1	HOUSE OF REPRESENTATIVES - FLOOR VERSION		
2	STATE OF OKLAHOMA		
3	1st Session of the 57th Legislature (2019)		
4	ENGROSSED SENATE BILL NO. 948 By: Rader of the Senate		
5			
6	and		
7	Martinez of the House		
8			
9	[ dental insurance - dental coverage - denial -		
10	documentation - recoupment of claim - codification - effective date ]		
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13	BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:		
14	SECTION 1. NEW LAW A new section of law to be codified		
15	in the Oklahoma Statutes as Section 7303 of Title 36, unless there		
16	is created a duplication in numbering, reads as follows:		
17	A. For the purposes of this section, "prior authorization"		
18	means any predetermination, prior authorization, or similar		
19	authorization that is verifiable, whether through issuance of		
20	letter, facsimile, email, or similar means, indicating that a		
21	specific procedure is, or multiple procedures are, covered under the		
22	patient's dental plan and reimbursable at a specific amount, subject		
23	to applicable coinsurance and deductibles, and issued in response to		
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a request submitted by a dentist using a format prescribed by the
 insurer.

B. A dental service contractor shall not deny any claim
subsequently submitted for procedures specifically included in a
prior authorization unless at least one of the following
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

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5. The denial of the dental service contractor was due to one
 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	с.	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.

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

E. The provisions of Section 7301 of Title 36 of the Oklahoma
Statutes shall apply to any denial of a claim pursuant to subsection
B of this section for a 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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9	COMMITTEE REPORT BY: COMMITTEE ON INSURANCE, dated 04/10/2019 - DO PASS, As Amended.
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