



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.

***PA - Procedure codes requires pre-authorization and are subject to clinical guidelines (see documentation/X-rays required)

**PPR - Procedure codes require claim pre-payment review and are subject to clinical guidelines. (see documentation/X-rays required)

Code	Description	Limitations & Exclusions	Prior Auth (PA) Required	Claim Pre-Payment Review (PPR)	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	PA		Narrative of Medical Necessity required with prior authorization
D0220	Intraoral, periapical, first radiographic image	Must include at least three (3) millimeters beyond the apex of the tooth			
D0230	Intraoral, periapical, each add '1 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		PA		Comprehensive treatment plan and narrative required with prior authorization
D0320	TMJ arthrogram, including injection		PA		
D0321	Other TMJ radiographic images, by report		PA		
D0330	Panoramic radiographic image	1 of (D0210, D0330) every 36 months	PA 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	1 (D0350) per date of service, maximum of 2 in 12 months. Covered for members up to age 20		PPR- For Non-Orthodontic Providers	Narrative of Medical Necessity
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	PA		X-ray and comprehensive treatment plan and narrative required with prior authorization
D0460	Pulp vitality tests		PA		Narrative and X-rays required with prior authorization
D0470	Diagnostic casts	1 (D0470) every 12 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, 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		PPR- 4 or more	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



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Code	Description	Limitations & Exclusions	Prior Auth (PA) Required	Claim Pre-Payment Review (PPR)	Documentation/X-Ray Required
	Preventive Services (continued)				
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		PA		X-ray and comprehensive treatment plan and narrative required with prior authorization
D1526	Space maintainer, removable, bilateral, maxillary		PA		
D1527	Space maintainer, removable, bilateral, mandibular		PA		
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				
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				
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	PA		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	PA		
D2740	Crown, porcelain/ceramic		PA		
D2750	Crown, porcelain fused to high noble metal		PA		
D2751	Crown, porcelain fused to predominantly base metal		PA		
D2752	Crown, porcelain fused to noble metal		PA		
D2790	Crown, full cast high noble metal		PA		
D2791	Crown, full cast predominantly base metal		PA		
D2792	Crown, full cast noble metal		PA		
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		PPR- 2 or more per quadrant or on 3 or more same day	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			
D2932	Prefabricated resin crown	1 (D2930, D2932, D2933, D2934) per tooth every 24 months		PPR- 2 or more per quadrant or on 3 or more same day	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



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	Restorative Services (continued)				
D2933	Prefabricated stainless steel crown with resin window	1 (D2930, D2932, D2933, D2934) per tooth every 24 months		PPR- 2 or more per quadrant or on 3 or more same day	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
D2934	Prefabricated esthetic coated stainless steel crown, primary tooth			PPR- 2 or more per quadrant or on 3 or more same day	
D2940	Placement of interim direct 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	PA		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	PA		Comprehensive treatment plan and x-rays required with prior authorization
D2954	Prefabricated post and core in addition to crown		PA		
D2960	Labial veneer (resin laminate), direct		PA		
D2961	Labial veneer (resin laminate), indirect		PA		
D2962	Labial veneer (porcelain laminate), indirect		PA		
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		PA		Comprehensive treatment plan and x-rays required with prior authorization
	Endodontic Services				
D3110	Pulp cap, direct (excluding final restoration)				
D3120	Pulp cap, indirect (excluding final restoration)			PPR- 2 or more per quadrant or on 3 or more same day	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 final restoration)				
D3310	Endodontic therapy, anterior tooth (excluding final restoration)		PA Required for 3 or more teeth in 12 months		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)		PA Required for 3 or more teeth in 12 months		
D3330	Endodontic therapy, molar tooth (excluding final restoration)		PA Required for 3 or more teeth in 12 months		
D3346	Retreatment of previous root canal therapy, anterior		PA		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		PA		
D3351	Apexification/recalcification, initial visit		PA		Comprehensive treatment plan, x-rays and oral hygiene history required on 3 or more teeth within 12 months with prior authorization
D3352	Apexification/recalcification, interim medication replacement		PA		
D3353	Apexification/recalcification, final visit		PA		
D3410	Apicoectomy, anterior		PA		
D3430	Retrograde filling, per root		PA		
	Periodontal Services				
D4210	Gingivectomy or gingivoplasty, four or more teeth per quadrant		PA		Comprehensive treatment plan, narrative, x-rays and periodontal charting with prior authorization
D4211	Gingivectomy or gingivoplasty, one to three teeth per quadrant		PA		
D4212	Gingivectomy or gingivoplasty, restorative procedure, per tooth		PA		



