



June 7, 2017

Dear Dental Provider:

The Iowa Department of Human Services (DHS) and Iowa Medicaid Enterprise (IME) are changing the adult dental benefit for Medicaid enrollees. **Effective July 1, 2017**, all Medicaid fee-for-service (FFS) adults will now be served under the newly redesigned Dental Wellness Plan (DWP) and MCNA will be under a new contract with DHS.

The redesigned DWP addresses concerns raised by dentists, members, and other stakeholders:

- The **tiered benefits are being replaced with a comprehensive dental benefit** that encourages healthy behaviors and is easier for members to understand
- **Churn between Medicaid FFS and DWP will be eliminated** by combining the populations into a single program

Under the redesigned DWP program, the IME must comply with federal regulations which prevent a state from paying different reimbursement rates for the Medicaid expansion populations. You have likely already learned from the state and the other DWP dental plan that the new program will have a new fee schedule. MCNA is committed to working with the State of Iowa to evaluate ways to increase program reimbursement and network participation.

If you have questions, please contact MCNA's Provider Hotline at 1-855-856-6262 Monday through Friday, from 7:00 a.m. to 7:00 p.m. or by email at IA_PR_Dept@mcna.net.

All information regarding the DWP amendment, including the new fee schedule, is available at www.mcnaia.net. Thank you for your continued participation in the DWP network.

Sincerely,

Dr. Carlos Garcia
Chief Dental Officer, MCNA Insurance Company

**FIRST CONFORMING AMENDMENT TO PRODUCT ATTACHMENT TO MASTER
DENTAL PROVIDER AGREEMENT IOWA DENTAL WELLNESS PLAN**

This AMENDMENT (the “Amendment”) amends that certain Product Attachment to Master Dental Provider Agreement Iowa Dental Wellness Plan (the “Agreement”) by and between MCNA and Provider.

WHEREAS, MCNA and Provider each agree to amend the Agreement pursuant to Article XI.7 of the Master Dental Provider Agreement in order to conform the Agreement to changes in applicable federal and state laws, rules and regulations, and to incorporate other administrative changes to the Agreement.

NOW, THEREFORE, in consideration of the premises and the mutual promises, covenants and conditions herein contained and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereto agree as follows:

I. AMENDMENTS.

The State of Iowa has redesigned the Dental Wellness Plan and the program fee schedule has been deleted. As such, Appendix A Provider Reimbursement is deleted in its entirety and replaced with the following page.

APPENDIX A
PROVIDER REIMBURSEMENT

Providers will be reimbursed in accordance with the MCNA Iowa DWP Fee Schedule, which is enclosed in this Provider Participation Packet and can also be found on www.mcnaia.net.

Federally Qualified Health Centers (FQHCs) and Indian Health Clinics (IHCs) as defined under 42 U.S.C § 1396(d)(1)(2)(b), will be reimbursed for dental services done in the FQHC/IHC facility using Iowa Medicaid Enterprise's reimbursement methodology, which is payment at an encounter rate, in an amount unique to each FQHC/IHC, as determined by the State or Federal government.

Iowa Dental Wellness Plan Fee Schedule [Effective July 1, 2017]



