

OK SoonerCare Adult Schedule of Benefits Coverage, Limitations and Prior Authorization Requirements

PRIOR AUTHORIZATION TABLE:

01 = Prior Authorization is required

NC = Not Covered

Prior-authorization requirements as listed below are not requirements to support medical necessity reviews.

Code	Description	Limitations	Prior Auth Required Adult Population	Prior Auth Required AIAN Population	Prior Auth Required AIAN Pregnancy	Prior Auth Required Pregnancy Population	Documentation/X-Ray Required
	Diagnostic Services			·			
	Periodic oral evaluation	1 (D0120) every 6 months					
	Limited oral evaluation Comprehensive oral evaluation	2 (D0140) every 12 months 1 (D0150) every 36 months per provider/office					
	Intraoral, comprehensive series of radiographic images	1 of (D0210, D0330) every 36 months					Not compensable within 36 months of pano or 12 months of BW
	Intraoral, periapical, first radiographic image	101 (50220) 50550) 6161 / 5011011115					Must include at least three (3) millimeters beyond the apex of the
	Intraoral, periapical, each add 'l radiographic image						tooth
	Bitewings, two radiographic images	1 of (D0272, D0274) every 12 months					
	Bitewings, four radiographic images						
	Panoramic radiographic image Caries risk assessment and documentation, low risk	1 of (D0210, D0330) every 36 months					
	Caries risk assessment and documentation, noderate risk	1 of (D0601, D0602, D0603) every 12 months per provider/office					
	Caries risk assessment and documentation, high risk	. , , , , ,					
	Preventive Services						
	Prophylaxis, adult	1 (D1110) every 6 months					
	Topical application of fluoride varnish	1 (D1206) every 6 months					
	Tobacco counseling, control/prevention oral disease Pfizer-BioNTech Covid-19 vaccine administration, first dose						
	Pfizer-BioNTech Covid-19 vaccine administration, second dose						
	Moderna Covid-19 vaccine administration – first dose						
	Moderna Covid-19 vaccine administration – second dose						
D1707	Janssen Covid-19 vaccine administration						
D2140	Restorative Services Amalgam, one surface, primary or permanent						
	Amalgam, one surfaces, primary or permanent Amalgam, two surfaces, primary or permanent	4					
	Amalgam, three surfaces, primary or permanent	- -					
	Amalgam, four or more surfaces, primary or permanent						
	Resin-based composite, one surface, anterior						
	Resin-based composite, two surfaces, anterior	1 of (D2140-D2335, D2391-D2394) per tooth every 24 months					
	Resin-based composite, three surfaces, anterior Resin-based composite, four or more surfaces, involving incisal angle						
	Resin-based composite, four or more surfaces, involving incisal angle						
	Resin-based composite, two surfaces, posterior						
	Resin-based composite, three surfaces, posterior						
D2394	Resin-based composite, four or more surfaces, posterior						
D2210	Endodontic Services		NC	NC		01	
D3310	Endodontic therapy, anterior tooth (excluding final restoration) Endodontic therapy, premolar tooth (excluding final restoration)	1 of (D3310, D3320, D3330) every 12 months (VA)	NC NC	NC NC		01 01	Comprehensive treatment plan, x-rays and oral hygiene history
D3330	Endodontic therapy, molar tooth (excluding final restoration)		NC	NC	01	required on 3 or more teeth within 12 months with prior authorization	
	Periodontal Services						
D4341	Periodontal scaling and root planing, four or more teeth per quadrant	1 of (D4341, D4342) per quadrant, every 12 months	01			01	Treatment plan, periodontal charting; x-ray images showing alveolar bone loss on 4+ teeth and calculus on root surfaces with prior authorization; 4 quadrants will not be approved with recent oral prophylaxis within 12 months
D4342	Periodontal scaling and root planing, one to three teeth per quadrant		01			01	Treatment plan, periodontal charting; x-ray images showing alveolar bone loss on 4+ teeth and calculus on root surfaces with prior authorization; 4 quadrants will not be approved with recent oral prophylaxis within 12 months
D4346	Scaling in presence of moderate or severe inflammation, full mouth after evaluation	1 (D4346) in a lifetime	01			01	Comprehensive treatment plan, x-rays and perio charting required with prior authorization. Not approved if prophylaxis has been completed within 12 months
D4910	Periodontal maintenance Removable Prosthodontic Services	1 (D4910) every 6 months, with history of treated periodontitis (SRP)	01			01	Narrative and comprehensive treatment plan required with prior authorization
D5110	Complete denture, maxillary		01			01	Comprehensive treatment plan and panoramic x-ray required with
D5120	Complete denture, mandibular	1 of (D5110, D5120, D5130, D5140, D5211, D5212, D5213, D5214, D5225, D5226, D5282, D5283) per arch every 5 years up to age 25; and once per arch every 7 years age 25 and older; provider required to provide all follow up for 2 years after delivery Immediate dentures (D5130, D5140) are allowed once per arch in a lifetime	01			01	
D5130	Immediate denture, maxillary		01			01	prior authorization
	Immediate denture, mandibular		01			01	Comprehensive treatment plan and panoramic or FMX required when replacing multiple teeth with prior authorization
	Maxillary partial denture, resin base		01			01 01	
	Mandibular partial denture, resin base Maxillary partial denture, cast metal, resin base		01 01			01	
	Mandibular partial denture, cast metal, resin base		01			01	
	Maxillary partial denture, flexible base		01			01	
D5226	Mandibular partial denture, flexible base		01		-	01	
	Removable unilateral partial denture, one piece cast metal, maxillary		01			01	
	Removable unilateral partial denture, one piece cast metal, mandibular		01			01	
	Removable unilateral partial denture, one piece flexible base, per quadrant Removable unilateral partial denture, one piece resin, per quadrant		01 01			01 01	
D3200	nemovable annateral partial dentare, one piece resill, per quadrant		VΙ	1		VΙ	



