

OK SoonerCare Adult Schedule of Benefits

Coverage, Limitations and Prior Authorization Requirements

PRIOR AUTHORIZATION TABLE:

Prior Authorization is required for Specialty OS, ENDO, ORTHO and PERIO

01 = Prior Authorization is required

NC = Not Covered

Prior-authorization requirements as listed below are not requirements to support medical necessity reviews.

Code	Description	Limitations	Prior Auth Required Adult Population	Prior Auth Required AIAN Population	Prior Auth Required AIAN Pregnancy Population	Prior Auth Required Pregnancy Population	Documentation/X-Ray Required
	Diagnostic Services						
		1 (D0120) every 6 months					
D0140		2 (D0140) per provider/office prior to D0120 or D0150					
D0150	Comprehensive oral evaluation	1 (D0150) every 36 months per provider/office					
D0210	Intraoral, comprehensive series of radiographic images Intraoral, periapical, first radiographic image	1 of (D0210, D0330) every 36 months					Not compensable within 36 months of pano or 12 months of BW Must include at least three (3) millimeters beyond the apex of the
D0220	Intraoral, periapical, instraorographic image						tooth
							tootii
	Bitewings, four radiographic images	1 of (D0272, D0274) every 12 months					
		1 of (D0210, D0330) every 36 months					
		. , , ,					
D0602	Caries risk assessment and documentation, moderate risk	1 of (D0601, D0602, D0603) every 12 months per provider/office					
D0603	Caries risk assessment and documentation, high risk						
	Preventive Services						
	Prophylaxis, adult	1 (D1110) every 6 months					
D1206	Topical application of fluoride varnish	1 (D1206) every 6 months					
D1320							
D1701	Pfizer-BioNTech Covid-19 vaccine administration, first dose						
D1702 D1703	Pfizer-BioNTech Covid-19 vaccine administration, second dose Moderna Covid-19 vaccine administration – first dose						
D1703	Moderna Covid-19 vaccine administration – first dose Moderna Covid-19 vaccine administration – second dose						
D1704	Janssen Covid-19 vaccine administration						
D1707	Restorative Services						
D2140	Amalgam, one surface, primary or permanent						
D2150	Amalgam, two surfaces, primary or permanent						
D2160	Amalgam, three surfaces, primary or permanent	1 of (D2140-D2335, D2391-D2394) per tooth every 24 months					
D2161	Amalgam, four or more surfaces, primary or permanent						
D2330	Resin-based composite, one surface, anterior						
D2331	Resin-based composite, two surfaces, anterior						
D2332	Resin-based composite, three surfaces, anterior						
D2335	Resin-based composite, four or more surfaces, involving incisal angle						
D2391	Resin-based composite, one surface, posterior						
D2392 D2393	Resin-based composite, two surfaces, posterior Resin-based composite, three surfaces, posterior						
	Resin-based composite, four or more surfaces, posterior						
D2334	Endodontic Services						
D3310	Endodontic therapy, anterior tooth (excluding final restoration)		NC	NC		01	A contact of the cont
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	1 of (D3310, D3320, D3330) every 12 months (VA)	NC	NC		01	Comprehensive treatment plan, x-rays and oral hygiene history required on 3 or more teeth within 12 months with prior authorization
D3330	Endodontic therapy, molar tooth (excluding final restoration)		NC	NC		01	required on 3 or more teeth within 12 months with prior authorization
	Periodontal Services						
D4341	Periodontal scaling and root planing, four or more teeth per quadrant		01			01	Treatment plan, images showing alveolar bone loss on 4+ teeth and calculus on root surfaces with prior authorization; 4 quadrants will not be approved with recent oral prophylaxis within 12 months
D4342	Periodontal scaling and root planing, one to three teeth per quadrant		01			01	Treatment plan, images showing alveolar bone loss on 1-3 teeth and calculus on root surfaces with prior authorization; 4 quadrants will not be approved with recent oral prophylaxis within 12 months
D4346	Scaling in presence of moderate or severe inflammation, full mouth after evaluation	1 (D4346) in a lifetime	01			01	Comprehensive treatment plan, x-rays and perio charting required with prior authorization. Not approved if prophylaxis has been completed within 12 months
