



PRIOR AUTHORIZATION UPDATE 2/1/2024: COMPREHENSIVE ORTHODONTICS

SoonerCare has implemented a new reimbursement method for comprehensive orthodontics effective Feb. 1, 2024. After obtaining prior authorization approval, providers will be reimbursed for the first 12 months with a payment of \$1,638.03, followed by subsequent payments made quarterly for the remaining \$1,810.50, which is the combined payment for previous payment methodology. While payment remains the same, the prior authorization process has changed.

Providers will continue to submit prior authorizations and required documentation via the secure provider portal. Past protocol required providers to enter in two service detail lines of comprehensive orthodontics. New protocol will require providers to enter in four (4) lines for comprehensive orthodontics paired with the correct pricing. The final quarter of treatment will require its own request and approval.

Submitting Initial Request

After initial information is entered for a member at the start of an authorization submission, providers will then enter the service detail information as follows:

- From and To Date:
 - Input the current date in both the “from and to” date fields on each service line entered.
- Code Type:
 - Input the code for comprehensive orthodontics.
- Units:
 - Input 1 unit for each service line.
- Dollars:
 - Input the appropriate dollar amount based on the new reimbursement sequence:
 - Line A – First 12 months: \$1,638.03
 - Line B – Quarterly Payment 1 – \$452.63
 - Line C - Quarterly Payment 2– \$452.63
 - Line D – Quarterly Payment 3– \$452.62
- Non-Applicable Fields:
 - Tooth Number
 - Oral Cavity Area
- Adding Additional Lines:
 - After entering the service detail information for line A, select the “add service” button. Following this action, the page should refresh and allow you to add another service detail line.



ADDRESS

4345 N. Lincoln Blvd.
Oklahoma City, OK 73105



WEBSITES

oklahoma.gov/ohca
mysoonerca.org



PHONE

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

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- o Repeat the same steps as above, being sure to enter the appropriate dollar amount on the service line being entered as outlined above.

Amendment Request for Banding Update

Upon approval and once the provider has banded the member, the provider will then submit a prior authorization amendment, for all lines, A-D, via the provider portal. See [PowerPoint Presentation \(oklahoma.gov\)](#). Please note that the amendment should clearly state the date you placed braces on the member. For example: Banded 2/14/2023.

Once received, a dental unit team member will update approval line A with a 12-month date span, with the effective date being the date of banding. The remaining lines will be updated with dates that will indicate when the provider can bill for those quarterly payments. Upon completion of the amendment, providers will receive a PA notification via provider portal.

Requesting Final Quarterly Payment

Providers may request one additional quarter of treatment, if medically necessary, by submitting a new prior authorization. The same general steps of entering a request should be followed. However, the provider will enter only one service detail line with a dollar amount of \$452.62. Providers will attach initial photos and progress photos for review. Please note progress photos submitted cannot be older than 60 days prior to your request.

Billing

Upon receipt of prior authorization approval, providers will bill for the first 12-month payment on the banding date of service. Provider will then bill within the quarter approval dates displayed on their authorization approval. Each billing should contain the correct dollar amount to receive proper reimbursement.

1st 12 months - \$1,638.03

Subsequent payments:

- Quarter 1 - \$452.63
- Quarter 2 - \$452.63
- Quarter 3 - \$452.62
- Quarter 4 if medically necessary - \$452.62

Resources

For questions, please contact Dental Services at 405-522-7401. To review policy please visit <https://oklahoma.gov/ohca/providers/types/dental.html>.

SoonerSelect

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This new reimbursement method will also be utilized by the dental Contracted Entities (CEs). To confirm prior authorization and billing process of the dental CEs, please see contact information below.

DentaQuest

Provider helpline: (833) 479-1007

Provider website: <https://www.dentaquest.com/en/providers/oklahoma>

Provider contracting email: NetworkDevelopment@DentaQuest.com

LIBERTY Dental

Provider helpline: 888-902-0342

Provider website: <https://www.libertydentalplan.com/Oklahoma/LIBERTY-Dental-Plan-of-Oklahoma.aspx>

Provider contracting email: okprinquiries@libertydentalplan.com