

1 STATE OF OKLAHOMA

2 1st Session of the 57th Legislature (2019)

3 SENATE BILL 948

By: Rader

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6 AS INTRODUCED

7 An Act relating to dental insurance; defining terms;  
8 prohibiting denial of dental coverage except in  
9 certain circumstances; specifying circumstances in  
10 which denial is authorized; prohibiting requirement  
11 of certain documentation; requiring certain issuance  
within thirty days; applying certain provision to  
act; prohibiting recoupment of claim under certain  
circumstances; providing for codification; and  
providing an effective date.

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14 BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

15 SECTION 1. NEW LAW A new section of law to be codified  
16 in the Oklahoma Statutes as Section 7303 of Title 36, unless there  
17 is created a duplication in numbering, reads as follows:

18 A. For the purposes of this section, "prior authorization"  
19 means any predetermination, prior authorization, or similar  
20 authorization that is verifiable, whether through issuance of  
21 letter, facsimile, email, or similar means, indicating that a  
22 specific procedure is, or multiple procedures are, covered under the  
23 patient's dental plan and reimbursable at a specific amount, subject  
24 to applicable coinsurance and deductibles, and issued in response to

1 a request submitted by a dentist using a format prescribed by the  
2 insurer.

3 B. A dental service contractor shall not deny any claim  
4 subsequently submitted for procedures specifically included in a  
5 prior authorization unless at least one of the following  
6 circumstances applies for each procedure denied:

7 1. Benefit limitations such as annual maximums and frequency  
8 limitations not applicable at the time of the prior authorization  
9 are reached due to utilization subsequent to issuance of the prior  
10 authorization;

11 2. The documentation for the claim provided by the person  
12 submitting the claim clearly fails to support the claim as  
13 originally authorized;

14 3. If, subsequent to the issuance of the prior authorization,  
15 new procedures are provided to the patient or a change in the  
16 condition of the patient occurs such that the prior authorized  
17 procedure would no longer be considered medically necessary, based  
18 on the prevailing standard of care;

19 4. If, subsequent to the issuance of the prior authorization,  
20 new procedures are provided to the patient or a change in the  
21 patient's condition occurs such that the prior authorized procedure  
22 would at that time required disapproval pursuant to the terms and  
23 conditions for coverage under the patient's plan in effect at the  
24 time the prior authorization was used; or

1           5. The denial of the dental service contractor was due to one  
2 of the following:

- 3           a. another payor is responsible for payment,
- 4           b. the dentist has already been paid for the procedures  
5           identified on the claim,
- 6           c. the claim was submitted fraudulently or the prior  
7           authorization was based in whole or material part on  
8           erroneous information provided to the dental service  
9           contractor by the dentist, patient, or other person  
10           not related to the carrier, or
- 11           d. the person receiving the procedure was not eligible to  
12           receive the procedure on the date of service and the  
13           dental service contractor did not know, and with the  
14           exercise of reasonable care could not have known, of  
15           their eligibility status.

16           C. A dental service contractor shall not require any  
17 information be submitted for a prior authorization request that  
18 would not be required for submission of a claim.

19           D. A dental service contractor shall issue a prior  
20 authorization within thirty (30) days of the date a request is  
21 submitted by a dentist.

22           E. The provisions of Section 7301 of this title shall apply to  
23 any denial of a claim pursuant to subsection B of this section for a  
24 procedure included in a prior authorization.

1 F. The dental service contractor shall not recoup a claim  
2 solely due to a patient's loss of coverage or ineligibility if, at  
3 the time of treatment, the contractor erroneously confirms coverage  
4 and eligibility, but had sufficient information available to it  
5 indicating that the patient was no longer covered or was ineligible  
6 for coverage.

7 SECTION 2. This act shall become effective November 1, 2019.

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