

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 Title 36 of the Oklahoma
23 Statutes shall apply to any denial of a claim pursuant to subsection
24 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
10 PASS, As Amended.

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