

QUICK REFERENCE GUIDE TO OKLAHOMA MEDICAID DENTAL BENEFITS FOR CHILDREN UNDER AGE 21

Diagnostic Services				
CDT		Frequency	Prior Authorization (PA)	Documentation to Be Submitted with PA/ Limitations
D0150	Comprehensive Oral Evaluation	36 months	No	
D0120	Periodic Oral Evaluation	6 months	No	
D0140	Limited Oral Evaluation		No	Limited to 2 visits prior to D0150/D0120
D0274	Four (4) Bitewing Images	12 months	No	
D0330	Panoramic Image	36 months	Yes, under age 6	Detailed letter of medical necessity.
D0210	Complete Series Images	36 months	Yes	Detailed letter of medical necessity. Not compensable within 36 months of panoramic image or 12 months of BW images.
D0220/D0230 Periapical Images as needed; must include at least three (3) millimeters beyond the apex of the tooth – No PA required . Individually listed intraoral images by the same dentist/dental office are considered a complete series if the number of individual images equals or exceeds the traditional number for a complete series.				
Preventive Services				
D1110	Prophylaxis - Adult	6 months	No	D1206 fluoride varnish every 6 months.
D1120	Prophylaxis - Child	6 months	No	D1206 fluoride varnish every 6 months.
Dental Restorations				
Amalgam and Composite Resin permanent restorative services are allowed one (1) per tooth per 24 months; No PA required				
Non-Surgical Periodontal Services				
D4341	Periodontal scaling and root planning 4+ teeth per quadrant		Yes	Comprehensive treatment plan, BW or x-ray imaging showing alveolar bone loss on 4+ teeth and calculus on root surfaces, periodontal charting; Four quadrants will not be approved if oral prophylaxis completed within past 12 months.
D4342	Periodontal scaling and root planning 1-3 teeth per quadrant		Yes	Comprehensive treatment plan, BW or x-ray imaging showing alveolar bone loss on at least 2 teeth and calculus on root surfaces, periodontal charting; Four quadrants will not be approved if oral prophylaxis completed within past 12 months.
D4346	Scaling in the presence of generalized gingival inflammation		Yes	Comprehensive treatment plan, BW or x-ray imaging showing generalized supra- and sub-gingival calculus, periodontal charting; Not approved if recent oral prophylaxis completed within past 12 months. Once per lifetime.
Crowns				
D2710			Yes	Comprehensive treatment plan, R & L BW and periapical images.
D2721, D2740, D2750, D2751, D2752, D2790, D2791, D2792			Yes	Comprehensive treatment plan, R & L BW and periapical images, Caries Risk Assessment. Members must be 16 years of age.
Endodontics				
D3310, D3320, D3330			Yes	Comprehensive treatment plan, R & L BW and periapical images, oral hygiene history if three or more teeth within 12 months.
Removable Prosthodontic Services				
Limited to every 5 years. Provider is responsible for any needed follow up for a period of two (2) years post insertion				
Complete Dentures				

QUICK REFERENCE GUIDE TO OKLAHOMA MEDICAID DENTAL BENEFITS FOR CHILDREN UNDER AGE 21

NOTE: Implant Supported Dentures and Partial Dentures are Not a Covered Benefit; Relines cannot be considered within the first six (6) months post delivery			
D5110	Complete denture – maxillary	Yes	The arch is edentulous; comprehensive treatment plan, panoramic image.
D5120	Complete denture - mandibular	Yes	The arch is edentulous; comprehensive treatment plan, panoramic image.
D5130	Immediate denture – maxillary	Yes	Comprehensive treatment plan, panoramic image preferred.
D5140	Immediate denture – mandibular	Yes	Comprehensive treatment plan, panoramic image preferred.
Removable Partial Dentures			
NOTE: Allowed for Replacement of Missing Permanent Anterior Teeth or Two (2) or More Missing Posterior Teeth in the Same Arch			
Upper Partial Dentures (D5211, D5213, D5225, and interim 5820)		Yes	Comprehensive treatment plan, panoramic image or complete series when replacing multiple teeth, improved oral hygiene over 12 months, identification of all teeth to be replaced. Members must be 16 years or older; 5 years or older for interim.
Lower Partial Dentures (D5212, D5214, D5226, and interim 5821)		Yes	Comprehensive treatment plan, panoramic image or complete series when replacing multiple teeth, improved oral hygiene over 12 months, identification of all teeth to be replaced. Members must be 16 years or older; 5 years or older for interim.
Medically Necessary Extractions – Tooth extractions must have medical need documented – No PA required			