

Covered benefits

Treatments	Meaning	Prior Authorization Required	Other Limitations
Comprehensive oral evaluation	A thorough examination of your jaw, bite, teeth, and other parts of your mouth and throat.	No	You have not been seen by any dentist for more than thirty-six (36) months.
Periodic oral evaluation	An examination of your oral health performed each time you visit a dentist.	No	Limited to one (1) every six (6) months.
Limited oral evaluations	An evaluation limited to a specific oral health condition or problem.	No	Limited to two (2) visits for the same dentist when evaluated prior to a comprehensive or periodic evaluation.
Images	X-rays and other imaging to reveal small hidden areas of tooth decay, bone infections, gum disease, and other infections or abnormal conditions.	No	Panoramic images as medically necessary, limited to once per three (3) years or Complete Series x-rays as medically necessary, limited to once per three (3) years. Limited to one (1) set of bitewing images every twelve (12) months.

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Dental cleanings	A routine preventive teeth cleaning, including fluoride, applied directly to the surface of your teeth to help prevent cavities	No	Limited to once every six (6) months.
Smoking and tobacco use cessation counseling	A brief conversation with a dental professional about smoking tobacco use, how to stop smoking and using tobacco, and related topics.	No	Limited to eight (8) sessions per year per individual with documented tobacco use.
Medically necessary extractions	Medically necessary removal of a tooth.	No	Medically necessary extractions, as defined in Oklahoma Administrative Code (OAC) 317:30-5-695. Tooth extraction must have medical need documented
Medical and surgical services	Any surgery on or around your mouth and jaw, usually by a specially trained dentist.	No	Medical and surgical services are performed by a dentist or physician to the extent such services may be performed under State law when those services would be covered if performed by a physician.

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Full and partial dentures	A removable full or partial denture used to replace missing teeth in the mouth.	Yes	Limited to one (1) every five (5) years for adults under age twenty-five (25) and one (1) every seven (7) years for adults twenty-five (25) years old and older. Partial dentures are limited to the replacement of missing permanent teeth in the front of the mouth, or two (2) or more missing teeth in the back of the mouth when the teeth are all missing either from the top or from the bottom of the mouth.
Disclosure: The provider may bill for a denture the day the impressions are made. Any concerns regarding treatment should be discussed with the provider prior to making the impressions. While the member has a right to a second opinion, once a full or partial denture is billed for, a different type of denture (full or partial) may not be allowed.			

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Periodontal scaling and root planing	Non-surgical treatment of gum disease involving the removal of plaque and tartar stuck on teeth above and below the gumline when the plaque and tartar have caused bone loss.	Yes	Covered as medically necessary for the treatment of gum disease.
Scaling in the presence of generalized moderate or severe gingival inflammation	Non-surgical treatment for gum disease involving the removal of plaque and tartar stuck on teeth above and below the gumline when the gums are swollen and inflamed but the plaque and tartar have not caused bone loss.	Yes	Once (1) per lifetime.
Dental restorations	Silver and tooth-colored fillings to restore the function and integrity of missing teeth or missing parts of teeth.	No	One (1) permanent restorative service to be provided per tooth per twenty-four (24) months. Additional restorations may be authorized upon approval of OHCA in cases of trauma.