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	Periodontal Services (continued)				
D4231	Anatomical crown exposure, one to three teeth per quadrant		PA		Comprehensive treatment plan, narrative, x-rays and periodontal charting with prior authorization
D4240	Gingival flap procedure, four or more teeth per quadrant		PA		
D4241	Gingival flap procedure, one to three teeth per quadrant		PA		
D4260	Osseous surgery, four or more teeth per quadrant		PA		
D4261	Osseous surgery, one to three teeth per quadrant		PA		
D4265	Biologic materials to aid in soft and osseous tissue regeneration, per site		PA		
D4270	Pedicle soft tissue graft procedure		PA		
D4275	Non-autogenous connective tissue graft, first tooth		PA		
D4276	Combined connective tissue and pedicle graft		PA		
D4277	Free soft tissue graft, first tooth		PA		
D4278	Free soft tissue graft, each additional tooth		PA		
D4341	Periodontal scaling and root planing, four or more teeth per quadrant	1 of (D4341, D4342) per quadrant every 12 months	PA		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		PA		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	PA		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, D5820, D5821) 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	PA		Comprehensive treatment plan and panoramic or full series of x-rays required, include what teeth are planned for extraction
D5120	Complete denture, mandibular		PA		
D5130	Immediate denture, maxillary		PA		
D5140	Immediate denture, mandibular		PA		
D5211	Maxillary partial denture, resin base		PA		
D5212	Mandibular partial denture, resin base		PA		
D5213	Maxillary partial denture, cast metal, resin base	1 of (D5110, D5120, D5130, D5140, D5211, D5212, D5213, D5214, D5225, D5226, D5282, D5283, D5820, D5821) 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	PA		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		PA		
D5225	Maxillary partial denture, flexible base		PA		
D5226	Mandibular partial denture, flexible base		PA		
D5282	Removable unilateral partial denture, one piece cast metal, maxillary		PA		
D5283	Removable unilateral partial denture, one piece cast metal, mandibular		PA		
D5284	Removable unilateral partial denture, one piece flexible base, per quadrant		PA		
D5286	Removable unilateral partial denture, one piece resin, per quadrant		PA		
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, per tooth		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	1 of (D5511, D5512, D5621, D5622) per arch every calendar year			
D5630	Repair or replace broken retentive clasping materials, per tooth	1 (D5630) per tooth every calendar year			
D5640	Replace missing or broken teeth, partial denture, per tooth	1 (D5640) per tooth every calendar year			
D5650	Add tooth to existing partial denture, per tooth	1 (D5650) per tooth in a lifetime			



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	Removable Prosthodontic Services (continued)				
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		PA		Comprehensive treatment plan, x-rays and oral hygiene history required with prior authorization
D5671	Replace all teeth & acrylic on cast metal frame, mandibular		PA		Comprehensive treatment plan, x-rays and oral hygiene history required with prior authorization
D5710	Rebase complete maxillary denture		PA		Comprehensive treatment plan, x-rays and oral hygiene history required with prior authorization
D5711	Rebase complete mandibular denture		PA		
D5720	Rebase maxillary partial denture		PA		
D5721	Rebase mandibular partial denture		PA		
D5750	Reline complete maxillary denture, indirect	1 of (D5750, D5751) per arch every 36 months Relines of dentures not considered within first 6 months post delivery of D5110, D5120, D5130, D5140		PPR- If no history of denture D5110, D5120, D5130, D5140	
D5751	Reline complete mandibular denture, indirect			PPR- If no history of denture D5110, D5120, D5130, D5140	
D5760	Reline maxillary partial denture, indirect	1 of (D5760, D5761) per arch every 36 months	PA		Comprehensive treatment plan, x-rays and oral hygiene history required with prior authorization
D5761	Reline mandibular partial denture, indirect	Relines of partial dentures not considered within first 6 months post delivery	PA		
D5820	Interim partial denture, maxillary	1 of (D5110, D5120, D5130, D5140, D5211, D5212, D5213, D5214, D5225, D5226, D5282, D5283, D5820, D5821) 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	PA		Comprehensive treatment plan and panoramic or complete series of x-rays required with prior authorization
D5821	Interim partial denture, mandibular		PA		
D5850	Tissue conditioning, maxillary	2 of (D5850, D5851) per lifetime of the denture	PA		Comprehensive treatment plan and narrative required with prior authorization
D5851	Tissue conditioning, mandibular		PA		
D5899	Unspecified removable prosthodontic procedure, by report		PA		
	Maxillofacial Prosthetics Services				
D5911	Facial moulage (sectional)		PA		Comprehensive treatment plan and narrative required with prior authorization
D5912	Facial moulage (complete)		PA		
D5913	Nasal prosthesis		PA		
D5914	Auricular prosthesis		PA		
D5915	Orbital prosthesis		PA		
D5916	Ocular prosthesis		PA		
D5919	Facial prosthesis		PA		
D5922	Nasal septal prosthesis		PA		
D5923	Ocular prosthesis, interim		PA		
D5931	Obturator prosthesis, surgical		PA		
D5932	Obturator prosthesis, definitive		PA		
D5933	Obturator prosthesis, modification		PA		Comprehensive treatment plan and narrative required with prior authorization
D5934	Mandibular guidance prosthesis with guide flange		PA		
D5935	Mandibular guidance prosthesis without guide flange		PA		
D5936	Obturator prosthesis, interim		PA		Comprehensive treatment plan and narrative required with prior authorization
D5937	Trismus appliance (not for TMD treatment)		PA		
D5951	Feeding aid		PA		
D5952	Speech aid prosthesis, pediatric		PA		
D5954	Palatal augmentation prosthesis		PA		



