



Iowa Medicaid Dental Wellness Plan Codes Requiring Prior Authorization

Code	Description
D0364	Cone beam CT capture & interpretation w/limited field of view – less than one whole jaw
D0365	Cone beam CT capture and interpretation with field of view of one full dental arch – mandible
D0366	Cone beam CT capture and interpretation with field of view of one full dental arch – maxilla, with or without cranium
D0367	Cone beam CT capture and interpretation with field of view of both jaws; with or without cranium
D0368	Cone beam CT capture and interpretation for TMJ series including two or more exposures
D0380	Cone beam CT image capture with limited field of view – less than one whole jaw
D0381	Cone beam CT image capture with field of view of one full dental arch – mandible
D0382	Cone beam CT image capture with field of view of one full dental arch – maxilla, with or without cranium
D0383	Cone beam CT image capture with field of view of both jaws, with or without cranium
D0384	Cone beam CT image capture for TMJ series including two or more exposures
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report
D0393	Treatment simulation using 3d image volume
D0394	Digital subtraction of two or more images or image volumes of the same modality
D0395	Fusion of two or more 3d image volumes of one or more modalities
D1352	Preventive resin restoration, perm tooth
D1999	Unspecified preventive dental procedure, by report
D2710	Crown, resin (laboratory)
D2712	Crown, resin based composite
D2720	Crown, resin with high noble metal
D2721	Crown, plastic with predominantly base metal
D2740	Crown, porcelain/ceramic substance
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
D2971	Additional procedures to construct new crown under existing partial denture framework
D2999	Unspecified restorative dental procedure, by report
D3999	Unspecified endodontic procedure, by report
D4210	Gingivectomy or gingivoplasty – four (4) or more contiguous teeth or tooth bounded spaces per quadrant
D4211	Gingivectomy or gingivoplasty – one (1) to three (3) contiguous teeth or tooth bounded spaces per quadrant
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth
D4240	Gingival flap procedure, including root planing – four (4) or more contiguous teeth or tooth bounded spaces per quadrant
D4241	Gingival flap procedure including root planing
D4245	Apically positioned flap
D4249	clinical crown lengthening - hard tissue
D4260	Osseous surgery, including flap entry and close



Iowa Medicaid Dental Wellness Plan Codes Requiring Prior Authorization

Code	Description
D4261	Osseous surgery 1-3 teeth per quadrant
D4263	Bone replacement graft, first site in quadrant
D4264	Bone replacement graft, each additional site
D4265	Biologic materials to aid in soft and osseous tissue
D4266	Guided tissue regeneration, resorbable barrier
D4267	Guided tissue regeneration, non-resorbable
D4270	Pedicle soft tissue grafts
D4273	Subepithelial connective tissue graft, per tooth
D4275	Soft tissue allograft
D4276	Combined connective tissue/pedical graft, per tooth
D4277	Free soft tissue graft, 1st tooth or edentulous tooth position in graft
D4278	Free soft tissue graft, procedure (including donor site surgery)
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)
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and done material) – each additional contiguous tooth, implant or edentulous tooth position in same graft site
D4341	Periodontal scaling and root planing – four or more teeth per quadrant
D4342	Periodontal scaling and root planing 1-3
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth
D4999	Unspecified periodontal procedure, by report
D5211	Maxillary partial denture-resin base
D5212	Mandibular partial denture-resin base
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 based denture bases (including any conventional clasps, rests and teeth)
D5225	Maxillary partial denture flexible base
D5226	Mandibular partial flexible base
D5710	Rebase complete maxillary denture
D5711	Rebase complete mandibular denture
D5720	Rebase maxillary partial denture
D5721	Rebase mandibular partial denture
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, by report
D5931	Obturator prosthesis, surgical
D5932	Obturator prosthesis, definitive
D5933	Obturator prosthesis, modification
D5954	Palatal augmentation
D5958	Palatal lift prosthesis, interim



Iowa Medicaid Dental Wellness Plan Codes Requiring Prior Authorization

Code	Description
D5992	Adjust maxillofacial prosthetic appliance, by report
D5999	Unspecified maxillofacial prosthesis, by report
D6010	Endosteal (osseous) implant
D6012	Surgical placement interim implant body
D6013	Surgical placement of mini implant
D6040	Surgical placement endosteal 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 support porcelain fused metal
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 porcelain/ceramic
D6069	Abutment support retainer porcelain fused
D6070	Abutment support retainer porcelain fused
D6071	Abutment support retainer porcelain fused
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, by report
D6091	Replacement attach for implant/abutment
D6094	Abutment supported crown titanium
D6095	Repair implant abutment, by report
D6100	Implant removal, by report
D6101	Debridement of periimplant defect and surface
D6102	Debridement and osseous contouring of periimplant
D6110	Implant/abutment supported removable denture for edentulous arch - maxillary
D6111	Implant/abutment supported removable denture for edentulous arch - mandibular
D6112	Implant/abutment supported removable denture for partially edentulous arch - maxillary
D6113	Implant/abutment supported removable denture for partially edentulous arch - mandibular
D6114	Implant/abutment supported fixed denture for edentulous arch - maxillary
D6115	Implant/abutment supported fixed denture for edentulous arch - mandibular
D6116	Implant/abutment supported removable denture for partially edentulous arch - maxillary



Iowa Medicaid Dental Wellness Plan Codes Requiring Prior Authorization

Code	Description
D6117	Implant/abutment supported removable denture for partially edentulous arch - mandibular
D6190	Radiograph/surgical implant index
D6194	Abutment supported retainer crown titanium
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 fused 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 bonded 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 metal
D6722	Crown, resin with noble metal
D6740	Crown, porcelain/ceramic
D6750	Crown, porcelain fused to high noble metal
D6751	Crown, porcelain fused to predominately
D6752	Crown, porcelain 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
D6940	Stress breaker
D6950	Precision attachment
D6999	Unspecified fixed prosthodontic procedure, by report
D7280	Surgical access of an unerupted tooth
D7283	Placement of device to facilitate eruption of impacted tooth
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces, per quadrant
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant
D7450	Removal of benign odontogenic cyst or tumor - lesion diameter up to 1.25 cm
D7451	Removal of benign odontogenic cyst or tumor - lesion diameter greater than 1.25 cm
D7471	Removal of lateral exostosis (maxilla or mandible)
D7472	Removal of torus palatinus
D7473	Removal of torus mandibularis
D7485	Surgical reduction of osseous tuberosity
D7880	Occlusal orthotic device, by report



Iowa Medicaid Dental Wellness Plan Codes Requiring Prior Authorization

Code	Description
D7963	Frenuloplasty
D7970	Excision of hyperplastic tissue - per arch
D7971	Excision of pericoronal gingiva
D7972	Surgical reduction of fibrous tuberosity
D8060	Interceptive orthodontic treatment
D8070	Ortho treat of transitional dentition
D8080	Comprehensive orthodontic treatment/adolescent dentition
D8210	Removable appliance therapy to control harmful habits
D8220	Fixed appliance therapy to control harmful habits
D8680	Orthodontic retention
D8690	Orthodontic treatment (alternative billing to a contract fee)
D8692	Replacement of lost/broken retainer
D8999	Unspecified orthodontic procedure, by report
D9943	Occlusal guard adjustment
D9944	Occlusal guard, hard appliance, full arch
D9946	Occlusal guard, hard appliance, partial arch
D9999	Unspecified adjunctive procedure, by report