OK SoonerSelect Child
Coverage, Limitations and Prior Authorization Requirements
ORTHO Specialty Treatment Requires Prior Authorization

EPSDT

Additional services may be available to members when their oral health qualifies them for Early and Periodic Screening, Diagnosis and Treatment (EPSDT). Pre-Authorization is required for treatment requests covered only under EPSDT. Claims and Authorization must be submitted with the appropriate ADA form, EDI submission or LIBERTY's web portal with the proper indicators for EPSDT.

AIAN

Prior-authorization requirements as listed below are not required for American Indian and Alaska Native members. For procedures listed below with Prior-Authorization requirements claims must be submitted with the documentation and or x-ray requirements and are subject to medical necessity review.

Code	Description	Limitations	Prior Auth Required	Documentation/X-Ray Required
	Diagnostic Services			
D0120	Periodic oral evaluation	1 (D0120) every 6 months		
D0140	Limited oral evaluation	2 (D0140) every 12 months		
D0145	Oral evaluation under age 3			
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
D0220	Intraoral, periapical, first radiographic image			Must include at least three (3) millimeters beyond the apex of the tooth
D0230	Intraoral, periapical, each add 'l radiographic image			
D0240	Intraoral, occlusal radiographic image			
D0270	Bitewing, single radiographic image			
D0272	Bitewings, two radiographic images	1 of (D0272, D0274) every 12 months		
D0274	Bitewings, four radiographic images			
D0310	Sialography		Y	Comprehensive treatment plan and narrative required with prior authorization
D0320	TMJ arthrogram, including injection		Y	
D0321	Other TMJ radiographic images, by report		Y	
D0330	Panoramic radiographic image	1 of (D0210, D0330) every 36 months	Pre Auth required for additional D0330 if needed within 36 months	Letter of necessity is required with prior authorization for additional D0330
D0340	2D cephalometric radiographic image, measurement and analysis			
D0350	2D oral/facial photographic image, intra-orally/extra-orally			
D0396	3D printing of a 3D dental surface scan	1 (D0396) per arch per year Considered inclusive in crown fee and RPD lab work fee	Y	X-ray and comprehensive treatment plan and narrative required with prior authorization
D0460	Pulp vitality tests		Y	Narrative and X-rays required with claim submission
D0470	Diagnostic casts			
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, D1120) every 6 months		
D1120	Prophylaxis, child			
D1206	Topical application of fluoride varnish	1 (D1206, D1208) every 6 months		
D1208	Topical application of fluoride, excluding varnish			
D1320	Tobacco counseling, control/prevention oral disease			
D1351	Sealant, per tooth	1 (D1351) per tooth every 36 months, limited to caries free 1st and 2nd molars, covered for members age 18 and under		
D1354	Application of caries arresting medicament, per tooth	1 (D1354) per primary or permanent tooth every 6 months; no more than 2 occurrences per tooth in a lifetime		Comprehensive treatment plan. Narrative and X-rays required with claim submission when 4 or more permanent teeth are submitted on the same date of service
D1510	Space maintainer, fixed, unilateral, per quadrant			
D1516	Space maintainer, fixed, bilateral, maxillary			
D1517	Space maintainer, fixed, bilateral, mandibular			
D1520	Space maintainer, removable, unilateral, per quadrant		Y	X-ray and comprehensive treatment plan and narrative required with prior authorization
D1526	Space maintainer, removable, bilateral, maxillary		Y	
D1527	Space maintainer, removable, bilateral, mandibular		Y	
D1551	Re-cement or re-bond bilateral space maintainer, maxillary	1 (D1551, D1552 or D1553) per provider/office every 6 months Providers are responsible for recementation within 6 months post insertion		
D1552	Re-cement or re-bond bilateral space maintainer, mandibular			
D1553	Re-cement or re-bond unilateral space maintainer, per quadrant			
D1556	Removal of fixed unilateral space maintainer, per quadrant			
D1557	Removal of fixed bilateral space maintainer, maxillary			

