

## Appendix A - SoonerSelect Dental Covered Services

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Service	Children (under 21 years of age)	Adults
Oral Examinations	Covered Limited, Comprehensive, and Periodic Evaluations Covered	Covered Limited, Comprehensive, and Periodic Evaluations
Images	Covered as Medically Necessary for Diagnostic Purposes	Covered as Medically Necessary for Diagnostic Purposes
Dental Prophylaxis	Covered Once Every 6 Months	Covered Once Every 6 Months
Dental Sealants	Covered Provided Through Eighteen (18) Years of Age; Compensable Once Every Thirty-Six (36) Months	Not Covered
Fluoride Varnish	Covered Once Every 6 Months	Covered Once Every 6 Months
Interim Caries Arresting Medicament Application	Covered Provided for Primary and Permanent Teeth Once Every One Hundred Eighty-Four (184) Days for Two (2) Occurrences per Tooth in a Lifetime	Not Covered
Periodontal Services Including but not Limited to Scaling and Root Planning and Scaling in the Presence of Gingivitis	Covered Prior Authorization Required	Non-Surgical Periodontal Services Covered Prior Authorization Required
Stainless Steel Crowns	Covered for Primary and Permanent Teeth	Not Covered
Space Maintenance Including band and loop type space maintenance and lingual arch bars	Covered	Not Covered
Endodontic Services	Pulpotomy, Pulpectomy, Pulp Caps, Apexification, and Root Canals Covered Allowable Once per Tooth per Lifetime Some Services May Require Prior Authorization	Not Covered
Anesthesia	Covered	Covered as Needed for Medically Necessary Procedures
Restorative	Covered Amalgam and Resin-Based Restorations, Including Protective Restorations	Covered Amalgam and Resin-Based Restorations
Fixed Prosthetics	Covered Prior Authorization Required	Not Covered
Removable Prosthetics	Covered Prior Authorization Required	Covered Prior Authorization Required
Oral and Maxillofacial Surgery	Covered Some services may require Prior Authorization	Covered Oral Pathology as Medically Necessary for Malignant Lesions
Tobacco Cessation	5-As Counseling	5-As Counseling
Orthodontic Services	Covered as per OAC 317:30-5-700 Prior Authorization Required	Not Covered
Medically Necessary Extractions	Covered	Covered