MCNA Dental

CDT	Description	DWP Fee
D0120	Periodic Oral Evaluation - Established Patient	\$21.00
D0140	Limited Oral Evaluation - Problem Focused	\$25.00
D0150	Comprehensive Oral Evaluation - New or Established Patient	\$21.00
D0170	Re-Evaluation - Limited, Problem Focused (Established Patient; Not Post-Operative Visit)	\$21.00
D0180	Comprehensive Periodontal Evaluation - New or Established Patient	\$21.00
D0210	Intraoral - Complete Series of Radiographic Images	\$55.00
D0220	Intraoral - Periapical First Radiographic Image	\$10.00
D0230	Intraoral - Periapical Each Additional Radiographic Image	\$8.00
D0240	Intraoral - Occlusal Radiographic Image	\$12.00
D0250	Extraoral - First Radiographic Image	\$27.00
D0270	Bitewing - Single Radiographic Image	\$9.00
D0272	Bitewings - Two Radiographic Images	\$16.50
D0273	Bitewings - Three Radiographic Images	\$20.00
D0274	Bitewings - Four Radiographic Images	\$25.00
D0330	Panoramic Radiographic Image	\$49.00
D0340	2d Cephalometric Radiographic Image-Acquisition, Measurement and Analysis	\$60.00
D0460	Pulp Vitality Tests	\$15.00
D0470	Diagnostic Casts	\$20.00
D1110	Prophylaxis - Adult	\$40.00
D1206	Topical Application of Fluoride Varnish	\$14.00
D1208	Topical Application of Fluoride	\$14.00
D1354	Interim Caries Arresting Medicament Application	\$14.00
D2140	Amalgam - One Surface, Primary or Permanent	\$46.50
D2150	Amalgam - Two Surfaces, Primary or Permanent	\$58.75
D2160	Amalgam- Three Surfaces, Primary Permanent	\$70.75
D2161	Amalgam - Four or More Surfaces, Primary or Permanent	\$80.00
D2330	Resin-Based Composite - One Surface, Anterior	\$52.50
D2331	Resin-Based Composite - Two Surfaces, Anterior	\$66.75
D2332	Resin-Based Composite - Three Surfaces, Anterior	\$76.76
D2335	Resin-Based Composite - Four or More Surfaces or Involving Incisal Angle (Anterior)	\$86.99
D2390	Resin-Based Composite Crown, Anterior	\$145.00
D2391	Resin-Based Composite - One Surface, Posterior	\$52.19
D2392	Resin-Based Composite - Two Surfaces, Posterior	\$72.47
D2393	Resin-Based Composite - Three Surfaces, Posterior	\$76.76
D2394	Resin-Based Composite - Four or More Surfaces, Posterior	\$86.99
D2710	Crown - Resin-Based Composite (Indirect)	\$350.00
D2721	Crown - Resin with Predominantly Base Metal	\$350.00
D2740	Crown - Porcelain/Ceramic Substrate	\$425.00
D2750	Crown - Porcelain Fused to High Noble Metal	\$475.00
D2751	Crown - Porcelain Fused to Predominantly Base Metal	\$420.00
D2752	Crown - Porcelain Fused to Noble Metal	\$450.00
D2781	Crown - 3/4 Cast Predominantly Base Metal	\$400.00
D2790	Crown - Full Cast High Noble Metal	\$475.00
D2791	Crown - Full Cast Predominantly Base Metal	\$425.00
D2792	Crown - Full Cast Noble Metal	\$450.00
D2910	Recement Inlay, Onlay, or Partial Coverage Restoration	\$35.00
D2915	Recement Cast or Prefabricated Post and Core	\$35.00

Note: Please consult your MCNA Provider Manual for the list of covered services for each program.

Iowa Dental Wellness Plan Fee Schedule [Effective July 1, 2017]



