



OKLAHOMA
Health Care Authority

Serving Oklahomans
through SoonerCare

ADULT LIMITED DENTAL BENEFIT PROVIDER GUIDE

Effective July 1, 2021



ADDRESS

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WEBSITES

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OHCA is pleased to announce a new adult limited dental benefit (ALDB). The new benefit takes effect July 1, 2021 and applies to adult populations in both traditional Medicaid and expansion Medicaid.

Reimbursement

To receive payment, providers must be licensed and in good standing, as well as contracted with OHCA for the provision of Medicaid services. Additionally, providers must meet of the qualifications set forth by Oklahoma Administrative Code (OAC) 317:30-5-695.

Reimbursement of the newly added adult dental services will be reimbursed pursuant to the currently established methodology for dental services within the Oklahoma State Plan and as per the provider fee schedule. The provider fee schedule can be found on OHCA's public website at <https://oklahoma.gov/ohca/providers/claim-tools/fee-schedule.html#D>.

Members will be assessed a four dollar (\$4) copay per visit. The collection of copays must also not begin until the date of federal approval of the ALDB SPA.

Provider training is planned for July 8, 2021. Contact OHCA provider services at 405-522-6205 or 800-522-0114 for more information.

Medically Necessary Treatment

The OHCA Adult Dental Program provides basic medically necessary treatment. The services listed below are compensable for members twenty-one (21) years of age and older. Prior authorization is only required if indicated.

- **Comprehensive oral evaluation.** This procedure is only compensable once per member in thirty-six (36) months. This procedure should precede any images, and chart documentation must include image interpretations, caries risk assessment, six-point periodontal charting, and both medical and dental health history of member. The comprehensive treatment plan should be the final result of this procedure.
- **Periodic oral evaluation.** This procedure may be provided for a member once every six (6) months. An examination should precede any images, and chart documentation must include image interpretations, caries risk assessment, and both medical and dental health history of the member. The comprehensive treatment plan should be the final result of this procedure.
- **Limited oral evaluation.** This procedure is only compensable to the same dentist or practice for two (2) visits prior to a comprehensive or periodic evaluation examination being completed.
- **Images.** To be SoonerCare compensable, images must be of diagnostic quality and medically necessary. A clinical examination must precede any images, and chart documentation must include member history, prior images, the six-point periodontal charting, and both dental and general health needs of the member. The referring dentist is responsible for providing properly identified images of acceptable quality with a referral, if that provider chooses to expose and submit for reimbursement prior to referral.
 - Periapical images must include at least three (3) millimeters beyond the apex of the tooth being imaged.
 - Panoramic films and two (2) bitewings are considered full mouth images.
 - Panoramic films are only compensable when chart documentation clearly indicates reasons for the exposure based on clinical findings. This type of exposure is not to rule out or evaluate caries. Prior authorization and a detailed medical need narrative are required for additional panoramic films taken within three (3) years of the

- original set.
- Limited to one (1) set of bitewing images every twelve (12) months.
- **Dental prophylaxis.** This procedure is provided once every one hundred eighty-four (184) days along with topical application of fluoride.
- **Smoking and tobacco use cessation counseling.** Smoking and tobacco use cessation counseling is covered per OAC 317:30-5-2(DD)(i) through (iv).
- **Medically necessary extractions.** Medically necessary extractions, as defined in OAC 317:30-5-695. Tooth extraction must have medical need documented.
- **Medical and surgical services.** Medical and surgical services performed by a dentist or physician to the extent such services may be performed under State law when those services would be covered if performed by a physician.
- **Removable prosthodontic services.** *Requires prior authorization; see details below.* This includes full dentures, cast frame partial dentures and acrylic partial dentures.
 - One (1) service per every five (5) years is available for adults up to twenty-five (25) years of age.
 - One (1) service per every seven (7) years is available for adults twenty-five (25) years of age and over.
 - The provider is responsible for any needed follow up for a period of two (2) years post insertion.
 - Partial dentures are allowed for replacement of missing anterior permanent teeth or two (2) or more missing posterior teeth in the same arch. The provider must indicate which teeth will be replaced. Absence of overt oral disease must be documented for a minimum of twelve (12) months and submitted with prior authorization request to be considered.
- **Non-surgical periodontal therapy: periodontal scaling and root planing.** *Requires prior authorization; see details below.* Procedure involves instrumentation of the crown and root surfaces of the teeth to remove plaque and calculus from these surfaces. This procedure requires that each tooth involved have one (1) or more of the six-point measurements (probing pocket depths) equivalent to five (5) millimeters or greater, and image supported alveolar bone loss. Subgingival calculus and inflammation must be demonstrated for consideration of scaling and root planning. A minimum of two teeth per quadrant must be involved, with the appropriate treatment code usage when fewer than four teeth per quadrant are involved. This procedure is not allowed in conjunction with any other periodontal surgery.
- **Non-surgical periodontal therapy: scaling in the presence of generalized moderate or severe gingival inflammation.** *Requires prior authorization; see details below.* Procedure is designed for removal of plaque, calculus and stain from supra- and sub-gingival tooth surfaces when there is generalized moderate or severe gingival inflammation as indicated by generalized suprabony pockets and bleeding on probing, in the absence of periodontitis (alveolar bone loss). Generalized supra- and sub-gingival calculus, and moderate to severe inflammation must be demonstrated, with probing pocket depths of five (5) mm or greater. This procedure is intended for scaling of the entire mouth in lieu of a prophylaxis and is only performed after a comprehensive evaluation has been completed.
- **Dental restorations.** *No prior authorization required when restoration services meet utilization parameters below. Prior authorization required for additional restorations beyond the utilization parameters described below.*
 - **Utilization parameters.**

