



Ellen M. Buettner | Chief Executive Officer

J. Kevin Stitt | Governor

OHCA 2024-17

September 18, 2024

RE: SoonerSelect Dental Process Revisions for DentaQuest

Dear Provider,

The SoonerSelect dental contracted entities (CEs) are required to administer medically necessary, covered dental services in a manner that is no more restrictive than what is required by OHCA in the SoonerCare fee-for-service program (see O.A.C. 317:55-3-10). Dental CEs may request to implement alternative processes for administration of medically necessary, covered dental services under the SoonerSelect dental program. Requested alternatives are subject to OHCA review and approval.

DentaQuest recently requested permission to implement changes related to claims processing policies and procedures for the following procedure codes:

- **D7230:** Removal of impacted tooth – partially bony
- **D7240:** Removal of impacted tooth – completely bony
- **D7413:** Excision of malignant lesion up to 1.25 cm
- **D7414:** Excision of malignant lesion greater than 1.25 cm

OHCA subject matter experts (SMEs) reviewed the proposed revisions and assessed appropriateness of the proposed practices. Complete details of the proposed changes, including OHCA decisions, can be found as an attachment to this letter. OHCA decisions were presented to OHCA's Medical Advisory Committee (MAC) on Sept. 12, 2024.

The approved changes are effective for DentaQuest providers and members for dates of service on or after Oct. 1, 2024.



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4345 N. Lincoln Blvd.
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WEBSITES

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Admin: 405-522-7300
Helpline: 800-987-7767



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If you have any questions or comments about the implementation of these requests to change service provisions, please contact DentaQuest at 833-479-1007 or okproviders@dentaquest.com.

Thank you for your continued service to Oklahoma's SoonerCare and SoonerSelect members.

Sincerely,

Traylor Rains
State Medicaid Director



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SoonerSelect Dental Contracted Entity (CE) Requests to Change Service Provisions

The SoonerSelect Dental Contract at Section 1.7: Covered Benefits and Section 1.8: Dental Services Utilization Management states that dental contracted entities (CEs) may not impose prior authorization guidelines/criteria or utilization management practices that are more restrictive than OHCA without OHCA prior approval.

On July 26, 2024, **DentaQuest** submitted a formal request to OHCA for review and approval to change service provisions.

OHCA subject matter experts (SMEs) reviewed the requests, evaluating them in comparison to OHCA historical processes and practices, standard business practice in other markets, and available data to determine whether to approve the requests.

OHCA decisions are noted in the in the table below:

DentaQuest's Requests to Change Service Provisions		
DENTAL PROCEDURE CODE	MODIFICATION TO CLAIMS PROCESSING PROTOCOL	OHCA DECISION
<ul style="list-style-type: none"> D7230: Removal of impacted tooth – partially bony 	<p>Require prior authorization for D7230. At the time of prior authorization request, require the submission of the following document(s):</p> <ul style="list-style-type: none"> Diagnostic quality radiographic image(s) (x-rays) showing the whole soft tissue covered/impacted crown of the teeth in question; Intra-oral photographs, if available; Clinical notes; A comprehensive treatment plan; and Periodontal charting, if available. <p>Exception: Board certified oral surgeons are exempt from this prior authorization requirement but should maintain documentation of medical necessity for any post-payment reviews and/or audits.</p>	<p>Approved for dates of service on or after 10/1/2024</p>
<ul style="list-style-type: none"> D7240: Removal of impacted tooth – completely bony 	<p>Require prior authorization for D7240. At the time of prior authorization request, require the submission of the following document(s):</p> <ul style="list-style-type: none"> Diagnostic quality radiographic image(s) (x-rays) showing the whole soft tissue covered/impacted crown of the teeth in question; Intra-oral photographs, if available; Clinical notes; A comprehensive treatment plan; and 	<p>Approved for dates of service on or after 10/1/2024</p>

DentaQuest's Requests to Change Service Provisions

DENTAL PROCEDURE CODE	MODIFICATION TO CLAIMS PROCESSING PROTOCOL	OHCA DECISION
	<ul style="list-style-type: none"> Periodontal charting, if available. <p>Exception: Board certified oral surgeons are exempt from this prior authorization requirement but should maintain documentation of medical necessity for any post-payment reviews and/or audits.</p>	
<ul style="list-style-type: none"> D7413: Excision of malignant lesion up to 1.25 cm 	<p>At the time of claim submission (pre-payment review) and/or prior authorization request, require the submission of the following document(s):</p> <ul style="list-style-type: none"> Pre-operative photographs; Clinical narrative; and Any other documentation supporting medical necessity for the service rendered, including but not limited to, intraoperative notes, pertinent radiographs, other imaging and, and a pathology report. <p>Pre-payment review cannot be completed until after pathology report has been received.</p> <p>Exception: Board certified oral surgeons are exempt from this pre-payment review but should maintain documentation of medical necessity for any post-payment reviews and/or audits.</p>	<p>Approved for dates of service on or after 10/1/2024</p>
<ul style="list-style-type: none"> D7414: Excision of malignant lesion greater than 1.25 cm 	<p>At the time of claim submission (pre-payment review) and/or prior authorization request, require the submission of the following document(s):</p> <ul style="list-style-type: none"> Pre-operative photographs; Clinical narrative; and Any other documentation supporting medical necessity for the service rendered, including but not limited to, intraoperative notes, pertinent radiographs, other imaging and, and a pathology report. <p>Pre-payment review cannot be completed until after pathology report has been received.</p> <p>Exception: Board certified oral surgeons are exempt from this pre-payment review but should maintain documentation of medical necessity for any post-payment reviews and/or audits.</p>	<p>Approved for dates of service on or after 10/1/2024</p>