OK SoonerSelect Child
Coverage, Limitations and Prior Authorization Requirements
ORTHO Specialty Treatment Requires Prior Authorization

Code	Description	Limitations	Prior Auth Required	Documentation/X-Ray Required
	Preventive Services (continued)			
D1558	Removal of fixed bilateral space maintainer, mandibular			
D1575	Distal shoe space maintainer, fixed, per quadrant			
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			
D2390	Resin-based composite crown, anterior	1 (D2390) per tooth every 24 months per provider/office		
D2391	Resin-based composite, one surface, posterior	1 of (D2140-D2335, D2391-D2394) per tooth every 24 months		
D2392	Resin-based composite, two surfaces, posterior			
D2393	Resin-based composite, three surfaces, posterior			
D2394	Resin-based composite, four or more surfaces, posterior			
D2710	Crown, resin-based composite (indirect)	Not payable to same provider within 48 months of initial installation	Y	Comprehensive treatment plan, caries risk assessment and x-rays required with prior authorization
D2721	Crown, resin with predominantly base metal	Covered for members aged 16 and over, not payable to same provider within 48 months of initial installation	Y	
D2740	Crown, porcelain/ceramic		Y	
D2750	Crown, porcelain fused to high noble metal		Y	
D2751	Crown, porcelain fused to predominantly base metal		Y	
D2752	Crown, porcelain fused to noble metal		Y	
D2790	Crown, full cast high noble metal		Y	
D2791	Crown, full cast predominantly base metal		Y	
D2792	Crown, full cast noble metal		Y	
D2920	Re-cement or re-bond crown			
D2929	Prefabricated porcelain/ceramic crown, primary tooth	Covered for primary anterior teeth only		
D2930	Prefabricated stainless steel crown, primary tooth	1 (D2930, D2932, D2933, D2934) per tooth every 24 months		Comprehensive treatment plan and x-ray required when 2 or more teeth per quadrant or on 3 or more teeth on one claim for the same date of service
D2931	Prefabricated stainless steel crown, permanent tooth	1 (D2931) per tooth every 24 months Covered for members up to age 16		
D2932	Prefabricated resin crown	1 (D2930, D2932, D2933, D2934) per tooth every 24 months		Comprehensive treatment plan and x-ray required when 2 or more teeth per quadrant or on 3 or more teeth on one claim for the same date of service
D2933	Prefabricated stainless steel crown with resin window			
D2934	Prefabricated esthetic coated stainless steel crown, primary tooth			
D2940	Protective restoration			
D2950	Core buildup, including any pins when required	Core buildups are considered to be inclusive with crowns Not compensable with any other restorative procedure in previous 24 months	Y	Comprehensive treatment plan and x-rays required with prior authorization
D2951	Pin retention, per tooth, in addition to restoration	Not compensable with any other restorative procedure in previous 24 months		
D2952	Post and core in addition to crown, indirectly fabricated	Not compensable with any other restorative procedure in previous 24 months	Y	Comprehensive treatment plan and x-rays required with prior authorization
D2954	Prefabricated post and core in addition to crown		Y	
D2960	Labial veneer (resin laminate), direct		Y	
D2961	Labial veneer (resin laminate), indirect		Y	
D2962	Labial veneer (porcelain laminate), indirect		Y	
D2976	Band stabilization, per tooth	1 (D2976) per tooth in a lifetime Subject to Post Payment Review		Narrative and X-rays/ Intra-oral photo's to demonstrate medical necessity required
D2980	Crown repair necessitated by restorative material failure		Y	Comprehensive treatment plan and x-rays required with prior authorization
	Endodontic Services			
D3110	Pulp cap, direct (excluding final restoration)			

OK SoonerSelect Child
Coverage, Limitations and Prior Authorization Requirements
ORTHO Specialty Treatment Requires Prior Authorization

