



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 April 4, 2024, LIBERTY Dental Plan submitted a formal request to OHCA for review and approval to change service provisions. Similarly, on April 9, 2024, DentaQuest submitted a formal request to OHCA for review and approval to change service provision.

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:

SoonerSelect Dental Requests to Change Service Provisions				
DENTAL PROCEDURE CODE	OHCA'S CURRENT CLAIMS PROCESSING PROTOCOL	PROPOSED MODIFICATION TO CLAIMS PROCESSING PROTOCOL	REQUESTOR	OHCA DECISION
Surgical Extractions				
<ul style="list-style-type: none"> D7210: Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated D7250: Removal of residual tooth roots (cutting procedure) 	No documentation or attachments required at the time of claim submission.	At the time of claim submission, require a current, diagnostic quality radiograph depicting the entire tooth when the service is performed on more than 1 tooth in a quadrant or on more than 2 teeth on one claim for the same date of service. Down coding to a D7140 is allowable based on submitted documentation.	DentaQuest LIBERTY Dental Plan	Approve

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Alveoloplasty				
<ul style="list-style-type: none"> D7310: Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces, per quadrant 	No documentation or attachments required at the time of claim submission.	If at least one of the extractions in the quadrant is not surgical in nature, the following documentation must be included at the time of claim submission: a comprehensive treatment plan, a detailed narrative and radiographs or photographs.	DentaQuest LIBERTY Dental Plan	Approve
<ul style="list-style-type: none"> D7321: Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant 	No documentation or attachments required at the time of claim submission.	At the time of claim submission, require a comprehensive treatment plan, a detailed narrative of tooth sites involved, and radiographs or photographs.	DentaQuest LIBERTY Dental Plan	Approve
Indirect Pulp Caps				
<ul style="list-style-type: none"> D3120: Pulp cap-indirect (excluding final restoration) 	No documentation or attachments required at the time of claim submission.	At the time of claim submission, require radiographs if the service is rendered on 2 or more teeth per quadrant or on 3 or more teeth on one claim for the same date of service.	DentaQuest LIBERTY Dental Plan	Approve
Stainless Steel Crowns				
<ul style="list-style-type: none"> D2930: Prefabricated stainless steel crown-primary tooth D2932: Prefabricated resin crown D2933: Prefabricated 	No documentation or attachments required at the time of claim submission.	At the time of claim submission, require a current, diagnostic quality radiograph depicting the entire tooth when the service is performed on 2 or more teeth per quadrant or on 3 or	DentaQuest LIBERTY Dental Plan	Approve

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stainless steel crown with resin window • D2934: Prefabricated esthetic coated stainless steel crown - primary tooth		more teeth on one claim for the same date of service.		
Deep Sedation & General Anesthesia				
• D9222: Deep sedation/general anesthesia - first 15 minutes • D9223: Deep sedation/general anesthesia - each subsequent 15 minute increment	No documentation or attachments required at the time of claim submission.	At the time of claim submission, require a general anesthesia report or anesthesia log when more than 4 units total (combined between D9222 and D9223) are billed.	DentaQuest LIBERTY Dental Plan	Approve Note: Refer to applicable medical HCPCS/CPT codes for Certified Registered Nurse Anesthetist (CRNA) billing guidelines.
Miscellaneous				
• Third-Party Liability (TPL) and Explanation of Benefits (EOBs)	At the time of claim submission, an EOB is not required if a member's TPL remits payment for any line of service on the claim. The provider must indicate the TPL paid amount on the claim. If the TPL denies payment, a copy of the EOB must be submitted with the claim.	Require the submission of an EOB for all claims with TPL (paid and denied).	DentaQuest LIBERTY Dental Plan	Approve
• Single Claims Over \$2,000	Not Applicable	Allow Dental CEs to conduct pre-payment review for all dental claims submitted where the total billed amount is \$2,000 or greater on a	DentaQuest LIBERTY Dental Plan	Approve

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		claim for a single date of service. Note: Orthognathic surgeries are excluded from pre-payment review.		
<ul style="list-style-type: none"> Pre-Payment Review 	Not Applicable	Allow Dental CEs to implement pre-payment reviews to determine medical necessity and appropriateness of care prior to claim adjudication.	DentaQuest	OHCA will consider pre-payment review on a case-by-case basis for individual CDT codes. CE is still required to meet contractual requirements for timely payment of claims for all services under pre-payment review.