



DENTAL UPDATES AND CHANGES Q&A

Q. Under Waiver Advantage, does that mean the \$4 copay is waived? Where would we see the \$4 copays? How would we know they have met their out-of-pocket max in copays for the month? Are we still looking for "Title 19", or are these members labeled differently?

A. Eligibility must show Expansion Healthy Adult Program (EHAP) or Title 19 (TXIX) for members to receive the Adult Limited Dental Benefits (ALDB). A \$4 copay per visit may be charged per qualifying member per day until the members cost sharing is met for the month. A message in the eligibility screen may reflect "Notice: There is no copay due for this member" if the cost sharing has been met for the month. If that notice does not display, you will only know if a copay is due after claim adjudication.

Q. Under the section for removable prosthodontics prior authorization, what does "overt dental disease" mean? Does all restorative and periodontal treatment need to be complete before going forward with partial fabrication?

A. Partial dentures will not be considered for approval if member has untreated periodontal disease or rampant untreated caries. All oral disease should be treated prior to receiving an appliance.

Q. What is required for a prior authorization for dentures, such as, proof of all teeth extracted, etc.?

A. Pano along with the comprehensive treatment plan.

Q. Is there anything different required for DSRP prior authorizations than what is normally requested?

*A. Please see policy for required documents - all PAs must now be submitted through the provider portal. See global messages 4/20/21, and 6/9/21.
<https://oklahoma.gov/ohca/policies-and-rules/xpolicy/medical-providers-fee-for-service/individual-providers-and-specialties/dentists/services-requiring-prior-authorization.html>.*



ADDRESS

4345 N. Lincoln Blvd.
Oklahoma City, OK 73105



WEBSITES

oklahoma.gov/ohca
mysoonerCare.org



PHONE

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



Q. Will n2o be covered for adults now? Will you still pay for a regular prophy on adults that need a full mouth scaling?

A. Nitrous Oxide (D9230) is not a covered benefit for members ages 21 and over. Full mouth debridement (D4355) is not a covered benefit, however, the member may qualify for (D4346) scaling in the presence of generalized moderate or severe gingival inflammation, which requires a prior authorization.

Q. Are crowns covered?

*A. Covered procedures can be found by utilizing the dental fee schedule, the Adult Limited Dental Benefit (ALDB) guide on the public website dental page, and the provider portal resources tab by utilizing the search fee schedule function.
<https://oklahoma.gov/ohca/providers/types/dental/dental.html>.*

Q. Being responsible for two years for dentures/partials is excessive. Clarify exactly what that means replacing?

A. The policy states the provider is responsible for follow-ups for two years after placement of partials and dentures. This includes any necessary adjustments necessary to perfect the fit of the denture and harmony of the occlusion. If a permanent relines is needed, a prior authorization is required with a treatment plan, x-rays and any additional information.

Q. Is there a way to see on their eligibility if they fall under the Native American group? How can we see if cost sharing is met?

A. The eligibility screen may show "Notice: There is no copay due for this member." If it does not show that message, it will let you know if a copay is due after claim adjudication.

Q. What are the parameters for dentures? Are immediate dentures included in this or just completes?

A. One service every five years is available for adults up to 25 years of age.

One service per every seven years is available for adults 25 years of age and over.

The provider is responsible for any needed follow-up for a period of two years post insertion.

Complete and immediate dentures are a covered benefit.

Q. Patients with the UHC OKDSNP dual complete plan that are auto enrolled in SoonerCare as their secondary - will they have these expanded benefits?



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A. A primary insurance will not affect the ALDB. Eligibility must show Expansion Healthy Adult Program or Title 19 for members to receive the Adult Limited Dental Benefits (ALDB).

Q. Will a patient receive a perio maintenance after a scaling and root planning is performed?

A. Periodontal maintenance is not a covered benefit at this time. It may be something that could be added in the future. 184 days must pass, then a prophylaxis may be performed on the 185th day.

Q. On the emergency services, does there need to be an emergency narrative on the claims?

A. Documentation must be in the members record.

Q. What's the criteria for being able to extract teeth? Does the patient have to be in pain? What if the patient wants all their teeth removed so they can get a denture?

A. Medically necessary extractions means, but is not limited to, an extraction of a tooth that has met medically necessary criteria due to the presence of pathology, trauma, severe periodontal involvement, significant caries, pain or infection

Q. Will the remittance reflect the copays appropriately?

A. You may view your remittance or view the claim for copay information.

Q. Are risk assessment forms required with prior authorizations?

A. No, however some prior authorized services require 12 months oral health history. If you have a CRA you may choose to either submit that form or chart notes along with all other required documentation.

