

QUICK REFERENCE GUIDE TO OKLAHOMA MEDICAID ADULT DENTAL BENEFITS

Diagnostic Services				
CDT		Frequency	Prior Authorization (PA)	Documentation to Be Submitted with PA/ Limitations
D0150	Comprehensive Oral Evaluation	36 months	No	
D0120	Periodic Oral Evaluation	6 months	No	
D0140	Limited Oral Evaluation		No	Limited to 2 visits prior to D0150/D0120.
D0274	Four (4) Bitewing Images	12 months	No	
D0330	Panoramic Image	36 months	No	
D0210	Complete series Images	36 months	No	No compensable within 36 months of panoramic image or 12 months of BW images.
D0220/D0230 Periapical Images as needed; must include at least three (3) millimeters beyond the apex of the tooth – No PA required . Individually listed intraoral images by the same dentist/dental office are considered a complete series if the number of individual images equals or exceeds the traditional number for a complete series.				
Preventive Services				
D1110	Prophylaxis – Adult	6 months	No	D1206 fluoride varnish covered every 6 months.
Dental Restorations				
Amalgam and Composite Resin permanent restorative services are allowed one (1) per tooth per 24 months; No PA required				
Non-Surgical Periodontal Services				
D4341	Periodontal scaling and root planning 4+ teeth per quadrant		Yes	Comprehensive treatment plan, BW images or x-ray imaging showing alveolar bone loss on 4+ teeth and calculus on root surfaces, periodontal charting; Four quadrants will not be approved in conjunction with recent oral prophylaxis within past 12 months.
D4342	Periodontal scaling and root planning 1-3 teeth per quadrant		Yes	Comprehensive treatment plan, BW images or x-ray imaging showing alveolar bone loss on at least 2 teeth and calculus on root surfaces, periodontal charting; Four quadrants will not be approved in conjunction with recent oral prophylaxis within past 12 months.
D4346	Scaling in the presence of generalized gingival inflammation		Yes	Comprehensive treatment plan, BW images or x-ray imaging showing generalized supra- and sub-gingival calculus, periodontal charting; Not approved if oral prophylaxis completed within past 12 months. Once per lifetime.
Removable Prosthodontic Services				
Limited to every 5 years for adults up to 25 years of age; Limited to every 7 years for adults 25 years of age and older Provider is responsible for any needed follow up for a period of two (2) years post insertion				
Complete Dentures				
NOTE: Implant Supported Dentures and Partial Dentures are Not a Covered Benefit; Relines cannot be considered within the first six (6) months post delivery				
D5110	Complete denture – maxillary		Yes	The arch is edentulous; comprehensive treatment plan, panoramic image.
D5120	Complete denture - mandibular		Yes	The arch is edentulous; comprehensive treatment plan, panoramic image.
D5130	Immediate denture – maxillary		Yes	Comprehensive treatment plan, panoramic image preferred.
D5140	Immediate denture – mandibular		Yes	Comprehensive treatment plan, panoramic image preferred.
Removable Partial Dentures				
NOTE: Allowed for Replacement of Missing Permanent Anterior Teeth or Two (2) or More Missing Posterior Teeth in the Same Arch				
Upper Partial Dentures (D5211, D5213, D5225)			Yes	Comprehensive treatment plan, panoramic image or complete series when replacing multiple teeth, periodontal charting, identification of all teeth to be replaced.

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Lower Partial Dentures (D5212, D5214, D5226)	Yes	Comprehensive treatment plan, panoramic image or complete series when replacing multiple teeth, periodontal charting, identification of all teeth to be replaced.
Medically Necessary Extractions – Tooth extractions must have medical need documented – No PA required		