D4910	Periodontal maintenance	1 (D4910) every 6 months, with history of periodontitis	01			01	Narrative and comprehensive treatment plan required with prior authorization
D5440	Removable Prosthodntic Services	1 of (DE110, DE120) per arch group Every up to any 25 and any arch arch	01			01	
D5110 D5120	Complete denture, maxillary Complete denture, mandibular	1 of (D5110, D5120) per arch every 5 years up to age 25; and once per arch every 7 years age 25 and older; provider required to provide all follow up for 2 years after delivery	01 01			01 01	Comprehensive treatment plan and panoramic x-ray required with prior authorization
D5120	Immediate denture, maxillary		01			01	
D5130	Immediate denture, maxiliary Immediate denture, mandibular	1 (D5130, D5140) per arch in a lifetime	01			01	
D5211	Maxillary partial denture, resin base		01 01				
D5212		1 of (D5211, D5212, D5213, D5214, D5225, D5226, D5282, D5283) per arch every 5 years up to age 25; and once per arch every 7 years age 25 and older; provider required to provide all follow up for 2 years after delivery	01			01	Comprehensive treatment plan and panoramic or complete series x-
	Maxillary partial denture, cast metal, resin base		01			01	
	Mandibular partial denture, cast metal, resin base		01			01	ray required with prior authorization
			01			01	
D5226	Mandibular partial denture, flexible base		01			01	
	Removable unilateral partial denture, one piece cast metal, maxillary		01			01	
	Removable unilateral partial denture, one piece cast metal, mandibular		01			01	Comprehensive treatment plan and narrative required with prior
	Removable unilateral partial denture, one piece flexible base, per quadrant		01			01	authorization
D5286	Removable unilateral partial denture, one piece resin, per quadrant		01			01	



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Marchite Medical Confession and Co	Code Description	Limitations	Prior Auth Required Adult Population	Prior Auth Required AIAN Population	Prior Auth Required AIAN Pregnancy Population	Prior Auth Required Pregnancy Population	Documentation/X-Ray Required			
Section Sect	Removable Prosthodatic Services cont.									
Sect Sect complete destinues, management Sect Sect complete destinues Sect										
Section Control of the property of the pro										
Section of Section Section Section of Section Sec										
		delivery of appliance								
Post Personal complete control to complete		. (/								
Description		1 of (D5511, D5512, D5621, D5622) per arch every calendar year								
Description	D5520 Replace missing or broken teeth, complete denture	1 (D5520) per tooth every calendar year					Narrative required with claim submission ³			
1-000-2013 Pagin can partial framework, memblading 1-000-2014 Pagin can pagin dismosers, memblading partial framework, memblading partial framework pagin management, memblading partial framework pagin management, pagin or register place from the interval pagin or pagin pagin framework memblading pagin framework memblading defenting pagin framework memblading pagin framewor										
	D5612 Repair resin partial denture base, maxillary									
1,000,000 Region of partial features (subject methods (subject methods) 1,000,000	D5621 Repair cast partial framework, mandibular	1 of (DEE11 DEE12 DEE21 DEE23) per arch every calendar year								
1,0560 pages or replace fundament entertions design markets), per loods 1,0560 part south very calleriary repr 1,0560 pages or reprise fundament per loods 1,0560 part south in a lifetime 1,0560 part south in a l	D5622 Repair cast partial framework, maxillary	1 01 (D3311, D3312, D3021, D3022) per archi every calendar year					Narrative and perio charting required with claim submission 3			
Description of the century per prior of the	D5630 Repair or replace broken retentive clasping materials, per tooth	1 (D5630) per tooth every calendar year					Narrative and perio charting required with daint submission •			
1 1 1 1 1 1 1 1 1 1		1 (D5640) per tooth every calendar year								
Positive of term & activity to most metal frame, manifular 0.1	D5650 Add tooth to existing partial denture	1 (D5650) per tooth in a lifetime								