Code	Description	Limitations	Prior Auth Required	Documentation/X-Ray Required
	Endodontic Services (continued)			
D3120	Pulp cap, indirect (excluding final restoration)			Comprehensive treatment plan and x-ray required when 2 or more teeth per quadrant or on 3 or more teeth on one claim for the same date of service
D3220	Therapeutic pulpotomy (excluding final restoration)	1 (D3220, D3221) per tooth in a lifetime		
D3221	Pulpal debridement, primary and permanent teeth			
D3230	Pulpal therapy, anterior, primary tooth (excluding final restoration)			
D3240	Pulpal therapy, posterior, primary tooth (excluding finale restoration)			
D3310	Endodontic therapy, anterior tooth (excluding final restoration)			Pre and Post Op X-rays required on claim submission. 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)		Y	
D3330	Endodontic therapy, molar tooth (excluding final restoration)		Y	
D3346	Retreatment of previous root canal therapy, anterior		Y	Comprehensive treatment plan, x-rays and oral hygiene history required on 3 or more teeth within 12 months with prior authorization
D3347	Retreatment of previous root canal therapy, premolar		Y	
D3351	Apexification/recalcification, initial visit		Y	
D3352	Apexification/recalcification, interim medication replacement		Y	
D3353	Apexification/recalcification, final visit		Y	
D3410	Apicoectomy, anterior		Y	
D3430	Retrograde filling, per root		Y	
	Periodontal Services			
D4210	Gingivectomy or gingivoplasty, four or more teeth per quadrant		Y	Comprehensive treatment plan, narrative, x-rays and periodontal charting with prior authorization
D4211	Gingivectomy or gingivoplasty, one to three teeth per quadrant		Y	
D4212	Gingivectomy or gingivoplasty, restorative procedure, per tooth		Y	
D4231	Anatomical crown exposure, one to three teeth per quadrant		Y	
D4240	Gingival flap procedure, four or more teeth per quadrant		Y	
D4241	Gingival flap procedure, one to three teeth per quadrant		Y	
D4260	Osseous surgery, four or more teeth per quadrant		Y	
D4261	Osseous surgery, one to three teeth per quadrant		Y	
D4265	Biologic materials to aid in soft and osseous tissue regeneration, per site		Y	
D4270	Pedicle soft tissue graft procedure		Y	
D4275	Non-autogenous connective tissue graft, first tooth		Y	
D4276	Combined connective tissue and pedicle graft		Y	
D4277	Free soft tissue graft, first tooth		Y	
D4278	Free soft tissue graft, each additional tooth		Y	
D4341	Periodontal scaling and root planing, four or more teeth per quadrant	1 of (D4341, D4342) per quadrant every 12 months	Y	Treatment plan, periodontal charting, x-ray images showing alveolar bone loss on 4+ teeth and calculus on root surfaces; 4 quadrants will not be approved with recent oral prophylaxis within 12 months with prior authorization
D4342	Periodontal scaling and root planing, one to three teeth per quadrant		Y	Treatment plan, periodontal charting, x-ray images showing alveolar bone loss on 4+ teeth and calculus on root surfaces; 4 quadrants will not be approved with recent oral prophylaxis within 12 months with prior authorization
D4346	Scaling in presence of moderate or severe inflammation, full mouth after evaluation	1 (D4346) in a lifetime	Y	Comprehensive treatment plan, x-rays and periodontal charting with prior authorization
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	Comprehensive treatment plan and narrative required with prior authorization
	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, Covered for members age 16 and over. Partial dentures are allowed for replacement of missing anterior permanent teeth or two (2) or more missing posterior teeth in the same arch. Provider must indicate which teeth will be replaced. Immediate dentures (D5130, D5140) are allowed once per arch in a lifetime	Y	Comprehensive treatment plan and panoramic or full series of x-rays required, include what teeth are planned for extraction
D5120	Complete denture, mandibular		Y	
D5130	Immediate denture, maxillary		Y	
D5140	Immediate denture, mandibular		Y	
D5211	Maxillary partial denture, resin base		Y	
D5212	Mandibular partial denture, resin base		Y	

OK SoonerSelect Child
Coverage, Limitations and Prior Authorization Requirements
ORTHO Specialty Treatment Requires Prior Authorization