OK SoonerCare Adult Schedule of Benefits

Coverage, Limitations and Prior Authorization Requirements

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Secondary Institution Secondary Seco	Code	Description	Limitations	Required Adult	Required AIAN	Required AIAN	Required Pregnancy	Documentation/X-Ray Required
Discreta Spaint conduction and air are produced and control and air		Removable Prosthodntic Services cont.		Population	Population	Pregnancy	Population	
Provides or encoposite for one recognosite f			2 of (DE410, DE411, DE421, DE422) per arch every 12 months					
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Total Content complete desired from examples of the content form			/					
			1 of (D5511, D5512, D5621, D5622) per arch every calendar year					
Description of the property			1 (D5520) per tooth every calendar year					
Seption Pages are required with point of seption Pages are req			1 (D3320) per tooth every calcinuar year					
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Post Description manifoliary destroise, indirect Description manifoliary Description Des								
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Implant Services 0			2 of (D5850, D5851) per liletime of the denture					authorization
DELOS Removal of implant body not requiring bone removal or flap elevation Oral and Maxillofacial Services D7111 Estraction, coronal remnants, primary tooth D7120 Estraction, experted tooth requiring removal of bone and/or sectioning of tooth D7210 Extraction, experted tooth requiring removal of bone and/or sectioning of tooth D7210 Extraction, experted tooth, partially bony D7210 Extraction, experted tooth, partially bony D7210 Extraction, experted tooth, partially bony D7210 Removal of impacted tooth, partially bony D7210 Removal of impacted tooth, partially bony D7210 Removal of impacted tooth, completes bony, complication D7210 Removal of impacted tooth, completes bony, complication D7210 Removal of residual tooth rose (cutting procedure) D7210 Removal of residual tooth rose (c	D5899			01			01	
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D7140 Extraction, erupted tooth or exposed root Comprehensive treatment plan and x-ray required when 2 or more D7210 or D7250 submitted on the same date of service D7210 Removal of impacted tooth, soft itssue D7240 Removal of impacted tooth, soft itssue D7240 Removal of impacted tooth, completely bory D7240 Removal of impacted tooth, complete bory, complication D7240 Removal of impacted tooth out (cutting procedure) D7240 Removal of impacted	D7111							
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D7240 Removal of impacted tooth, completely bony D7241 Removal impacted tooth, completely bony, complication D1	D7220	Removal of impacted tooth, soft tissue						
Removal impacted tooth, complete bony, complication	D7230	Removal of impacted tooth, partially bony						
Por termoval impacted tooth, complication Doctor Comprehensive treatment plan and x-ray required when 2 or more Doctor Doc	D7240	Removal of impacted tooth, completely bony						
D7210 or D7250 submitted on the same date of service D7210 Primary closure of a sinus perforation D7310 Alveoloplasty with extractions, four or more teeth per quadrant Comprehensive treatment plan and x-ray required when submitted with D7140 Excision of malignant lesion, up to 1.25 cm D7411 Excision of malignant lesion, greater than 1.25 cm D7415 Excision of malignant lesion, complicated D7416 Excision of malignant lesion, smallar or mandible D7417 Removal of lateral exostosis, maxilla or mandible D7418 Removal of lateral exostosis, maxilla or mandible D7419 Removal of lotrus palatinus D7410 O1 D7411 O1 D7412 Removal of lateral exostosis, maxilla or mandible D7412 Removal of lotrus palatinus D7413 Removal of lotrus mandibluaris D7414 O1 D7415 Excision of malignant lesion, complicated D7415 D7417 Removal of lateral exostosis, maxilla or mandible D7417 Removal of lateral exostosis, maxilla or mandible D7418 Removal of torus palatinus D7419 O1 D7419 General Services D7410 O1 D7410 O1 D7411 O1 D7411 O1 D7412 Removal of torus mandibluaris D7411 O1 D7412 Removal of torus mandibluaris O1 O1 D7413 Removal of torus mandibluaris O1 O1 D7415 Excision of malignant lesion, up to 1.25 cm O1 O1 D7416 Excision of malignant lesion, greater than 1.25 cm O1 O1 D7417 Removal of lateral exostosis, maxilla or mandible O1 O1 D7418 Removal of torus palatinus O1 O1 D7419 Removal of torus palatinus O1 O1 D7419 Removal of torus mandibluaris O1 O1 O1 O	D7241	Removal impacted tooth, complete bony, complication		01			01	with prior authorization
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Adjunctive General Services D9222 Deep sedation/general anesthesia, first 15 minute increment D9223 Deep sedation/general anesthesia, each subsequent 15 minute increment D9295 Teledentistry, synchronous; real-time encounter (VA)								authorization
D9222 Deep sedation/general anesthesia, first 15 minute increment General anesthesia, first 15 minute increment D9223 Deep sedation/general anesthesia, each subsequent 15 minute increment units on a single date of service D9995 [Teledentistry, synchronous; real-time encounter (VA)				31			, ,,	
D995 Teledentistry, synchronous; real-time encounter (VA)		Deep sedation/general anesthesia, first 15 minute increment						
								units on a single date of service
D9996 Teledentistry, asynchronous; information stored and forwarded to dentist for subsequent review (VA)								
	D9996	leledentistry, asynchronous; information stored and forwarded to dentist for subsequent review	(VA)					