



**Ellen M. Buettner** | Chief Executive Officer

**J. Kevin Stitt** | Governor

OHCA 2024-18

September 18, 2024

**RE: SoonerSelect Dental Process Revisions for LIBERTY Dental Plan**

Dear Provider,

The SoonerSelect dental contract entities (CEs) are required to administer medically necessary, covered dental services in a manner that is no more restrictive than what is required by OHCA in the SoonerCare fee-for-service program (see O.A.C. 317:55-3-10). Dental CEs may request to implement alternative processes for administration of medically necessary, covered dental services under the SoonerSelect dental program. Requested alternatives are subject to OHCA review and approval.

LIBERTY Dental Plan recently requested permission to implement changes related to claims processing policies and procedures for the following procedure codes:

- **D7220:** Removal of impacted tooth – soft tissue
- **D7230:** Removal of impacted tooth – partially bony
- **D7240:** Removal of impacted tooth – completely bony
- **D1354:** Application of caries arresting medicament – per tooth
- **D0601:** Caries risk assessment and documentation, with a finding of low risk
- **D0602:** Caries risk assessment and documentation, with a finding of moderate risk
- **D0603:** Caries risk assessment and documentation, with a finding of high risk

OHCA subject matter experts (SMEs) reviewed the proposed revisions and assessed appropriateness of the proposed practices. Complete details of the proposed changes, including OHCA decisions, can be found as an attachment to this letter. OHCA decisions were presented to OHCA's Medical Advisory Committee (MAC) on Sept. 12, 2024.



**ADDRESS**

4345 N. Lincoln Blvd.  
Oklahoma City, OK 73105



**WEBSITES**

[oklahoma.gov/ohca](http://oklahoma.gov/ohca)  
[mysoonerCare.org](http://mysoonerCare.org)



**PHONE**

Admin: 405-522-7300  
Helpline: 800-987-7767



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The approved changes are effective for LIBERTY Dental Plan providers and members for dates of service on or after Oct. 1, 2024.

If you have any questions or comments about the implementation of these requests to change service provisions, please contact LIBERTY Dental Plan at 888-902-0342 or [okprinquiries@libertydentalplan.com](mailto:okprinquiries@libertydentalplan.com).

Thank you for your continued service to Oklahoma's SoonerCare and SoonerSelect members.

Sincerely,

Traylor Rains  
State Medicaid Director



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## SoonerSelect Dental Contracted Entity (CE) Requests to Change Service Provisions

The SoonerSelect Dental Contract at Section 1.7: Covered Benefits and Section 1.8: Dental Services Utilization Management states that dental contracted entities (CEs) may not impose prior authorization guidelines/criteria or utilization management practices that are more restrictive than OHCA without OHCA prior approval.

On August 19, 2024, **LIBERTY Dental Plan** submitted a formal request to OHCA for review and approval to change service provisions.

OHCA subject matter experts (SMEs) reviewed the requests, evaluating them in comparison to OHCA historical processes and practices, standard business practice, and available data to determine whether to approve the requests.

OHCA decisions are noted in the in the table below:

LIBERTY Dental Plan's Requests to Change Service Provisions		
DENTAL PROCEDURE CODE	MODIFICATION TO CLAIMS PROCESSING PROTOCOL	OHCA DECISION
<ul style="list-style-type: none"> <li><b>D7220:</b> Removal of impacted tooth – soft tissue</li> </ul>	<p>At the time of claim submission (pre-payment review) and/or prior authorization request, require the submission of the following document(s) when two (2) or more D7220s are rendered on the same date of service:</p> <ul style="list-style-type: none"> <li>Diagnostic quality radiographic image(s) (x-rays) showing the whole soft tissue covered/impacted crown of the teeth in question;</li> <li>Intra-oral photographs, if available;</li> <li>Clinical notes;</li> <li>A comprehensive treatment plan; and</li> <li>Periodontal charting, if available.</li> </ul> <p>Down-coding to D7140 is allowable.</p> <p><b>Clarification:</b> OHCA is <b>not</b> authorizing pre-payment reviews for a single tooth on a date of service.</p> <p><b>Exception:</b> Board certified oral surgeons are exempt from this pre-payment review but should maintain documentation of medical necessity for any post-payment reviews and/or audits.</p>	<p>Approved for dates of service on or after 10/1/2024</p>
<ul style="list-style-type: none"> <li><b>D7230:</b> Removal of impacted tooth – partially bony</li> </ul>	<p>Require prior authorization for D7230. At the time of prior authorization request, require the submission of the following document(s):</p>	<p>Approved for dates of service on or after 10/1/2024</p>

