

**INFORMATIONAL LETTER NO. 2298-FFS-D**

**DATE:** January 4, 2022

**TO:** All Iowa Medicaid Dental Providers

**APPLIES TO:** Fee-for-Service (FFS), Dental (D)

**FROM:** Iowa Department of Human Services (DHS), Iowa Medicaid Enterprise (IME)

**RE:** 2022 Code on Dental Procedures and Nomenclature (Current Dental Terminology (CDT) Code)

**EFFECTIVE:** January 1, 2022

This informational letter contains changes to the CDT codes made by the American Dental Association for 2022. These changes have been incorporated into the Medicaid dental fee schedule.

Providers can begin using the following codes for dates of service on or after January 1, 2022.

CDT	Nomenclature	Frequency	Prior Authorization Needed	Reimbursement
<b>Endodontics</b>				
D3921	Decoronation or submergence of an erupted tooth	Limited to once per lifetime	No	\$51.17
<b>Prosthodontics, Removable</b>				
D5765	Soft liner for complete or partial removable denture indirect	Limited to one reline per arch every 12 months, starting 6 months after denture delivery	No	\$120.26

In addition, the following procedure codes are **no longer valid** and should not be used after December 31, 2021.

CDT	Nomenclature	Notes
Periodontics		
D4320	Provisional splinting – interacoronal	Providers may use existing code D7270 for splinting teeth due to trauma.
D4321	Provisional splinting – extracoronal	
Orthodontics		
D8060	Interceptive orthodontic treatment of the transitional dentition	View the new Orthodontic Administrative Guide on the <a href="#">DHS website</a> <sup>1</sup> for more information.
D8690	Orthodontic treatment (alternate billing to a contract fee)	

Please refer to the links below for the most up-to-date information on Medicaid's fee schedule and codes requiring prior authorization:

- <https://secureapp.dhs.state.ia.us/MedicaidFeeSched/X04.xml><sup>2</sup>
- [https://dhs.iowa.gov/sites/default/files/iowa\\_Medicaid\\_Dental\\_Wellness\\_Codes\\_Requiring\\_Prior\\_Authorization.pdf?100820201727](https://dhs.iowa.gov/sites/default/files/iowa_Medicaid_Dental_Wellness_Codes_Requiring_Prior_Authorization.pdf?100820201727)<sup>3</sup>

If you have any questions, please contact the IME Provider Services Unit at 1-800-338-7909 or by email at [imeproviderservices@dhs.state.ia.us](mailto:imeproviderservices@dhs.state.ia.us).

<sup>1</sup> [Ortho Processing Guide.pdf \(iowa.gov\)](#)

<sup>2</sup> <https://secureapp.dhs.state.ia.us/MedicaidFeeSched/X04.xml>

<sup>3</sup> [iowa\\_Medicaid\\_Dental\\_Wellness\\_Codes\\_Requiring\\_Prior\\_Authorization.pdf](https://dhs.iowa.gov/sites/default/files/iowa_Medicaid_Dental_Wellness_Codes_Requiring_Prior_Authorization.pdf)