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	Maxillofacial Prosthetics Services (continued)				
D5955	Palatal lift prosthesis, definitive		PA		Comprehensive treatment plan and narrative required with prior authorization
D5958	Palatal lift prosthesis, interim		PA		
D5959	Palatal lift prosthesis, modification		PA		
D5982	Surgical stent		PA		
D5983	Radiation carrier		PA		
D5984	Radiation shield		PA		
D5985	Radiation cone locator		PA		
D5986	Fluoride gel carrier		PA		Comprehensive treatment plan and narrative required with prior authorization
D5999	Unspecified maxillofacial prosthesis, by report		PA		
	Implant Services				
D6105	Removal of implant body not requiring bone removal or flap elevation		PA		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	PA		Comprehensive treatment plan, x-ray images and narrative required with prior authorization
D6241	Pontic, porcelain fused to predominantly base metal		PA		
D6251	Pontic, resin with predominantly base metal		PA		
D6545	Retainer, cast metal for resin bonded fixed prosthesis		PA		
D6721	Retainer crown, resin with predominantly base metal		PA		
D6751	Retainer crown, porcelain fused to predominantly base metal		PA		
D6791	Retainer crown, full cast predominantly base metal		PA		
D6930	Re-cement or re-bond fixed partial denture		PA		
D6980	Fixed partial denture repair, restorative material failure		PA		
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			PPR - 2 or more D7210 or D7250 same day	Narrative and/or x-ray required with claim submission when 2 or more D7210 or D7250 are submitted on the same date of service
D7220	Removal of impacted tooth, soft tissue			PPR - 2 or more D7220 same day	Narrative and/or x-ray required with claim submission when 2 or more D7220 are submitted on the same date of service for general dentists
D7230	Removal of impacted tooth, partially bony			PPR	Narrative and/or x-ray required with claim submission for general dentists
D7240	Removal of impacted tooth, completely bony			PPR	Narrative and/or x-ray required with claim submission for general dentists
D7241	Removal impacted tooth, complete bony, complication		PA		X-ray and written report or treatment plan required with prior authorization
D7250	Removal of residual tooth roots (cutting procedure)			PPR - 2 or more D7210 or D7250 same day	Narrative and/or x-ray required with claim submission when 2 or more D7210 or D7250 are 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		PA		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		PA		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				



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	Oral and Maxillofacial Services (continued)				
D7310	Alveoloplasty with extractions, four or more teeth per quadrant			PPR- when same day as D7140	Comprehensive treatment plan and x-ray required when submitted with D7140
D7321	Alveoloplasty, w/o extractions, one to three teeth per quadrant			PPR	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		PA		Written report or treatment plan required with prior authorization
D7412	Excision of benign lesion, complicated		PA		
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		PA		Narrative or Intra Oral photos and treatment plan required with prior authorization
D7472	Removal of torus palatinus		PA		
D7473	Removal of torus mandibularis		PA		
D7485	Reduction of osseous tuberosity		PA		
D7490	Radical resection of maxilla or mandible		PA		
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		PA		Narrative and treatment plan required with prior authorization
D7850	Surgical discectomy, with/without implant		PA		
D7858	Joint reconstruction		PA		Narrative and treatment plan required with prior authorization
D7860	Arthrothomy		PA		
D7865	Arthroplasty		PA		



