January 1, 2000
23 (470-3744)	10/02
25 (470-0040)	10/02

Additional Information

The updated provider manual containing the revised pages can be found at:
www.ime.state.ia.us/providers

If any portion of this manual is not clear, please contact the Iowa Medicaid Enterprise Provider Services Unit at 800-338-7909 or locally (in Des Moines) at 515-256-4609, or email at imeproviderservices@dhs.state.ia.us.



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

For Human Services use only:

General Letter No. 8-AP-431

Employees' Manual, Title 8
Medicaid Appendix

November 13, 2015

DENTAL SERVICES MANUAL TRANSMITTAL NO. 15-1

ISSUED BY: Iowa Medicaid Enterprise

SUBJECT: **DENTAL SERVICES MANUAL**, Chapter III, *Provider-Specific Policies*, pages 6 and 23, revised.

Summary

The **DENTAL SERVICES MANUAL** is revised to:

- ◆ Align with current ICD-10 policies, procedures, and terminology.
- ◆ Update links due to the Department's new website.

Effective Date

October 1, 2015

Material Superseded

This material replaces the following pages from the **DENTAL SERVICES MANUAL**:

<u>Page</u>	<u>Date</u>
Chapter III 6, 23	November 1, 2013

Additional Information

The updated provider manual containing the revised pages can be found at:

<http://dhs.iowa.gov/sites/default/files/Dental.pdf>

If any portion of this manual is not clear, please contact the Iowa Medicaid Enterprise Provider Services Unit at 800-338-7909 or locally (in Des Moines) at 515-256-4609, or email at imeproviderservices@dhs.state.ia.us.