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State/Territory Name: Ohio

State Plan Amendment (SPA) #: 20-0005

This file contains the following documents in the order listed:

1) Approval Letter
2) CMS 179 Form
3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 East 12th Street, Suite 0300
Kansas City, Missouri 64106-2898

CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

Medicaid and CHIP Operations Group

March 12, 2020

Maureen M. Corcoran, Director
Ohio Department of Medicaid
P.O. Box 182709
50 West Town Street, Suite 400
Columbus, Ohio 43218

RE: State Plan Amendment Transmittal Number 20-0005

Dear Ms. Corcoran:

Enclosed for your records is an approved copy of the following State Plan Amendment:

Transmittal #20-0005 - Coverage & Limitations and Payment: Dental Services
- Effective Date: January 1, 2020
- Approval Date: March 10, 2020

If you have any questions regarding this State Plan Amendment, please have a member of your staff contact Christine Davidson at (312) 886-3642 or by email at christine.davidson@cms.hhs.gov.

Sincerely,

[redacted]
Digitally signed by James G. Scott -S
Date: 2020.03.12 10:55:25 -05'00'

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Carolyn Humphrey, ODM
Becky Jackson, ODM
Greg Niehoff, ODM

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	1. TRANSMITTAL NUMBER: **20-005**	2. STATE **OHIO**
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE **January 1, 2020**	

5. TYPE OF PLAN MATERIAL *(Check One)*:

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ **AMENDMENT**

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION: 1905(a)(10) of the Act; 42 CFR 440.100	7. FEDERAL BUDGET IMPACT: a. FFY 2020 $ 210.6 thousands b. FFY 2021 $ 280 thousands
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Item 10, page 1 of 1 Attachment 4.19-B, Item 10, page 1 of 2	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*: Attachment 3.1-A, Item 10, page 1 of 1 (TN 18-012) Attachment 4.19-B, Item 10, page 1 of 2 (TN 19-004)

10. SUBJECT OF AMENDMENT: Coverage and Limitations and Payment for Services: Dental Services: Changes to Limitations, Anesthesia Payment Increases

11. GOVERNOR'S REVIEW *(Check One)*:

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☒ OTHER, AS SPECIFIED:
The State Medicaid Director is the Governor's designee

12. SIGNATURE OF STATE AGENCY OFFICIAL: [redacted]	16. RETURN TO: **Carolyn Humphrey** **Ohio Department of Medicaid** **P.O. BOX 182709** **Columbus, Ohio 43218**
13. TYPED NAME: **MAUREEN M. CORCORAN**	
14. TITLE: **STATE MEDICAID DIRECTOR**	
15. DATE SUBMITTED: February 3, 2020	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: February 3, 2020	18. DATE APPROVED: March 10, 2020

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2020	20. SIGNATURE OF REGIONAL OFFICIAL: [redacted] Digitally signed by James G. Scott -S Date: 2020.03.12 10:56:29 -05'00'
21. TYPED NAME: James G. Scott	22. TITLE: Director, Division of Program Operations

23. REMARKS:

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FORM CMS-179 (07-92)

10. Dental services.

The dental benefit for beneficiaries 21 years of age and older includes services in the following categories: clinical oral examination; diagnostic imaging and interpretation; tests and laboratory examinations; preventive services; restorative services; endodontic services; periodontic services; prosthodontic services; oral surgery; orthodontic services; other services, and anesthesia.

Limitations:

- Comprehensive oral evaluation 1 per 5 years per provider per patient;
- Periodic oral evaluation - Patient younger than 21: 1 per 180 days. Patient 21 or older: 1 per 365 days;
- Comprehensive periodontal evaluation, new or established patient - 1 per 365 days;
- Intraoral images, complete series (including bitewings) - 1 per 5 years per provider;
- Bitewing image, one - 1 per 6 months;
- Bitewing images, two - 1 per 6 months (recommended interval from 6 to 24 months for a complete series);
- Bitewing images, three - 1 per 6 months (recommended interval from 6 to 24 months for a complete series);
- Bitewing images, complete series (at least four images) - 1 per 6 months (recommended interval from 6 to 24 months for a complete series);
- Panoramic image - Patient 6 or older: 1 per 5 years;
- Dental prophylaxis, adult - Patient younger than 21: 1 per 180 days. Patient 21 or older: 1 per 365 days;
- Dental prophylaxis, child - 1 per 180 days;
- Topical fluoride treatment - 1 per 180 days;
- Tobacco counseling for control and prevention of oral disease – 2 per 365 days
- Sealant – 1 per tooth;
- Interim caries arresting medicament application - 4 teeth per date of service;
- Periodontal maintenance - 1 per 365 days;
- Relining, all dentures - 1 per 3 years;
- Alveoplasty, in conjunction with extraction, per quadrant - 1 per quadrant;
- Alveoplasty, not in conjunction with extraction, per quadrant - 1 per quadrant.

Prior authorization is required for the following dental services: ceramic crowns, post and core, gingivectomy, gingivoplasty, scaling and root planing, dentures, surgical extractions, comprehensive orthodonture, temporomandibular joint therapy, maxillofacial prosthetics and unspecified procedures not adequately described by a procedure code.

Dental services may be provided in an amount beyond established limits with prior authorization, upon a demonstration of medical necessity.

Individuals up to age 21 can access dental benefits without limitation when medically necessary.

10. Dental services.

Dental services under this section are covered by Ohio Medicaid in accordance with 42 CFR 440.100.

Payment for Dental services is the lesser of the billed charges or an amount based on the Medicaid maximum for the service, except for 'Rural Dental Providers.' The Medicaid maximum is the amount listed on the Department's Dental services fee schedule.

Effective for dates of service on and after January 1, 2016, the maximum reimbursement for dental services rendered by a provider whose office address is in a rural Ohio county is the lesser of the billed charges or 105 percent of the Medicaid maximum for the particular service.

All rates are published on the agency's website at: https://medicaid.ohio.gov/PROVIDERS/FeeScheduleandRates.aspx.

The agency's dental services fee schedule was set as of January 1, 2020 and is effective for services provided on or after that date.

By-report services require manual review by the appropriate single state agency staff. The reimbursement rate for these services is determined using one of a variety of different payment methodologies. Examples of the possible methodologies are pricing using a similar service, product, or procedure that has an established reimbursement rate or a percentage of charges. The specific methodology utilized depends on the service, product, or procedure performed.

Except as otherwise noted in the plan, state-developed fee schedules and rates are the same for both governmental and private providers.

Selected dental services are subject to a co-payment as specified in Attachment 4.18-A of the State plan.