



**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\*\***

O1 = Prior Authorization is required

NC = Not Covered

Prior-authorization requirements as listed below are not required for American Indian and Alaska Native members. For procedures with Prior-Authorization requirements, submit claims with documentation and/or x-ray requirements to support medical necessity reviews.

Code	Description	Limitations	Prior Auth Required Adult Population	Prior Auth Required AIAN Population	Prior Auth Required AIAN Pregnancy	Prior Auth Required Pregnancy Population	Documentation/X-Ray Required	
<b>Diagnostic Services</b>								
D0120	Periodic oral evaluation	1 (D0120) every 6 months						
D0140	Limited oral evaluation	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	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 tooth	
D0220	Intraoral, periapical, first radiographic image							
D0230	Intraoral, periapical, each add'l radiographic image							
D0272	Bitewings, two radiographic images	1 of (D0272, D0274) every 12 months						
D0274	Bitewings, four radiographic images							
D0330	Panoramic radiographic image	1 of (D0210, D0330) every 36 months						
D0601	Caries risk assessment and documentation, low risk	1 of (D0601, D0602, D0603) every 12 months per provider/office						
D0602	Caries risk assessment and documentation, moderate risk							
D0603	Caries risk assessment and documentation, high risk							
<b>Preventive Services</b>								
D1110	Prophylaxis, adult	1 (D1110) every 6 months						
D1206	Topical application of fluoride varnish	1 (D1206) every 6 months						
D1320	Tobacco counseling, control/prevention oral disease							
D1701	Pfizer-BioNTech Covid-19 vaccine administration, first dose							
D1702	Pfizer-BioNTech Covid-19 vaccine administration, second dose							
D1703	Moderna Covid-19 vaccine administration – first dose							
D1704	Moderna Covid-19 vaccine administration – second dose							
D1707	Janssen Covid-19 vaccine administration							
<b>Restorative Services</b>								
D2140	Amalgam, one surface, primary or permanent	1 of (D2140-D2335, D2391-D2394) per tooth every 24 months						
D2150	Amalgam, two surfaces, primary or permanent							
D2160	Amalgam, three surfaces, primary or permanent							
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	Resin-based composite, two surfaces, posterior							
D2393	Resin-based composite, three surfaces, posterior							
D2394	Resin-based composite, four or more surfaces, posterior							
<b>Endodontic Services</b>								
D3310	Endodontic therapy, anterior 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
D3320	Endodontic therapy, premolar tooth (excluding final restoration)			NC	NC		01	
D3330	Endodontic therapy, molar tooth (excluding final restoration)	NC		NC		01		
<b>Periodontal Services</b>								
D4341	Periodontal scaling and root planing, four or more teeth per quadrant		01			01	Treatment plan, periodontal charting; x-ray 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, periodontal charting; x-ray 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	
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 treated periodontitis (SRP)	01			01	Narrative and comprehensive treatment plan required with prior authorization	
<b>Removable Prosthodontic Services</b>								
D5110	Complete denture, maxillary	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	Comprehensive treatment plan and panoramic x-ray required with prior authorization	
D5120	Complete denture, mandibular		01			01		
D5130	Immediate denture, maxillary	1 (D5130, D5140) per arch in a lifetime	01			01		
D5140	Immediate denture, mandibular		01			01		
D5211	Maxillary partial denture, resin base		01			01		
D5212	Mandibular partial denture, resin base		01			01		
D5213	Maxillary partial denture, cast metal, resin base	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-ray required with prior authorization	
D5214	Mandibular partial denture, cast metal, resin base		01			01		
D5225	Maxillary partial denture, flexible base		01			01		
D5226	Mandibular partial denture, flexible base		01			01		
D5282	Removable unilateral partial denture, one piece cast metal, maxillary			01			01	Comprehensive treatment plan and narrative required with prior authorization
D5283	Removable unilateral partial denture, one piece cast metal, mandibular			01			01	
D5284	Removable unilateral partial denture, one piece flexible base, per quadrant			01			01	
D5286	Removable unilateral partial denture, one piece resin, per quadrant			01			01	



