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State/Territory Name: Ohio

State Plan Amendment (SPA) #: 24-0018

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 (300)
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

December 5, 2024

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

Re: Ohio State Plan Amendment (SPA) 24-0018

Dear Director Corcoran:

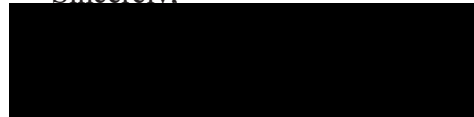
The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0018. This amendment clarifies prior authorization requirements, coverage, and limitations for dental services under the state plan.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter informs you that Ohio's Medicaid SPA TN 24-0018 was approved on December 5, 2024, with an effective date of October 1, 2024.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Ohio State Plan.

If you have any questions, please contact Christine Davidson at (312) 886-3642 or via email at Christine.Davidson@cms.hhs.gov.

Sincerely,



Ruth A. Hughes, Acting Director
Division of Program Operations

Enclosures

cc: Rebecca Jackson, ODM
Gregory Niehoff, ODM
Tamara Edwards, ODM
Myla Adams, CMCS

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <u>2 4 — 0 1 8</u>	2. STATE <u>OH</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
10/1/2024

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 440.100

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2025 \$ 0
b. FFY 2026 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Attachment 3.1-A, Item 10, ~~Page 1 of 1~~ Pages 1 and 2 of 2

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
~~Atch 3.1-A, Item 10, Page 1 of 2 (TN 23-042)~~
~~Atch 3.1-A, Item 10, Page 2 of 2 (TN 23-042) DELETE~~
Atch. 3.1-A, Item 10, Pages 1 and 2 of 2 (TN 23-042)


9. SUBJECT OF AMENDMENT

Coverage and Limitations: Clarification of prior authorization and limitations language for Dental Services

10. 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

11. SIGNATURE OF STATE AGENCY OFFICIAL


12. TYPED NAME
MAUREEN M. CORCORAN

13. TITLE
STATE MEDICAID DIRECTOR

14. DATE SUBMITTED
October 29, 2024

15. RETURN TO

**Greg Niehoff
Ohio Department of Medicaid
P.O. BOX 182709
Columbus, Ohio 43218**

FOR CMS USE ONLY

16. DATE RECEIVED
October 29, 2024

17. DATE APPROVED
12/05/2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
October 1, 2024

19. SIGNATURE


20. TYPED NAME OF APPROVING OFFICIAL
Ruth A. Hughes

21. TITLE OF APPROVING OFFICIAL
Acting Director, Division of Program Operations

22. REMARKS
12/4/24-The state approved pen & ink changes in Boxes 7 & 8. (cd)

10. Dental services.

The dental benefit for beneficiaries includes services in the following categories: Diagnostic, Preventive, Restorative, Endodontics, Periodontics, Implant Services, Oral and Maxillofacial Surgery, Orthodontics, and Adjunctive General Services.

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;
- Interim caries arresting medicament application – Application is limited to 3 times per tooth per year;
- Pin retention, in addition to amalgam restoration and resin-based composite restoration – 3 pins per tooth;
- Periodontal maintenance - 1 per 365 days;
- Relining, all dentures - 1 per 3 years;
- Extraction, erupted tooth or exposed root – 1 per tooth
- Extraction, erupted tooth removal of bone and/or sectioning – 1 per tooth
- 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;
- Core buildup, including any pins when required;
- Band stabilization – 1 per tooth per lifetime;
- Application of hydroxyapatite regeneration medicament – 2 times per tooth per year.

Prior authorization is required for the following dental services: intraoral tomosynthesis, image capture only procedures, 3D dental scans, panoramic images (younger than 6), porcelain crowns,

TN: 24-018

Supersedes:

TN: 23-042Approval Date: 12/05/2024Effective Date: 10/01/2024

post and core, gingivectomy, gingivoplasty, scaling and root planing, dentures, removal of non-resorbable barrier, removal of implant body, guided tissue regeneration, replacement of restorative material, marsupialization of odontocyst, surgical extractions, comprehensive orthodonture, temporomandibular joint therapy, maxillofacial prosthetics, inhalation of nitrous oxide/analgesia (for ages 21 and over), sleep apnea appliances, behavior management, dental case management special needs and unspecified procedures not adequately described by a procedure code.

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

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