

# **ORTHODONTIC QUARTERLY PAYMENTS**

Effective February 1, 2024, reimbursement for comprehensive orthodontic care will move to a quarterly payment structure.

Payment Structure	
Previous	New
Previous payment structure consisted of three bulk payments over a course of 36 months:	New payment structure consists of one bulk payment and four quarterly payments over the course of 24 months:
1st year - \$1638.03 2nd year - \$905.25 3rd year if medically necessary - \$905.25 Total = \$3448.53	1st 12 months - \$1638.03 Subsequent payments: Quarter 1 - \$452.63 Quarter 2 - \$452.63 Quarter 3 - \$452.62 Quarter 4 if medically necessary - \$452.62 Total = \$3448.53

## **Authorization and Billing:**

The orthodontic prior authorization process will remain the same except for the requirement of additional lines on an initial orthodontic prior authorization request. Effective 2/1/2024, prior authorization requests should be submitted with four service detail lines of the comprehensive orthodontic procedure code (D8080), one for the first bulk payment and three for the subsequent quarterly payments. Following the time completion of the previous quarters, providers may request one additional quarter of treatment, if medically necessary, by submitting a new prior authorization containing only one service detail line of D8080 and attaching initial and progress photos.

The total reimbursement allowance remains the same, except it is paid out in 24 months instead of 36 months. Some members may require treatment beyond the 24 months. A provider shall not bill a member for any additional comprehensive orthodontic services provided after the 24 months since those costs are considered part of the comprehensive orthodontic treatment payment already received.

SoonerCare training materials regarding prior authorization submission for the new reimbursement structure will be posted to the public website. Subscribe to <a href="web alerts">web alerts</a> to remain informed.







#### DOCUMENT TITLE

#### Resources:

Please contact Dental Services at 405-522-7401 or <u>DentalServices@okhca.org</u> if you have questions or need assistance.

To confirm prior authorization and billing process of the dental contracted entities please see contact information below:

### **DentaQuest**

Provider helpline: 1-833-479-1007

Provider website: https://www.dentaguest.com/en/providers/oklahoma

Provider contracting email: <u>NetworkDevelopment@DentaQuest.com</u>

## **LIBERTY Dental Plan**

Provider helpline: 1-888-902-0342

Provider website: <a href="https://www.libertydentalplan.com/Oklahoma/LIBERTY-Dental-">https://www.libertydentalplan.com/Oklahoma/LIBERTY-Dental-</a>

Plan-of-Oklahoma.aspx

Provider contracting email: <a href="mailto:provider@libertydentalplan.com">provider@libertydentalplan.com</a>