Septime of the effect & Service on cest metal famore, mandobular Septime of the Service on cest metal famore, mandobular Septime of the Service on Cest metal famore, mandobular Septime on C										
Betwee complete manifolds greated enterure 0.1 0.5 0	D5670 Replace all teeth & acrylic on cast metal frame, maxillary	·	01			01				
Betase complete manifoluser partial denture 0.1	D5671 Replace all teeth & acrylic on cast metal frame, mandibular		01			01				
September Sept	D5710 Rebase complete maxillary denture		01			01				
Part	D5711 Rebase complete mandibular denture		01			01				
September Sept	D5720 Rebase maxillary partial denture		01			01	Comprehensive treatment plan, x-rays and oral hygiene history			
September Sept	D5721 Rebase mandibular partial denture		01			01	required with prior authorization			
Select maniflatury partial denture, indirect Select maniflatury partial denture, indirect 1 of (05820, D5821) per arch every 5 years up to age 25; and once every 7 years per arch 0.1 of 0.1 comprehensive treatment plan and panoramic or complete series x- partial denture, maniflustry 1 of (05820, D5821) per arch every 5 years up to age 25; and once every 7 years per arch 0.1 of 0.1 comprehensive treatment plan and panoramic or complete series x- partial denture, maniflustry 0.1 of 0.1 comprehensive treatment plan and panoramic or complete series x- partial denture, maniflustry 0.1 of 0.1 comprehensive treatment plan and panoramic or complete series x- partial denture, maniflustry 0.1 of 0.1 comprehensive treatment plan and panoramic or complete series x- partial denture, maniflustry 0.1 of 0.1 comprehensive treatment plan and panoramic or complete series x- partial denture, maniflustry 0.1 of 0.1 comprehensive treatment plan and panoramic or complete series x- partial denture, maniflustry 0.1 comprehensive treatment plan and panoramic or complete series x- partial denture, maniflustry 0.1 comprehensive treatment plan and panoramic or complete series x- partial denture, maniflustry 0.1 comprehensive treatment plan and panoramic or complete series x- partial denture, maniflustry 0.1 comprehensive treatment plan and panoramic or complete series x- partial denture, maniflustry 0.1 comprehensive treatment plan and panoramic or complete series x- partial denture, maniflustry 0.1 comprehensive treatment plan and panoramic or complete series x- partial denture, maniflustry 0.1 comprehensive treatment plan and panoramic or complete series x- partial denture, maniflustry 0.1 comprehensive treatment plan required with prior authorization 0.1 comprehensive treatment plan required w	D5750 Reline complete maxillary denture, indirect		01			01	1			
Bottom Belline manifesting partial denture, indirect 10 10 10 10 10 10 10 1	D5751 Reline complete mandibular denture, indirect	Not payable within the first 24 months of initial installation	01			01				
1 of (DSS20, DSS21) Interim partial detrure, manibular 1 of (DSS20, DSS21) per arch every 5 years up to age 25 and once every 7 years after delivery 1 of (DSS20, DSS21) per arch every 5 years up to age 25 and once every 7 years after delivery 1 of (DSS20, DSS21) per arch every 5 years up to age 25 and once every 7 years after delivery 1 of (DSS20, DSS21) per arch every 5 years up to age 25 and once every 7 years after delivery 1 of (DSS20, DSS21) per arch every 5 years up to age 25 and once every 7 years after delivery 1 of (DSS20, DSS21) per arch every 5 years up to age 25 and once every 7 years after delivery 1 of (DSS20, DSS21) per arch every 5 years up to age 25 and once every 7 years after delivery 1 of (DSS20, DSS21) per arch every 5 years up to age 25 and once every 7 years after delivery 1 of (DSS20, DSS21) per arch every 5 years up to age 25 and once every 7 years after delivery 1 of (DSS20, DSS21) per arch every 5 years up to age 25 and once every 7 years after delivery 1 of (DSS20, DSS21) per arch every 5 years up to age 25 and once every 7 years after delivery 1 of (DSS20, DSS21) per arch every 5 years up to age 25 and once every 7 years after delivery 1 of (DSS20, DSS21) per arch every 5 years up to age 25 and older; provider delivery 5 of 10 of	D5760 Reline maxillary partial denture, indirect		01			01				
Interim partial deture, manifoliuar age 25 and older; provider required to provide all followup for 2 years after delivery 01 01 01 01 01 01 01 0	D5761 Reline mandibular partial denture, indirect		01			01				