MCNA Dental

CDT	Description	DWP Fee
D2920	Recement Crown	\$35.00
D2921	Reattachment of Tooth Fragment, Incisal Edge or Cusp	\$106.35
D2931	Prefabricated Stainless Steel Crown - Permanent Tooth	\$110.00
D2932	Prefabricated Resin Crown	\$110.00
D2940	Protective Restoration	\$31.72
D2950	Core Buildup, Including Any Pins When Required	\$110.78
D2951	Pin Retention - Per Tooth, In Addition to Restoration	\$5.00
D2952	Post and Core in Addition to Crown, Indirectly Fabricated	\$127.94
D2954	Prefabricated Post and Core in Addition to Crown	\$75.73
D2971	Additional Procedures to Construct New Crown Under Existing Partial Denture Framework	\$50.08
D2980	Crown Repair Necessitated by Restorative Material Failure	\$45.00
D3220	Therapeutic Pulpotomy (Excluding Final Restoration) - Removal of Pulp Coronal to The Dentinocemental Junction and Application of Medicament	\$60.00
D3221	Pulpal Debridement, Primary and Permanent Teeth	\$75.00
D3310	Endodontic Therapy, Anterior Tooth (Excluding Final Restoration)	\$275.00
D3320	Endodontic Therapy, Bicuspid Tooth (Excluding Final Restoration)	\$325.00
D3330	Endodontic Therapy, Molar (Excluding Final Restoration)	\$425.00
D3332	Incomplete Endodontic Therapy; Inoperable, Unrestorable or Fractured Tooth	\$325.00
D3346	Retreatment of Previous Root Canal Therapy - Anterior	\$375.00
D3347	Retreatment of Previous Root Canal Therapy - Bicuspid	\$500.00
D3348	Retreatment of Previous Root Canal Therapy - Molar	\$506.63
D3351	Apexification/Recalcification - Initial Visit (Apical Closure/Calcific Repair of Perforations, Root Resorption, Pulp Space Disinfection, Etc.)	\$76.76
D3352	Apexification/Recalcification - Interim Medication Replacement (Apical Closure/Calcific Repair of Perforations, Root Resorption, Pulp Space Disinfection, Etc.)	\$51.17
D3410	Apicoectomy - Anterior	\$236.43
D3421	Apicoectomy - Bicuspid (First Root)	\$316.26
D3425	Apicoectomy - Molar (First Root)	\$143.28
D3426	Apicoectomy (Each Additional Root)	\$51.19
D3427	Periradicular Surgery Without Apicoectomy	\$125.00
D3430	Retrograde Filling - Per Root	\$191.48
D3450	Root Amputation - Per Root	\$64.65
D4210	Gingivectomy or Gingivoplasty - Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$150.00
D4211	Gingivectomy or Gingivoplasty - One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$100.00
D4240	Gingival Flap Procedure, Including Root Planing - Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$200.00
D4241	Gingival Flap Procedure, Including Root Planing - One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$150.00
D4249	Clinical Crown Lengthening - Hard Tissue	\$175.00
D4260	Osseous Surgery (Including Flap Entry and Closure) - Four or More Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$300.00
D4261	Osseous Surgery (Including Flap Entry and Closure) - One to Three Contiguous Teeth or Tooth Bounded Spaces Per Quadrant	\$175.00
D4270	Pedicle Soft Tissue Graft Procedure	\$275.00
D4273	Subepithelial Connective Tissue Graft Procedures, Per Tooth	\$225.00
D4275	Soft Tissue Allograft	\$225.00
D4277	Free Soft Tissue Graft Procedure (Including Donor Site Surgery), First Tooth or Edentulous Tooth Position In Graft	\$225.00
D4278	Autogenous Connective Tissue Graft Procedure (Including Donor and Recipient Surgical Sites) First Tooth, Implant or Edentulous Tooth Position In Graft	\$225.00

Note: Please consult your MCNA Provider Manual for the list of covered services for each program.

Iowa Dental Wellness Plan Fee Schedule [Effective July 1, 2017]



MCNA Dental

CDT	Description	DWP Fee
D4283	Autogenous Connective Tissue Graft Procedure (Including Donor and Recipient Surgical Sites) - Each Additional Contiguous Tooth, Implant or Edentulous Tooth Position In The Same Graft Site)	\$150.00
D4341	Periodontal Scaling and Root Planing - Four or More Teeth Per Quadrant	\$99.00
D4342	Periodontal Scaling and Root Planing - One to Three Teeth Per Quadrant	\$35.00
D4346	Scaling In Presence of Generalized Moderate or Severe Gingival Inflammation - Full Mouth, After Oral Evaluation	\$40.00
D4355	Full Mouth Debridement to Enable Comprehensive Evaluation and Diagnosis	\$50.00
D4910	Periodontal Maintenance	\$61.00
D4999	Unspecified Periodontal Procedure, By Report	\$25.00
D5110	Complete Denture - Maxillary	\$550.00
D5120	Complete Denture - Mandibular	\$550.00
D5130	Immediate Denture - Maxillary	\$550.00
D5140	Immediate Denture - Mandibular	\$550.00
D5211	Maxillary Partial Denture - Resin Base (Including Any Conventional Clasps, Rests and Teeth)	\$300.00
D5212	Mandibular Partial Denture - Resin Base (Including Any Conventional Clasps, Rests and Teeth)	\$300.00
D5213	Maxillary Partial Denture - Cast Metal Framework with Resin Denture Bases (Including Any Conventional Clasps, Rests and Teeth)	\$591.00
D5214	Mandibular Partial Denture - Cast Metal Framework with Resin Denture Bases (Including Any Conventional Clasps, Rests and Teeth)	\$591.00
D5225	Maxillary Partial Denture - Flexible Base (Including Any Clasps, Rests and Teeth)	\$300.00
D5226	Mandibular Partial Denture - Flexible Base (Including Any Clasps, Rests and Teeth)	\$300.00
D5410	Adjust Complete Denture - Maxillary	\$20.50
D5411	Adjust Complete Denture - Mandibular	\$20.50
D5421	Adjust Partial Denture - Maxillary	\$20.50
D5422	Adjust Partial Denture - Mandibular	\$20.50
D5510	Repair Broken Complete Denture Base	\$60.00
D5520	Replace Missing or Broken Teeth - Complete Denture (Each Tooth)	\$51.17
D5610	Repair Resin Denture Base	\$60.00
D5620	Repair Cast Framework	\$66.52
D5630	Repair or Replace Broken Clasp	\$53.22
D5640	Replace Broken Teeth - Per Tooth	\$50.08
D5650	Add Tooth to Existing Partial Denture	\$68.59
D5660	Add Clasp to Existing Partial Denture	\$81.65
D5710	Rebase Complete Maxillary Denture	\$200.00
D5711	Rebase Complete Mandibular Denture	\$200.00
D5720	Rebase Maxillary Partial Denture	\$200.00
D5721	Rebase Mandibular Partial Denture	\$200.00
D5730	Reline Complete Maxillary Denture (Chairside)	\$125.00
D5731	Reline Complete Mandibular Denture (Chairside)	\$125.00
D5740	Reline Maxillary Partial Denture (Chairside)	\$90.00
D5741	Reline Mandibular Partial Denture (Chairside)	\$90.00
D5750	Reline Complete Maxillary Denture (Laboratory)	\$175.00
D5751	Reline Complete Mandibular Denture (Laboratory)	\$175.00
D5760	Reline Maxillary Partial Denture (Laboratory)	\$175.00
D5761	Reline Mandibular Partial Denture (Laboratory)	\$175.00
D5850	Tissue Conditioning, Maxillary	\$30.70
D5851	Tissue Conditioning, Mandibular	\$30.70
D5863	Overdenture - Complete Maxillary	\$550.00
D5864	Overdenture - Partial Maxillary	\$50.00

