



**OK SoonerCare Adult
Schedule of Benefits
Coverage, Limitations and Prior Authorization Requirements**

PRIOR AUTHORIZATION TABLE:

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	
Diagnostic Services								
D0120	Periodic oral evaluation	1 (D0120) every 6 months						
D0140	Limited oral evaluation	2 (D0140) every 12 months						
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 Payable only for Pediatric and General Dentistry						
D0602	Caries risk assessment and documentation, moderate risk							
D0603	Caries risk assessment and documentation, high risk							
Preventive Services								
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							
Restorative Services								
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							
Endodontic Services								
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		
Periodontal Services								
D4341	Periodontal scaling and root planing, four or more teeth per quadrant	1 of (D4341, D4342) per quadrant, every 12 months	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, D4910) D4910 is not payable if D1110, D1120 has been completed within the last 12 months	PA Required Age 0-15			PA Required Age 0-15	If no history of SRP, send documentation showing history of SRP or D4910 with claims submissions	
Removable Prosthodontic Services								
D5110	Complete denture, maxillary	1 of (D5110, D5120, D5130, D5140, 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 Immediate dentures (D5130, D5140) are allowed once per arch in a lifetime	01			01	Comprehensive treatment plan and panoramic x-ray required with prior authorization	
D5120	Complete denture, mandibular		01			01		
D5130	Immediate denture, maxillary		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		01			01		
D5214	Mandibular partial denture, cast metal, resin base		01			01		
D5225	Maxillary partial denture, flexible base		01			01	Comprehensive treatment plan and panoramic or FMX required when replacing multiple teeth with prior authorization	
D5226	Mandibular partial denture, flexible base		01			01		
D5282	Removable unilateral partial denture, one piece cast metal, maxillary		01			01		
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		



**OK SoonerCare Adult
Schedule of Benefits
Coverage, Limitations and Prior Authorization Requirements**

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	
Removable Prosthodontic Services cont.								
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 ⁵						
D5411	Adjust complete denture, mandibular							
D5421	Adjust partial denture, maxillary							
D5422	Adjust partial denture, mandibular							
D5511	Repair broken complete denture base, mandibular							
D5512	Repair broken complete denture base, maxillary	1 of (D5511, D5512, D5621, D5622) per arch every calendar year						
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	Comprehensive treatment plan and narrative required with prior authorization	
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 dentures not considered within first 6 months post delivery of D5110, D5120, D5130, D5140					Comprehensive treatment plan, x-rays and oral hygiene history required if no history of a denture	
D5751	Reline complete mandibular denture, indirect							
D5760	Reline maxillary partial denture, indirect			01			01	Comprehensive treatment plan, x-rays and oral hygiene history required with prior authorization
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					Comprehensive treatment plan and panoramic or complete series x-ray required with prior authorization	
D5821	Interim partial denture, mandibular							
D5850	Tissue conditioning, maxillary	2 of (D5850, D5851) per lifetime of the denture ⁵					Comprehensive treatment plan and narrative required with prior authorization	
D5851	Tissue conditioning, mandibular							
D5899	Unspecified removable prosthodontic procedure, by report							
Implant Services								
D6105	Removal of implant body not requiring bone removal or flap elevation		01			01	Written report or treatment plan required with prior authorization	
Oral and Maxillofacial Services								
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						Narrative and/or x-ray required with claim submission when 2 or more D7210 or D7250 submitted on the same date of service	
D7220	Removal of impacted tooth, soft tissue						Narrative and/or x-ray required with claim submission when 2 or more D7220 submitted on the same date of service for general dentists	
D7230	Removal of impacted tooth, partially bony						Narrative and/or x-ray required with claim submission for general dentists	
D7240	Removal of impacted tooth, completely bony						Narrative and/or x-ray required with claim submission for general dentists	
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)						Narrative and/or x-ray required when 2 or more D7210 or D7250 submitted on the same date of service	
D7261	Primary closure of a sinus perforation							
D7284	Excisional biopsy of minor salivary glands	2 (D7284) every 5 years						
D7310	Alveoplasty with extractions, four or more teeth per quadrant						Comprehensive treatment plan and x-ray required when submitted with D7140	
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 Intra Oral Photos and treatment plan required with prior authorization	
D7472	Removal of torus palatinus		01			01		
D7473	Removal of torus mandibularis		01			01		
Adjunctive General Services								
D9222	Deep sedation/general anesthesia, first 15 minute increment						General anesthesia report or anesthesia log required if more than 4 units on a single date of service	
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)						