Interm partial centure, mandibular age 2s and others; provide in quinted by provide an inflowable for conditioning, masking provide in provide an inflowable for conditioning masking provides prosthodomic procedure, by report 01	D5820 Interim partial denture, maxillary		01			01				
Disso Disso Conditioning masiliary Disso Dis	D5821 Interim partial denture, mandibular	age 25 and older; provider required to provide all followup for 2 years after delivery	01			01				
Implant Services	D5850 Tissue conditioning, maxillary		01			01				
Decision			01			01				
Oral and Maxiliofacial Services	Implant Services									
Dotation Extraction, cropted tooth or resposed root Dotation, erupted tooth or resposed root Dotation, erupted tooth or resposed root Dotation, erupted tooth requiring removal of bone and/or sectioning of tooth Dotation, erupted tooth requiring removal of bone and/or sectioning of tooth Dotation, erupted tooth requiring removal of bone and/or sectioning of tooth Dotation, erupted tooth requiring removal of bone and/or sectioning of tooth Dotation, erupted tooth requiring removal of bone and/or sectioning of tooth Dotation, erupted tooth, eruptive of the submission Dotation D			01			01	Written report or treatment plan required with prior authorization			
D7210 Extraction, erupted tooth or exposed root D7210 Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth Stration, erupted tooth, soft itssue Stration, erupted tooth, completed tooth, soft itssue Stration, erupted tooth, completed tooth, completed tooth, completed tooth, completed bony, complication Stration, erupted tooth, completed bony, complication O1 O1 Stray and narrative detailing medical necessity required with claim submission O1 O1 Stray and written report or treatment plan required with prior authorization O1 O1 Stray-anarative required with claim submission O1 O1 O1 O1 O1 O1 O1 O	Oral and Maxillofacial Services									
Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth Removal of impacted tooth, soft tissue Submission	D7111 Extraction, coronal remnants, primary tooth									
Submission Stray and narrative detailing medical necessity required with claim submission Submission Submission Submission Stray and written report or treatment plan required with prior authorization Submission	D7140 Extraction, erupted tooth or exposed root									
Removal of impacted tooth, completely bony D7240 Removal of impacted tooth, completely bony D7240 Removal of impacted tooth, completely bony, complication D7240 Removal of macked tooth, complete bony, complication D7250 Removal of residual tooth roots (cutting procedure) D7261 Primary closure of a sinus perforation D7261 Primary closure of a sinus perforation D7261 Primary closure of a sinus perforation D7262 Primary closure of a sinus perforation D7263 Aveoloplasty with extractions, four or more teeth per quadrant D7264 Excision of malignant lesion, up to 1.25 cm D7265 Excision of malignant lesion, greater than 1.25 cm D7266 Sexion of malignant lesion, complicated D7267 Removal of interal excisons, sinus perforation D7268 Excision of malignant lesion, greater than 1.25 cm D7269 Sexion of malignant lesion, complicated D7260 Sexion of malignant lesion, complicated D7261 Sexion of malignant lesion, sinusting medical necessity required with claim submission D7262 Removal of torus palatinus D7263 Removal of torus palatinus D7264 Excision of malignant lesion, complicated D7265 Excision of malignant lesion, sinusting medical necessity required with claim submission D7267 Removal of torus palatinus D7268 Excision of malignant lesion, complicated D7270 Sexion of malignant lesion, sinusting medical necessity required with prior authorization D7271 Removal of torus mandibularis D7272 Removal of torus mandibularis D7273 Removal of torus mandibularis D7274 Removal of torus mandibularis D7275 Removal of torus mandibularis D7276 D1 D1 D1 D7277 Removal of torus mandibularis D7278 Removal of torus mandibularis D7279 Removal of torus mandibularis D7279 Removal of torus mandibularis D7270 Removal of torus mandibularis D7270 Removal of torus mandibularis D7270 Removal of torus mandibularis D7271 Removal of toru	D7210 Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth						X-ray and narrative detailing medical necessity required with claim			
