

OHCA Guideline

Dental Procedure Class:	Prosthodontics
Initial Implementation Date:	12/21/2021
Last Review Date:	7/7/2022
Effective Date:	12/21/2021
Next Review/Revision Date:	December 2022
Reviewed By	
* This document is not a contract, and these guidelines do not reflect or represent every conceivable situation. Although all items contained in these guidelines may be met, this does not reflect, or imply, any responsibility of this agency or department to change the plan provision to include the stated service as an eligible benefit.	
<input type="checkbox"/> New Criteria <input checked="" type="checkbox"/> New Criteria <input type="checkbox"/> Revision of Existing Criteria	
Summary	
Purpose:	To provide guidelines to assure medical necessity and consistency in the prior authorization process.
Descriptions	
Prosthodontics: Prior authorized (PA) services include complete/immediate/partial dentures, relines, other prosthetic services for children/adults, and fixed partial dentures (bridges) for children.	
Document Requirements	
Complete Dentures: Comprehensive treatment plan and panoramic x-ray.	
Immediate Dentures: Comprehensive treatment plan and panoramic x-ray.	
Partial Denture:	
<ul style="list-style-type: none"> • Children: Comprehensive treatment plan, x-rays, and oral hygiene history. • Adults: Comprehensive treatment plan, x-rays, and periodontal charting. 	
Relines: Detailed narrative of medical necessity.	
Other Prosthetic Services: Comprehensive treatment plan, and narrative.	
Fixed cast non-precious metal or porcelain/metal bridges: Comprehensive treatment plan, x-rays, and oral hygiene history documents from the last 18 months.	
CPT Codes Covered Requiring Prior Authorization (PA) and Frequency	
<u>D5110, D5120:</u> One (1) per every five (5) years for members under twenty-five (25) years of age. One (1) per every seven (7) years for adults twenty-five (25) years of age and over.	
<u>D5130, D5140:</u> Once per lifetime.	

D5211, D5212, D5213, D5214, D5225, D5226, D5282, D5283: One (1) per every five (5) years for members sixteen (16) years to twenty-five (25) years of age. One (1) per every seven (7) years is available for members twenty-five (25) years of age and over.

D5670: One per lifetime per tooth requires prior authorization.

D5671, D5710, D5711, D5720, D5721, D5750, D5751, D5760, D5761: Prior authorization required.

D5820, D5821: One (1) per every five (5) years for members five (5) years to twenty-five (25) years of age. One (1) per every seven (7) years is available for members twenty-five (25) years of age and over.

D5850, D5899: Prior authorization required.

D6211, D6241, D6251, D6545, D6721, D6751, D6791, D6930, D6980: Prior authorization required.

Approval Criteria

Prosthodontic services:

Prosthodontic services provided to members who have become ineligible mid-treatment are covered if the member was eligible for SoonerCare on the date the final impressions were made.

Provider is responsible for any needed follow up for a period of two (2) years post insertion.

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.

Members under age 21 must have improved oral hygiene documented for at least twelve (12) months in the provider's records and submitted with prior authorization request to be considered.

This appliance includes all necessary clasps and rests.

Fixed cast non-precious metal or porcelain/metal bridges:

Only members seventeen (17) through twenty (20) years of age will be considered for this treatment. Destruction of healthy teeth to replace a single missing tooth is not considered medically necessary. Members must have excellent oral hygiene documented for at least eighteen (18) months in the requesting provider's records and submitted with prior authorization request to be considered. Provider is responsible for any needed follow up until member loses eligibility.

Additional Information for Non-Prior Authorized Services

D5410, D5411, D5421, D5422: Providers may be reimbursed for up to 3 per 12 month period; providers are responsible for any additional adjustments during first 24 months after delivery of appliance.

D5511, D5512, D5520, D5621, D5622, D5630, D5640: Allowed once per calendar year.

D5650, D5660: One per lifetime.

References

1. *Oklahoma Health Care Authority Policy and Rules Policy and Rules SUBCHAPTER 5. INDIVIDUAL PROVIDERS AND SPECIALTIES PART 79. DENTISTS 317:30-5-698. Services requiring prior authorization*