Code	Description	Limitations	Prior Auth Required	Documentation/X-Ray Required
	Removable Prosthodontic Services (continued)			
D5213	Maxillary partial denture, cast metal, resin base	1 of (D5110, D5120, D5130, D5140, D5211, D5212, D5213, D5214, D5225, D5226, D5282, D5283) per arch every 5 years, Covered for members age 16 and over. Partial dentures are allowed for replacement of missing anterior permanent teeth or two (2) or more missing posterior teeth in the same arch. Provider must indicate which teeth will be replaced. Immediate dentures (D5130, D5140) are allowed once per arch in a lifetime	Y	Comprehensive treatment plan and panoramic or full series of x-rays required, include what teeth are planned for extraction
D5214	Mandibular partial denture, cast metal, resin base		Y	
D5225	Maxillary partial denture, flexible base		Y	
D5226	Mandibular partial denture, flexible base		Y	
D5282	Removable unilateral partial denture, one piece cast metal, maxillary		Y	
D5283	Removable unilateral partial denture, one piece cast metal, mandibular		Y	
D5284	Removable unilateral partial denture, one piece flexible base, per quadrant		Y	
D5286	Removable unilateral partial denture, one piece resin, per quadrant		Y	
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	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			
D5612	Repair resin partial denture base, maxillary			
D5621	Repair cast partial framework, mandibular	1 of (D5511, D5512, D5621, D5622) per arch every calendar year		
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		Y	Comprehensive treatment plan, x-rays and oral hygiene history required with prior authorization
D5671	Replace all teeth & acrylic on cast metal frame, mandibular		Y	Comprehensive treatment plan, x-rays and oral hygiene history required with prior authorization
D5710	Rebase complete maxillary denture		Y	Comprehensive treatment plan, x-rays and oral hygiene history required with prior authorization
D5711	Rebase complete mandibular denture		Y	
D5720	Rebase maxillary partial denture		Y	
D5721	Rebase mandibular partial denture		Y	
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		Y	Comprehensive treatment plan, x-rays and oral hygiene history required with prior authorization
D5761	Reline mandibular partial denture, indirect		Y	
D5820	Interim partial denture, maxillary	1 of (D5820, D5821) per arch every 5 years	Y	Comprehensive treatment plan and panoramic or complete series of x-rays required with prior authorization
D5821	Interim partial denture, mandibular		Y	
D5850	Tissue conditioning, maxillary	2 of (D5850, D5851) per lifetime of the denture	Y	Comprehensive treatment plan and narrative required with prior authorization
D5851	Tissue conditioning, mandibular		Y	
D5899	Unspecified removable prosthodontic procedure, by report		Y	
	Maxillofacial Prosthetics Services			
D5911	Facial moulage (sectional)		Y	Comprehensive treatment plan and narrative required with prior authorization
D5912	Facial moulage (complete)		Y	
D5913	Nasal prosthesis		Y	
D5914	Auricular prosthesis		Y	
D5915	Orbital prosthesis		Y	
D5916	Ocular prosthesis		Y	
D5919	Facial prosthesis		Y	
D5922	Nasal septal prosthesis		Y	
D5923	Ocular prosthesis, interim		Y	
D5931	Obturator prosthesis, surgical		Y	
D5932	Obturator prosthesis, definitive		Y	
D5933	Obturator prosthesis, modification		Y	
D5934	Mandibular resection prosthesis with guide flange		Y	

OK SoonerSelect Child
Coverage, Limitations and Prior Authorization Requirements
ORTHO Specialty Treatment Requires Prior Authorization

