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**State/Territory Name: Ohio**

**State Plan Amendment (SPA) #: 21-0016**

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 E. 12th St., Room 355

Kansas City, Missouri 64106 Medicaid



Medicaid and CHIP Operations Group

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June 24, 2021

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 21-0016

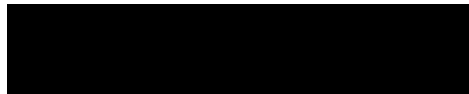
Dear Ms. Corcoran:

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

Transmittal #21-0016            - Coverage, Limitations, and Payment for Services: Dental Services  
   - Effective Date: April 1, 2021  
   - Approval Date: June 24, 2021

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](mailto:christine.davidson@cms.hhs.gov).

Sincerely,



Ruth A. Hughes  
Acting Director  
Division of Program Operations

Enclosures

cc: Carolyn Humphrey, ODM  
Becky Jackson, ODM  
Greg Niehoff, ODM  
Myla Adams, CMCS  
Debi Benson, CMCS



## 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, pregnant, or in other optional eligibility groups as established by Ohio law: 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;
- Cone beam CT view both jaws with or without cranium: 1 per 5 years per provider;
- 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 5 years per first or second molar per provider per patient;
- 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, - 1 per quadrant;
- Alveoplasty, not in conjunction with extraction, - 1 per quadrant.
- Protective restoration, primary or permanent dentition - 1 per 180 days per tooth;
- Interim therapeutic restoration, primary dentition - 1 per 180 days per tooth;
- Counseling for the control and prevention of adverse oral, and systemic health effects associated with high-risk substance use – 2 per 365 days;
- Re-cementing/re-bonding crown – 1 per 5 years per tooth;

Prior authorization is required for the following dental services: porcelain 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.

TN: 21-016

Supersedes:

TN: 20-005

Approval Date: 06/24/2021

Effective Date: 04/01/2021

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 April 1, 2021 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.

TN: 21-016

Supersedes:

TN: 21-011

Approval Date: 06/24/2021

Effective Date: 04/01/2021