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

Code	Description	Limitations & Exclusions	Prior Auth (PA) Required	Claim Pre-Payment Review (PPR)	Documentation/X-Ray Required
	Oral and Maxillofacial Services (continued)				
D7870	Arthrocentesis		PA		Narrative and treatment plan required with prior authorization
D7872	Arthroscopy, diagnosis, with or without biopsy		PA		
D7873	Arthroscopy: lavage and lysis of adhesions		PA		
D7874	Arthroscopy: disc repositioning and stabilization		PA		
D7875	Arthroscopy: synovectomy		PA		
D7876	Arthroscopy: discectomy		PA		
D7877	Arthroscopy: debridement		PA		
D7880	Occlusal orthotic device, by report		PA		
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)		PA		Written report or treatment plan required with prior authorization
D7940	Osteoplasty, for orthognathic deformities		PA		Written report or treatment plan required with prior authorization
D7941	Osteotomy, mandibular rami		PA		
D7943	Osteotomy, mandibular rami with bone graft; includes obtaining the graft		PA		
D7944	Osteotomy, segmented or subapical		PA		
D7945	Osteotomy, body of mandible		PA		
D7946	LeFort I (maxilla, total)		PA		Written report or treatment plan required with prior authorization
D7947	LeFort I (maxilla, segmented)		PA		
D7948	LeFort II or LeFort III, without bone graft		PA		Written report or treatment plan required with prior authorization
D7949	LeFort II or LeFort III, with bone graft		PA		Written report or treatment plan required with prior authorization
D7950	Osseous, osteoperiosteal, cartilage graft, mandible or maxilla, by report		PA		
D7961	Buccal/labial frenectomy (frenulectomy)				
D7962	Lingual frenectomy (frenulectomy)				
D7970	Excision of hyperplastic tissue, per arch		PA		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		PA		Narrative and treatment plan required with prior authorization
D7999	Unspecified oral surgery procedure, by report		PA		
	Adjunctive General Services				
D9110	Palliative treatment of dental pain, per visit				
D9130	Temporomandibular joint dysfunction, non-invasive physical therapies		PA		Narrative and treatment plan required with prior authorization
D9222	Administration of deep sedation/general anesthesia, first 15 minute increment, or any portion thereof			PPR	General anesthesia report or anesthesia log required if more than 4 units on a single date of service
D9223	Administration of deep sedation/general anesthesia, each subsequent 15 minute increment, or any portion thereof			PPR	
D9230	Administration of nitrous oxide	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			
D9244	In-office administration of minimal sedation, single drug, enteral	4 of (D9244, D9245 or D9246) per 12 month period, no more than one per DOS			
D9245	Administration of moderate sedation, enteral	Covered when medically necessary. Not separately reimbursable if provided on the same date by same provider as analgesia, anxiolysis, inhalaton of nitrous oxide, IV sedation or general anesthesia.			
D9246	Administration of moderate sedation, non-intravenous parenteral, first 15 minute increment, or any portion thereof				



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

Code	Description	Limitations & Exclusions	Prior Auth (PA) Required	Claim Pre-Payment Review (PPR)	Documentation/X-Ray Required
	Adjunctive General Services (continued)				
D9247	Administration of moderate sedation, non-intravenous parenteral, each subsequent 15 minute increment, or any portion thereof	8 (D9247) per 12 month period, no more than 2 units per date of service, payable only when billed in conjunction with one unit of D9246 on the same visit			
D9310	Consultation, other than requesting dentist	3 (D9310) every 12 months per office			
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		PPR	Narrative, X-rays and documentation of medical necessity (primarily trauma or Orthodontic purposes)
D9944	Occlusal guard, hard appliance, full arch		PA		Narrative and treatment plan required with prior authorization
D9945	Occlusal guard, soft appliance, full arch		PA		
D9946	Occlusal guard, hard appliance, partial arch		PA		Narrative and treatment plan required with prior authorization
D9950	Occlusion analysis, mounted case	1 (D9950) every 36 months	PA		
D9951	Occlusal adjustment, limited	1 (D9951) every 36 months	PA		
D9995	Teledentistry, synchronous; real-time encounter	(VA)			
D9996	Teledentistry, asynchronous; information stored and forwarded to dentist for subsequent review	(VA)			
D9999	Unspecified adjunctive procedure, by report		PA		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	PA		
	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	PA		
D8220	Fixed appliance therapy		PA		
D8670	Periodic orthodontic treatment visit		PA		
D8695	Removal of fixed orthodontic appliances, other than completion of treatment	1 (D8695) in a lifetime	PA		Intraoral photos and detailed narrative required with prior authorization
D8999	Unspecified orthodontic procedure, by report		PA		Written report or treatment plan required with prior authorization