Removal of impacted tooth, completely bony Submission	D7220 Removal of impacted tooth, soft tissue						submission			
Removal impacted tooth, completed young of residual tooth, completed bony, complication D7241 Removal of residual tooth countered with prior authorization D7260 Primary closure of a sinus perforation D7361 Alveoloplasty with extractions, four or more teeth per quadrant D7362 Excision of malignant lesion, up to 1.25 cm D7411 Excision of malignant lesion, up considered D7412 Excision of malignant lesion, or more teeth per quadrant D7413 Excision of malignant lesion, or more teeth per quadrant D7414 Excision of malignant lesion, or more teeth per quadrant D7415 Excision of malignant lesion, up considered D7416 Excision of malignant lesion, or more teeth per quadrant D7417 Removal of torus palatinus D7418 Removal of forus palatinus D7419 Removal of forus palatinus D7410 In	D7230 Removal of impacted tooth, partially bony						X-ray and narrative detailing medical necessity required with claim			
D7250 Removal of residual tooth roots (cutting procedure) D7261 Primary closure of a sinus perforation D7261 Primary closure of a sinus perforation D7310 Alveoloplasty with extractions, four or more teeth per quadrant D7411 Excision of malignant lesion, up to 1.25 cm D7412 Excision of malignant lesion, greater than 1.25 cm D7413 Excision of malignant lesion, complicated D7414 Removal of lateral exostosis, maxilla or mandible D7417 Removal of torus palathius D7418 Removal of torus mandibularis D7419 Removal of torus m	D7240 Removal of impacted tooth, completely bony						submission			
D7261 Primary closure of a sinus perforation D7310 Alveoloplasty with extractions, four or more teeth per quadrant D7311 Excision of malignant lesion, up to 1.25 cm D7412 Excision of malignant lesion, up to 1.25 cm Submission D7413 Excision of malignant lesion, up to 1.25 cm Submission D7414 Excision of malignant lesion, up to 1.25 cm Submission D7417 Removal of lateral exostosis, makilla or mandible D7417 Removal of forus palatinus D7418 Removal of forus mandibularis D7419 Removal of torus mandibularis D7410 Removal of sevent and se	D7241 Removal impacted tooth, complete bony, complication		01			01				
D7310 Alveoloplasty with extractions, four or more teeth per quadrant D7411 Excision of malignant lesion, up to 1.25 cm Submission D7415 Excision of malignant lesion, complicated D7416 Excision of malignant lesion, complicated D7417 Removal of lateral exostosis, maxilla or mandible D7418 Removal of torus palatinus D7419 Removal of torus mandibularis D7410 Removal of torus mandibularis D7410 Removal of torus mandibularis D7411 Removal of torus mandibularis D7412 Removal of torus mandibularis D7413 Removal of torus mandibularis D7413 Removal of torus mandibularis D7414 Removal of torus mandibularis D7415 Removal of torus mandibularis D7416 Removal of torus mandibularis D7417 Removal of torus mandibularis D7418 Removal of torus mandibularis D7419 Removal of torus mandibularis D7419 Removal of torus mandibularis D7410 Mritten report or treatment plan required with prior authorization D7410 Mritten report or treatment plan required with prior authorization D7410 Mritten report or treatment plan required with prior authorization D7410 Mritten report or treatment plan required with prior authorization D7410 Mritten report or treatment plan required with prior authorization D7410 Mritten report or treatment plan required with prior authorization D7410 Mritten report or treatment plan required with prior authorization D7410 Mritten report or treatment plan required with prior authorization D7410 Mritten report or treatment plan required with prior authorization D7410 Mritten report or treatment plan required with prior authorization D7410 Mritten report or treatment plan required with prior authorization D7410 Mritten report or treatment plan required with prior authorization D7410 Mritten report or treatment plan required with prior authorization D74110 Mritten report or treatment plan required with prior authorization D74110 Mritten report or treatment plan required with prior authorization D74110 Mritten report or treatment plan required with prior authorization D74110 Mritten report or treatment plan required with p										