- The OHCA utilization parameters allow only one (1) permanent restorative service to be provided per tooth per twenty-four (24) months.
- Additional restorations may be authorized upon approval of OHCA in cases of trauma.
- The provider is responsible for follow-up or any required replacement of a failed restoration if the member is currently SoonerCare eligible.
- Providers must document type of isolation used in treatment progress notes.
- **Coverage.**
 - Restoration of incipient lesions is not considered medically necessary treatment.
 - Any diagnosis not supported by images requires documentation of the medical need on which the diagnosis was made.
 - Services for dental restorations are covered for adults as follows:
 - If the mesial occlusal pit and the distal occlusal pit on an upper molar tooth are restored at the same appointment, this is a one (1) surface restoration.
 - If any two (2) separate surfaces on a posterior tooth are restored at the same appointment, it is a two (2) surface restoration.
 - If any three (3) separate surfaces on a posterior tooth are restored at the same appointment, it is a three (3) surface restoration.
 - If the mesial, distal, facial and/or lingual of an upper anterior tooth is restored at the same appointment, this is a four (4) surface restoration.
 - If any two (2) separate surfaces on an anterior tooth are restored at the same appointment, it is a two (2) surface restoration.
 - If any three (3) separate surfaces on an anterior tooth are restored at the same appointment, it is a three (3) surface restoration.
 - An incisal angle restoration is defined as one (1) of the angles formed by the junction of the incisal and the mesial or distal surface of an anterior tooth. If any of these surfaces are restored at the same appointment, even if separate, it is considered as a single incisal angle restoration.
 - When four (4) or more separate surfaces on a posterior tooth are restored at the same appointment it is a four (4) surface restoration.
 - Wide embrasure cavity preparations do not become extra surfaces unless at least one half of cusp or surface is involved in the restoration. An MODFL restoration would have to include the mesial-occlusal-distal surfaces as well as either the buccal groove pit or buccal surface, or at least one half the surface of one of the buccal cusps. The same logic applies for the lingual surface.

Specific Populations

1915(c) home and community-based services (HCBS) waivers for the intellectually disabled. Dental services are defined in each waiver and must be prior authorized.

Excluded Population. None.

Services Requiring Prior Authorization

Prior authorizations. Providers must have prior authorization for certain specified services before delivery of that service unless the service is provided on an emergency basis [See OAC

317:30-5-695(d)(2)]. Requests for prior authorization must be accompanied by sufficient documentation.

- **Requests for prior authorization.** Requests for prior authorization are processed through the provider portal on OHCA's public website. Prior authorized services must be billed exactly as they appear on the prior authorization. Payment is not made for any services provided prior to receiving authorization except for the relief of pain.
- **Prosthodontic services.** Prosthodontic services provided to members who have become ineligible mid-treatment are covered if the member was eligible for SoonerCare on the date the final impressions were made.
- **Imaging and records.** Minimum required records to be submitted with each request include right and left mounted bitewings and periapical films or images of tooth/teeth involved or the edentulous areas if not visible in the bitewings. All images, digital media, or photographs must be of sufficient quality to clearly demonstrate, for the reviewer, the pathology which is the basis for the authorization request. If radiographs are not taken, the provider must include a narrative with sufficient information to confirm diagnosis and treatment plan. Images must:
 - Be of diagnostic quality;
 - Be identified by the tooth number and include date of exposure, member name, member ID, provider name, and provider ID.
 - Regardless of the media, be submitted together with a completed and signed comprehensive treatment plan that details all needed treatment at the time of examination and a completed current ADA form requesting all treatments requiring prior authorization.

Services requiring prior authorization. The following services, described above in the Medically Necessary Treatment section, require prior authorization for members twenty-one (21) years of age and older:

- Removable prosthodontic services, including:
 - Full dentures;
 - Cast frame partial dentures; and
 - Acrylic partial dentures.
- Non-surgical periodontal therapy, including:
 - Periodontal scaling and root planning; and
 - Scaling in the presence of generalized moderate or severe gingival inflammation.