# LIBERTY Dental Plan's Requests to Change Service Provisions

DENTAL PROCEDURE CODE	MODIFICATION TO CLAIMS PROCESSING PROTOCOL	OHCA DECISION
	<ul style="list-style-type: none"> <li>Diagnostic quality radiographic image(s) (x-rays) showing the whole soft tissue covered/impacted crown of the teeth in question;</li> <li>Intra-oral photographs, if available;</li> <li>Clinical notes;</li> <li>A comprehensive treatment plan; and</li> <li>Periodontal charting, if available.</li> </ul> <p><b>Exception:</b> Board certified oral surgeons are exempt from this prior authorization requirement but should maintain documentation of medical necessity for any post-payment reviews and/or audits.</p>	
<ul style="list-style-type: none"> <li><b>D7240:</b> Removal of impacted tooth – completely bony</li> </ul>	<p>Require prior authorization for D7240. At the time of prior authorization request, require the submission of the following document(s):</p> <ul style="list-style-type: none"> <li>Diagnostic quality radiographic image(s) (x-rays) showing the whole soft tissue covered/impacted crown of the teeth in question;</li> <li>Intra-oral photographs, if available;</li> <li>Clinical notes;</li> <li>A comprehensive treatment plan; and</li> <li>Periodontal charting, if available.</li> </ul> <p><b>Exception:</b> Board certified oral surgeons are exempt from this prior authorization requirement but should maintain documentation of medical necessity for any post-payment reviews and/or audits.</p>	<p>Approved for dates of service on or after 10/1/2024</p>
<ul style="list-style-type: none"> <li><b>D1354:</b> Application of caries arresting medicament - per tooth</li> </ul>	<p>At the time of claim submission (pre-payment review), require the submission of the following documents when the service is performed on four (4) or more <b>permanent</b> teeth on a single date of service:</p> <ul style="list-style-type: none"> <li>Diagnostic quality radiographic image(s) (x-rays) showing carious lesion clearly into dentin/past dentoenamel junction (DEJ);</li> <li>Intra-oral photographs, showing caries and cavitation of tooth/teeth in question to augment/support radiographs, as needed;</li> <li>Clinical notes;</li> <li>A comprehensive treatment plan; and</li> <li>Periodontal charting, if available.</li> </ul>	<p>Approved for dates of service on or after 10/1/2024</p>
<ul style="list-style-type: none"> <li><b>D0601:</b> Caries risk assessment and documentation, with a finding of low risk</li> <li><b>D0602:</b> Caries risk assessment and documentation, with a finding of moderate risk</li> </ul>	<p>Restrict code to general dentistry practitioners only.</p> <p>If CRA is performed by an orthodontist, the orthodontist will not be reimbursed for the service; however, the CRA may be used as documentation for orthodontic prior authorization requests.</p>	<p>Approved for dates of service on or after 10/1/2024</p>

# LIBERTY Dental Plan's Requests to Change Service Provisions

DENTAL PROCEDURE CODE	MODIFICATION TO CLAIMS PROCESSING PROTOCOL	OHCA DECISION
<ul style="list-style-type: none"><li>• <b>D0603:</b> Caries risk assessment and documentation, with a finding of high risk</li></ul>		