Note: Please consult your MCNA Provider Manual for the list of covered services for each program.

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MCNA Dental

CDT	Description	DWP Fee
D5865	Overdenture - Complete Mandibular	\$300.00
D5866	Overdenture - Partial Mandibular	\$300.00
D5899	Unspecified Removable Prosthodontic Procedure, By Report	\$50.00
D6205	Pontic - Indirect Resin Based Composite	\$350.00
D6210	Pontic - Cast High Noble Metal	\$450.00
D6211	Pontic - Case Predominantly Base Metal	\$375.00
D6212	Pontic - Cast Noble Metal	\$400.00
D6214	Pontic - Titanium	\$450.00
D6240	Pontic - Porcelain Fused to High Noble Metal	\$450.00
D6241	Pontic - Porcelain Fused to Predominantly Base Metal	\$400.00
D6242	Pontic - Porcelain Fused to Noble Metal	\$425.00
D6245	Pontic - Porcelain/Ceramic	\$400.00
D6545	Retainer - Cast Metal for Resin Bonded Fixed Prosthesis	\$102.35
D6710	Retainer Crown - Indirect Resin Based Composite	\$200.00
D6720	Retainer Crown - Resin with High Noble Metal	\$300.00
D6721	Retainer Crown - Resin with Predominantly Base Metal	\$250.00
D6722	Retainer Crown - Resin with Noble Metal	\$275.00
D6740	Retainer Crown - Porcelain/Ceramic	\$425.00
D6750	Retainer Crown - Porcelain Fused to High Noble Metal	\$475.00
D6751	Retainer Crown - Porcelain Fused to Predominantly Base Metal	\$400.00
D6752	Retainer Crown - Porcelain Fused to Noble Metal	\$425.00
D6930	Re-Cement or Re-Bond Fixed Partial Denture	\$46.05
D6980	Fixed Partial Denture Repair Necessitated by Restorative Material Failure	\$46.00
D7111	Extraction, Coronal Remnants - Deciduous Tooth	\$48.00
D7140	Extraction, Erupted Tooth or Exposed Root (Elevation And/or Forceps Removal)	\$51.17
D7210	Extraction, Erupted Tooth Requiring Removal of Bone And/or Sectioning of Tooth, and Including Elevation of Mucoperiosteal Flap If Indicated	\$99.00
D7220	Removal of Impacted Tooth - Soft Tissue	\$140.00
D7230	Removal of Impacted Tooth - Partially Bony	\$195.00
D7240	Removal of Impacted Tooth - Completely Bony	\$195.00
D7241	Removal of Impacted Tooth - Completely Bony, With Unusual Surgical Complications	\$210.00
D7250	Surgical Removal of Residual Tooth Roots (Cutting Procedure)	\$99.00
D7251	Coronectomy - Intentional Partial Tooth Removal	\$214.92
D7260	Oroantral Fistula Closure	\$200.00
D7261	Primary Closure of a Sinus Perforation	\$200.00
D7270	Tooth Reimplantation and/or Stabilization of Accidentally Evulsed or Displaced Tooth	\$117.54
D7280	Surgical Access of An Unerupted Tooth	\$220.00
D7283	Placement of Device to Facilitate Eruption of Impacted Tooth	\$220.00
D7285	Biopsy of Oral Tissue - Hard (Bone, Tooth)	\$179.11
D7286	Biopsy of Oral Tissue - Soft	\$107.47
D7310	Alveoloplasty In Conjunction with Extractions - Four or More Teeth or Tooth Spaces, Per Quadrant	\$85.40
D7311	Alveoloplasty In Conjunction with Extractions - One to Three Teeth or Tooth Spaces, Per Quadrant	\$85.40
D7320	Alveoloplasty Not in Conjunction with Extractions - Four or More Teeth or Tooth Spaces, Per Quadrant	\$97.23
D7321	Alveoloplasty Not in Conjunction with Extractions - One to Three Teeth or Tooth Spaces, Per Quadrant	\$97.23
D7450	Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter Up to 1.25 Cm	\$105.79
D7451	Removal of Benign Odontogenic Cyst or Tumor - Lesion Diameter Greater Than 1.25 Cm	\$230.29
D7460	Removal of Benign Nonodontogenic Cyst or Tumor - Lesion Diameter Up to 1.25 Cm	\$230.29
D7461	Removal of Benign Nonodontogenic Cyst or Tumor - Lesion Diameter Greater Than 1.25 Cm	\$230.29