Code	Description	Limitations	Prior Auth Required	Documentation/X-Ray Required
	Maxillofacial Prosthetics Services (continued)			
D5935	Mandibular resection prosthesis without guide flange		Y	Comprehensive treatment plan and narrative required with prior authorization
D5936	Obturator prosthesis, interim		Y	
D5937	Trismus appliance (not for TMD treatment)		Y	
D5951	Feeding aid		Y	
D5952	Speech aid prosthesis, pediatric		Y	
D5954	Palatal augmentation prosthesis		Y	
D5955	Palatal lift prosthesis, definitive		Y	
D5958	Palatal lift prosthesis, interim		Y	
D5959	Palatal lift prosthesis, modification		Y	
D5982	Surgical stent		Y	
D5983	Radiation carrier		Y	
D5984	Radiation shield		Y	
D5985	Radiation cone locator		Y	
D5986	Fluoride gel carrier		Y	Comprehensive treatment plan and narrative required with prior authorization
D5999	Unspecified maxillofacial prosthesis, by report		Y	
	Implant Services			
D6105	Removal of implant body not requiring bone removal or flap elevation		Y	Written report or treatment plan required with prior authorization
	Fixed Prosthodontic Services			
D6211	Pontic, cast predominantly base metal	Covered for members age 17 and older	Y	Comprehensive treatment plan, x-ray images and narrative required with prior authorization
D6241	Pontic, porcelain fused to predominantly base metal		Y	
D6251	Pontic, resin with predominantly base metal		Y	
D6545	Retainer, cast metal for resin bonded fixed prosthesis		Y	
D6721	Retainer crown, resin with predominantly base metal		Y	
D6751	Retainer crown, porcelain fused to predominantly base metal		Y	
D6791	Retainer crown, full cast predominantly base metal		Y	
D6930	Re-cement or re-bond fixed partial denture		Y	
D6980	Fixed partial denture repair, restorative material failure		Y	
D7111	Extraction, coronal remnants, primary tooth			
	Oral and Maxillofacial Services			
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		Y	X-ray and written report or 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			
D7270	Tooth reimplantation and/or stabilization, accident			
D7280	Exposure of an unerupted tooth		Y	X-ray and written report or treatment plan required with prior authorization
D7282	Mobilization of erupted/malpositioned tooth			
D7283	Placement, device to facilitate eruption, impaction		Y	X-ray and written report or treatment plan required with prior authorization
D7284	Excisional biopsy of minor salivary glands	2 (D7284) every 5 years		
D7285	Incisional biopsy of oral tissue, hard (bone, tooth)			
D7286	Incisional biopsy of oral tissue, soft			

OK SoonerSelect Child
Coverage, Limitations and Prior Authorization Requirements
ORTHO Specialty Treatment Requires Prior Authorization