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<b>Removable Prosthodontic Services cont.</b>							
D5410	Adjust complete denture, maxillary	3 of (D5410, D5411, D5421, D5422) per arch every 12 months Providers are responsible for any additional adjustments during first 24 months after delivery of appliance					
D5411	Adjust complete denture, mandibular						
D5421	Adjust partial denture, maxillary						
D5422	Adjust partial denture, mandibular						
D5511	Repair broken complete denture base, mandibular	1 of (D5511, D5512, D5621, D5622) per arch every calendar year					
D5512	Repair broken complete denture base, maxillary						
D5520	Replace missing or broken teeth, complete denture	1 (D5520) per tooth every calendar year					
D5611	Repair resin partial denture base, mandibular	1 of (D5511, D5512, D5621, D5622) per arch every calendar year					
D5612	Repair resin partial denture base, maxillary						
D5621	Repair cast partial framework, mandibular						
D5622	Repair cast partial framework, maxillary						
D5630	Repair or replace broken retentive clasping materials, per tooth	1 (D5630) per tooth every calendar year					
D5640	Replace broken teeth, per tooth	1 (D5640) per tooth every calendar year					
D5650	Add tooth to existing partial denture	1 (D5650) per tooth in a lifetime					
D5660	Add clasp to existing partial denture, per tooth	1 (D5660) per tooth in a lifetime					
D5670	Replace all teeth & acrylic on cast metal frame, maxillary		01			01	
D5671	Replace all teeth & acrylic on cast metal frame, mandibular		01			01	
D5710	Rebase complete maxillary denture		01			01	
D5711	Rebase complete mandibular denture		01			01	
D5720	Rebase maxillary partial denture		01			01	
D5721	Rebase mandibular partial denture		01			01	
D5750	Reline complete maxillary denture, indirect	Relines of complete dentures not cosidered within first 6 months post delivery	01			01	Comprehensive treatment plan and narrative with prior authorization
D5751	Reline complete mandibular denture, indirect		01			01	
D5760	Reline maxillary partial denture, indirect		01			01	
D5761	Reline mandibular partial denture, indirect		01			01	
D5820	Interim partial denture, maxillary	1 of (D5820, D5821) per arch every 5 years up to age 25; and once every 7 years per arch age 25 and older; provider required to provide all followup for 2 years after delivery	01			01	Comprehensive treatment plan and panoramic or complete series x-ray required with prior authorization
D5821	Interim partial denture, mandibular		01			01	
D5850	Tissue conditioning, maxillary		01			01	
D5851	Tissue conditioning, mandibular		01			01	
D5899	Unspecified removable prosthodontic procedure, by report		01			01	
<b>Implant Services</b>							
D6105	Removal of implant body not requiring bone removal or flap elevation		01			01	Written report or treatment plan required with prior authorization
<b>Oral and Maxillofacial Services</b>							
D7111	Extraction, coronal remnants, primary tooth						
D7140	Extraction, erupted tooth or exposed root						
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth						
D7220	Removal of impacted tooth, soft tissue						
D7230	Removal of impacted tooth, partially bony						
D7240	Removal of impacted tooth, completely bony						
D7241	Removal impacted tooth, complete bony, complication		01			01	X-ray and narrative with medical necessity for treatment plan required with prior authorization
D7250	Removal of residual tooth roots (cutting procedure)						
D7261	Primary closure of a sinus perforation						
D7310	Alveoplasty with extractions, four or more teeth per quadrant						
D7413	Excision of malignant lesion, up to 1.25 cm						
D7414	Excision of malignant lesion, greater than 1.25 cm						
D7415	Excision of malignant lesion, complicated						
D7471	Removal of lateral exostosis, maxilla or mandible		01			01	Narrative or treatment plan required with prior authorization
D7472	Removal of torus palatinus		01			01	
D7473	Removal of torus mandibularis		01			01	
<b>Adjunctive General Services</b>							
D9222	Deep sedation/general anesthesia, first 15 minute increment						X-ray and narrative detailing medical necessity required with claim submission
D9223	Deep sedation/general anesthesia, each subsequent 15 minute increment						
D9995	Teledentistry, synchronous; real-time encounter	(VA)					
D9996	Teledentistry, asynchronous; information stored and forwarded to dentist for subsequent review	(VA)					