Note: Please consult your MCNA Provider Manual for the list of covered services for each program.

Iowa Dental Wellness Plan Fee Schedule [Effective July 1, 2017]

MCNA Dental



CDT	Description	DWP Fee
D7471	Removal of Lateral Exostosis (Maxilla or Mandible)	\$125.00
D7472	Removal of Torus Palatinus	\$125.00
D7473	Removal of Torus Mandibularis	\$125.00
D7485	Surgical Reduction of Osseous Tuberosity	\$125.00
D7510	Incision and Drainage of Abscess - Intraoral Soft Tissue	\$53.22
D7511	Incision and Drainage of Abscess - Intraoral Soft Tissue - Complicated (Includes Drainage of Multiple Fascial Spaces)	\$75.00
D7530	Removal of Foreign Body from Mucosa, Skin, or Subcutaneous Alveolar Tissue	\$75.00
D7880	Occlusal Orthotic Device, By Report	\$225.00
D7960	Frenulectomy - Also Known as Frenectomy or Frenotomy - Separate Procedure Not Incidental to Another Procedure	\$125.00
D7963	Frenuloplasty	\$128.00
D7970	Excision of Hyperplastic Tissue - Per Arch	\$97.23
D7971	Excision of Pericoronal Gingiva	\$75.00
D7972	Surgical Reduction of Fibrous Tuberosity	\$97.23
D8080	Comprehensive Orthodontic Treatment of The Adolescent Dentition	\$3,120.00
D8692	Replacement of Lost or Broken Retainer	\$125.00
D9110	Palliative (Emergency) Treatment of Dental Pain - Minor Procedure	\$24.00
D9120	Fixed Partial Denture Sectioning	\$49.73
D9223	Deep Sedation/General Anesthesia - Each 15 Minute Increment	\$81.88
D9243	Intravenous Moderate (Conscious) Sedation/Analgesia - Each 15 Minute Increment	\$76.76
D9248	Non-Intravenous Conscious Sedation	\$75.00
D9310	Consultation - Diagnostic Service Provided by Dentist or Physician Other Than Requesting Dentist or Physician	\$25.59
D9410	House/Extended Care Facility Call	\$25.59
D9420	Hospital or Ambulatory Surgical Center Call	\$25.59
D9930	Treatment of Complications (Post-Surgical) - Unusual Circumstances, By Report	\$25.59
D9440	Office Visit - After Regularly Scheduled Hours	\$50.00
D9999	Unspecified Adjunctive Procedure, By Report	\$25.00

Note: Please consult your MCNA Provider Manual for the list of covered services for each program.