Code	Description	Limitations	Prior Auth Required	Documentation/X-Ray Required
	Oral and Maxillofacial Services (continued)			
D7310	Alveoloplasty with extractions, four or more teeth per quadrant			Comprehensive treatment plan and x-ray required when submitted with D7140
D7321	Alveoloplasty, w/o extractions, one to three teeth per quadrant			Comprehensive treatment plan and x-ray required with claim submission
D7410	Excision of benign lesion, up to 1.25 cm			
D7411	Excision of benign lesion, greater than 1.25 cm		Y	Written report or treatment plan required with prior authorization
D7412	Excision of benign lesion, complicated		Y	
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			
D7440	Excision of malignant tumor, up to 1.25 cm			
D7441	Excision of malignant tumor, greater than 1.25 cm			
D7450	Removal, benign odontogenic cyst/tumor, up to 1.25 cm			
D7451	Removal, benign odontogenic cyst/tumor, greater than 1.25 cm			
D7460	Removal, benign nonodontogenic cyst/tumor, up to 1.25 cm			
D7461	Removal, benign nonodontogenic cyst/tumor, greater than 1.25 cm			
D7465	Destruction of lesion(s) by physical or chemical method, by report			
D7471	Removal of lateral exostosis, maxilla or mandible		Y	Narrative or Intra Oral photos and treatment plan required with prior authorization
D7472	Removal of torus palatinus		Y	
D7473	Removal of torus mandibularis		Y	
D7485	Reduction of osseous tuberosity		Y	
D7490	Radical resection of maxilla or mandible		Y	
D7510	Incision & drainage of abscess, intraoral soft tissue			
D7511	Incision & drainage of abscess, intraoral soft tissue, complicated			
D7520	Incision & drainage of abscess, extraoral soft tissue			
D7521	Incision & drainage of abscess, extraoral soft tissue, complicated			
D7530	Remove foreign body, mucosa, skin, tissue			
D7540	Removal of reaction producing foreign bodies, musculoskeletal system			
D7550	Partial ostectomy/sequestrectomy for removal of non-vital bone			
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body			
D7610	Maxilla, open reduction (teeth immobilized, if present)			
D7620	Maxilla, closed reduction (teeth immobilized, if present)			
D7630	Mandible, open reduction (teeth immobilized, if present)			
D7640	Mandible, closed reduction (teeth immobilized, if present)			
D7650	Malar and/or zygomatic arch, open reduction			
D7660	Malar and/or zygomatic arch, closed reduction			
D7670	Alveolus, closed reduction, may include stabilization of teeth			
D7671	Alveolus, open reduction, may include stabilization of teeth			
D7710	Maxilla, open reduction			
D7720	Maxilla, closed reduction			
D7730	Mandible, open reduction			
D7740	Mandible, closed reduction			
D7750	Malar and/or zygomatic arch, open reduction			
D7760	Malar and/or zygomatic arch, closed reduction			
D7770	Alveolus, open reduction stabilization of teeth			
D7771	Alveolus, closed reduction stabilization of teeth			
D7780	Facial bones, complicated reduction with fixation and multiple approaches			
D7820	Closed reduction of dislocation			
D7830	Manipulation under anesthesia			
D7840	Condylectomy		Y	Narrative and treatment plan required with prior authorization
D7850	Surgical discectomy, with/without implant		Y	
D7858	Joint reconstruction		Y	
D7860	Arthrotomy		Y	
D7865	Arthroplasty		Y	
D7870	Arthrocentesis		Y	
D7872	Arthroscopy, diagnosis, with or without biopsy		Y	
D7873	Arthroscopy: lavage and lysis of adhesions		Y	

OK SoonerSelect Child
Coverage, Limitations and Prior Authorization Requirements
ORTHO Specialty Treatment Requires Prior Authorization

Code	Description	Limitations	Prior Auth Required	Documentation/X-Ray Required
	Oral and Maxillofacial Services (continued)			
D7874	Arthroscopy: disc repositioning and stabilization		Y	Narrative and treatment plan required with prior authorization
D7875	Arthroscopy: synovectomy		Y	
D7876	Arthroscopy: discectomy		Y	
D7877	Arthroscopy: debridement		Y	
D7880	Occlusal orthotic device, by report		Y	
D7910	Suture of recent small wounds up to 5 cm			
D7911	Complicated suture, up to 5 cm			
D7912	Complicated suture, greater than 5 cm			
D7920	Skin graft (identify defect covered, location and type of graft)		Y	Written report or treatment plan required with prior authorization
D7940	Osteoplasty, for orthognathic deformities		Y	
D7941	Osteotomy, mandibular rami		Y	Written report or treatment plan required with prior authorization
D7943	Osteotomy, mandibular rami with bone graft; includes obtaining the graft		Y	
D7944	Osteotomy, segmented or subapical		Y	
D7945	Osteotomy, body of mandible		Y	
D7946	LeFort I (maxilla, total)		Y	
D7947	LeFort I (maxilla, segmented)		Y	Written report or treatment plan required with prior authorization
D7948	LeFort II or LeFort III, without bone graft		Y	
D7949	LeFort II or LeFort III, with bone graft		Y	Written report or treatment plan required with prior authorization
D7950	Osseous, osteoperiosteal, cartilage graft, mandible or maxilla, by report		Y	
D7961	Buccal/labial frenectomy (frenulectomy)			
D7962	Lingual frenectomy (frenulectomy)			
D7970	Excision of hyperplastic tissue, per arch		Y	Written report or treatment plan required with prior authorization
D7971	Excision of pericoronal gingiva			
D7972	Surgical reduction of fibrous tuberosity			
D7980	Surgical sialolithotomy			
D7981	Excision of salivary gland, by report			
D7982	Sialodochoplasty			
D7983	Closure of salivary fistula			
D7990	Emergency tracheotomy			
D7991	Coronoidectomy		Y	Narrative and treatment plan required with prior authorization
D7999	Unspecified oral surgery procedure, by report		Y	
	Adjunctive General Services			
D9110	Palliative treatment of dental pain, per visit			
D9130	Temporomandibular joint dysfunction, non-invasive physical therapies		Y	Narrative and treatment plan required with prior authorization
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
D9223	Deep sedation/general anesthesia, each subsequent 15 minute increment			
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis	1 (D9230) per date of service; 4 (D9230) per year; not separately reimbursable if provided on the same date by the same provider as IV sedation, non-Intravenous conscious sedation, or general anesthesia		
D9248	Non-intravenous (conscious) sedation, includes non-IV minimal and moderate sedation	Covered when medically necessary. Not separately reimbursable, if provided on the same date by same provider as analgesia, anxiolysis, inhalation of nitrous oxide, IV sedation or general anesthesia.		
D9310	Consultation, other than requesting dentist			
D9610	Therapeutic parenteral drug, single administration			
D9930	Treatment of complications, post surgical, unusual, by report			
D9938	Fabrication of a custom removable clear plastic temporary aesthetic appliance	1 (D9938) per arch in a lifetime		Narrative, X-rays and documentation of medical necessity (primarily trauma or Orthodontic purposes)
D9944	Occlusal guard, hard appliance, full arch		Y	Narrative and treatment plan required with prior authorization
D9945	Occlusal guard, soft appliance, full arch		Y	Narrative and treatment plan required with prior authorization
D9946	Occlusal guard, hard appliance, partial arch		Y	
D9950	Occlusion analysis, mounted case	1 (D9950) every 36 months	Y	
D9951	Occlusal adjustment, limited	1 (D9951) every 36 months	Y	
D9995	Teledentistry, synchronous; real-time encounter	(VA)		