D7413 Excision of malignant lesion, up to 1.25 cm D7414 Excision of malignant lesion, operator than 1.25 cm D7415 Excision of malignant lesion, complicated D7416 Excision of malignant lesion, complicated D7417 Removal of lateral exostosis, maxilla or mandible D7418 Removal of torus palatinus D7419 Removal of torus palatinus D7410 D7410 D1 D7410 D1 D7411 D1 D7411 D1 D7411 D1 D7411 D1 D7412 Removal of torus palatinus D7413 Removal of torus mandibularis D7413 Removal of torus mandibularis D7413 Removal of torus mandibularis D7414 D1 D7415 D1 D7415 D1 D7416 D1 D7416 D1 D7417 Removal of torus palatinus D1 D7418 D1 D7419 Removal of torus mandibularis D1 D7419 Removal of torus palatinus D1 D7410 D1 D7410 D1 D7410 D1 D7411 D1 D741							-			
D7414 Exision of malignant lesion, greater than 1.25 cm D7415 Exision of malignant lesion, complicated D7417 Removal of Interact exostosis, maxilla or mandible D7417 Removal of Interact exostosis, maxilla or mandible D7417 Removal of Interact exostosis, maxilla or mandible D7418 Removal of Interact exostosis, maxilla or mandible D7419 Removal of Interact exostosis, maxilla or mandible D7410 Removal of Interact exostosis, maxilla or mandible D7410 Removal of Interact exostosis, maxilla or mandible D7410 Removal of Interact exostosis, maxilla or mandible D7411										
D7471 Excision of malignant lesion, complicated D7472 Removal of lateral exostosis, maxilla or mandible D7473 Removal of torus palatinus D7473 Removal of torus mandibularis D7473 Removal of torus mandibularis D7473 Removal of torus mandibularis D7474 Removal of torus mandibularis D7475 Removal of torus mandibularis D7476 Removal of torus mandibularis D7477 Removal of torus mandibularis D7477 Removal of torus mandibularis D7478 Removal of torus mandibularis D7479 Removal of torus mandibularis D7470 Removal of torus mandibularis D7471 Removal of torus mandibularis D7471 Removal of torus mandibularis D7471 Removal of torus mandibularis D7472 Removal of torus mandibularis D7473 Removal of torus palatinus D7473 R				 			submission			
D7471 Removal of lateral exostosis, maxilla or mandible D1 D7472 Removal of forus palatifus D1 D1 D1 D1 D1 D1 D1 D				<u> </u>			-			
D7472 Removal of torus palatinus D1 D7473 Removal of torus mandibularis D7473 D7			01	<u> </u>		01	+			
D7473 Removal of torus mandibularis O1				 			Written report or treatment plan required with prior authorization			
Adjunctive General Services D9222 Deep sedation/general anesthesia, first 15 minute increment D9223 Deep sedation/general anesthesia, first 15 minute increment D9224 Deep sedation/general anesthesia, first 15 minute increment D9225 Deep sedation/general anesthesia, each subsequent 15 minute increment D9226 Deep sedation/general anesthesia, each subsequent 15 minute increment D9227 Deep sedation/general anesthesia, each subsequent 15 minute increment D9228 Deep sedation/general anesthesia, inst 15 minute increment D9229 Teledentistry, synchronous; real-time encounter (VA) X-ray and narrative detailing medical necessity required with claim				 						
D9222 Deep sedation/general anesthesia, first 15 minute increment D9223 Deep sedation/general anesthesia, first 15 minute increment D9224 Deep sedation/general anesthesia, each subsequent 15 minute increment Submission D9995 Teledentistry, synchronous; real-time encounter (VA) X-ray and narrative detailing medical necessity required with claim			- 51			01				
D9223 Deep sedation/general anesthesia, each subsequent 15 minute increment D9995 Teledentistry, synchronous; real-time encounter (VA) X-ray and narrative detailing medical necessity required with claim							X-ray and parrative detailing medical peopsity required with claim			
D9995 Teledentistry, synchronous; real-time encounter (VA) X-ray and narrative detailing medical necessity required with claim				 						
		(///)		 						
	D9996 Teledentistry, synchronous; real-time encounter D9996 Teledentistry, asynchronous; information stored and forwarded to dentist for subsequent review	(VA)		 			submission 3			