



Ellen M. Buettner | Chief Executive Officer

J. Kevin Stitt | Governor

OHCA-2025-10

3/21/2025

RE: SoonerSelect Dental Changes to Claims Processing for Therapeutic Pulpotomies and Gross Pulpal Debridement for Liberty Dental Plan

Dear Provider,

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

Liberty Dental Plan recently requested to implement changes related to claims processing policies and procedures for a therapeutic pulpotomy (D3220) and/or gross pulpal debridement (D3221). This request is to allow Liberty Dental Plan to recoup payment of a D3220 or D3221 from the subsequent filing of endodontic therapy (CDT codes D3310, D3320 and D3330) on the same tooth by the same provider and/or location.

OHCA subject matter experts (SMEs) reviewed Liberty Dental Plan's proposed revisions and assessed the appropriateness of the proposed practices. OHCA approval of the proposed practices was previously presented for DentaQuest during the OHCA's Medical Advisory Committee (MAC) meeting on Nov. 7, 2024.

The approved changes are effective for Liberty Dental Plan's members for dates of service on or after April 1, 2025.

If you have any questions or comments about the implementation of this request to change service provisions, please contact Liberty Dental Plan at 888-902-0342 or online at okprinquiries@libertydentalplan.com.

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

Sincerely,

Melody Anthony

Interim 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 Feb. 14, 2025, **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 in other markets, 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	OHCA CLAIMS PROCESSING PROTOCOL	MODIFICATION TO CLAIMS PROCESSING PROTOCOL	OHCA DECISION
<ul style="list-style-type: none"> D3220 and D3221 	OHCA will continue with their historical and current practice of allowing separate payment for D3220/D3221 when filed on the same tooth by the same provider and/or location on a different date of service than the D3310/D3320/D3330.	Allow Liberty Dental Plan to recoup the payment of D3220 or D3221 from the subsequent filing of D3310, D3320, and D3330 on the same tooth by the same provider and/or location.	Approved For dates of service on or after April 1, 2025.



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