Q. How does in process treatment work?

A. ALDB began July 1, 2021. Policy states "payment is not made for any services provided prior to receiving authorization except for the relief of pain." If you have a specific issue or question, please contact the dental unit directly at 405-522-7401.

Q. What is the difference between the "Healthy adult program" and just Title 19?

A. The benefits for both programs are identical. The difference is in how the member qualifies for the program – aged, blind, disabled, income, etc.

Q. Since the pano and 2 bw are considered a FMX, do we file the code D0210?



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A. To be SoonerCare compensable, images must be of diagnostic quality and medically necessary. A clinical examination must precede any images. Panoramic films and two bitewings are considered full mouth images and require a prior authorization. D0210 is not a covered benefit for members ages 21 and older

Q. For patients who only have MHSA, will they automatically qualify for HAP or do they have to reapply to see if they are approved?

A. Members will need to apply.

Q. What is meant by the provider being responsible for follow-up or any required replacement of a failed restoration? What is meant by document type of isolation used?

A. Please see dental policy - 317:30-5-699 Restorations <https://oklahoma.gov/ohca/policies-and-rules/xpolicy/medical-providers-fee-for-service/individual-providers-and-specialties/dentists/restorations.html>. Provider should document the type of isolation utilized when restoring a tooth, such as use of a rubber dam or other isolation technique.

Q. Do we need to prior authorize impacted tooth extractions?

A. For members ages 21 and older, D7241 requires a prior authorization. All other extraction codes do not require a PA but must still meet the policy guidelines.

Q. If the patient has unrestorable teeth with heavy decay and infection needing removed, are they eligible for a denture? Can we prior authorize for the denture before or after extractions for approval?

A. Dentures require a prior authorization. If you are performing an immediate denture, you would need to send in the request prior to tooth extractions.

Q. I think OEPIC has a \$10 copay, whereas the expansion is \$4. How does the expansion affect OEPIC?

A. OEPIC IP members have transitioned to expansion population, so they would be subject to \$4 copay if appropriate.

Q. What is the web address to fill out the application for healthy adults?

A. Members may apply for benefits at www.mysooner.org.

Q. Do we bill the copay or do we collect upfront and, again, how will we know exactly what amount?



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A. Copay collection will be dependent on office policy. Keep in mind the copays can change per month depending on member co-share limit of 5%. You can bill the member once claims are paid and it will let you know if and what the copay amount is. If you do charge up front, you may need to refund any over payments.

Q. Are you paying for dentures on seat date or prep date? What happens if the patient becomes ineligible mid-treatment?

A. 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.

Q. Do we have to take on new patients or can we only accept existing patients that are now on this program?

A. It is optional to add new patients, however if you have available capacity, OHCA is encouraging providers to see additional members.

Q. I was told if we see patients now, no claims will be paid under this plan until after October 1. Will payment be made for services immediately under this plan?

A. Claims are being paid, there is no delay.

Q. Is the \$4 copay taken out of what the SoonerCare reimbursement amount is or is it charged in addition?

A. Payment from SoonerCare is less the allowed co-pay.

Q. Is there a list of participating dentists that will accept this coverage?

A. There is not an Inclusive list for the new population, but you can use our provider search function on the portal or the find a provider on the public website.

Q. It shows on the fee schedule look-up online that D9222 and D9223 are covered for ages 19-64, but on the fee schedule it does not show these as covered benefits. Is anesthesia a covered benefit?

A. Yes, these codes are covered if it is medically necessary.

Q. If a patient already has Title 19, do they automatically have dental benefits or do they have to apply?

A. Yes, there are many programs members may qualify for. Eligibility must show Expansion Healthy Adult Program (EHAP) or Title 19 (TXIX) for members to receive the Adult Limited Dental Benefits (ALDB). Members ages 19-20 on EHAP or TXIX have



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access to the full fee schedule. Members ages 21 and over on EHAP or TXIX only receive the ALDB.

Q. For ortho, do we still need to have a referral from a SoonerCare dentist and fill out the caries assessment?

A. Yes, the referral and the carries risk assessment is required. Orthodontic care is limited to under 18 to start comprehensive ortho. If a member is already in braces, they can continue care past age 18 until they lose eligibility.

Q. Do DDS-D waiver patients now fall under the HAP?

A. If eligibility shows Title 19 as well as waived services, those members will have access to the ALDB as well as any other services that are defined in the waiver.

Q. Would it be the office's choice to do comprehensive exams, limited exams or both on patients who have HAP?

A. If you provide all services to non-SoonerCare members, you should provide those same services to SoonerCare members. They should not be treated differently.



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