OK SoonerSelect Child
Coverage, Limitations and Prior Authorization Requirements
ORTHO Specialty Treatment Requires Prior Authorization

Code	Description	Limitations	Prior Auth Required	Documentation/X-Ray Required
	Adjunctive General Services (continued)			
D9996	Teledentistry, asynchronous; information stored and forwarded to dentist for subsequent review	(VA)		
D9999	Unspecified adjunctive procedure, by report		Y	Written report or treatment plan required with prior authorization
	Orthodontic Services (Prior Authorization Required)			
GUIDELINE: Pre authorization (including HLD) is required. In certain circumstances, children scoring under a score of 30 on the HLD may have benefits provided under EPSDT guidelines. An additional 12 months may be covered with prior authorization. **Claim Submission:** Comprehensive orthodontic payments will be made after all pre-authorization requirements have been met and a claim received. Ongoing payments will be made over the course of treatment on a quarterly basis. Required billing of periodic visit(s) are necessary to receive quarterly payments.				
D8020	Limited orthodontic treatment of the transitional dentition	Covered for members under age 18 at time of prior authorization	Y	
	Orthodontic Services (Prior Authorization Required)			
GUIDELINE: Pre authorization (including HLD) is required. In certain circumstances, children scoring under a score of 30 on the HLD may have benefits provided under EPSDT guidelines. An additional 12 months may be covered with prior authorization. **Claim Submission:** Comprehensive orthodontic payments will be made after all pre-authorization requirements have been met and a claim received. Ongoing payments will be made over the course of treatment on a quarterly basis. Required billing of periodic visit(s) are necessary to receive quarterly payments.				
D8080	Comprehensive orthodontic treatment of the adolescent dentition	Approved services covered up to 36 months	Y	
D8220	Fixed appliance therapy		Y	
D8670	Periodic orthodontic treatment visit		Y	
D8695	Removal of fixed orthodontic appliances, other than completion of treatment	1 (D8695) in a lifetime	Y	Intraoral photos and detailed narrative required with prior authorization
D8999	Unspecified orthodontic procedure, by report		Y	Written report or treatment plan required with prior authorization