

5101:3-5-01

**Dental program: general and co-payment provisions.**

## (A) Eligible providers of dental services.

- (1) All individuals currently licensed under state of Ohio law to practice dentistry are eligible to participate in the Ohio medicaid program as a dental provider upon execution of the "Medicaid Provider Agreement" according to rule 5101:3-1-17.2 of the Administrative Code.
- (2) A ~~dentist's professional association~~ professional dental group (group dental practice) is also considered eligible as a group dental practice if organized ~~under sections 1785.01 to 1785.08 of the Revised Code, in accordance with rule 5101:3-1-17 of the Administrative Code,~~ for the sole purpose of providing professional dental services.
- (3) Dentists practicing and serving Ohio medicaid consumers outside of Ohio must be licensed by the dental examining board in their own state and must complete the "Medicaid Provider Agreement."
- (4) Other eligible providers of dental services include, but are not limited to, the following medicaid providers if the providers employ or have under contractual arrangement individuals licensed to practice dentistry:
  - (a) Fee-for-service ambulatory health care clinics as defined in Chapter 5101:3-13 of the Administrative Code.
  - (b) Outpatient health facilities as defined in Chapter 5101:3-29 of the Administrative Code.
  - ~~(c) Rural health clinics as defined in Chapter 5101:3-16 of the Administrative Code.~~
  - ~~(d)~~(c) Federally qualified health centers as defined in Chapter 5101:3-28 of the Administrative Code.

## (B) General anesthesia.

- (1) General anesthesia is reimbursable only when performed by a dentist who has an "Ohio state dental board permit."
- (2) Dentists practicing and serving Ohio medicaid consumers outside the state of Ohio must meet the requirements of the dental examining board in their own state for administering general anesthesia.

## (C) Drugs.

- (1) Drugs are provided under the medicaid program only upon written prescription of a physician, physician assistant, advanced practice nurse, or dentist.
- (2) Providers are required to print or stamp their ~~seven-digit medicaid legacy number and~~ ten digit national provider identifier (NPI) number on the prescription blank or give their provider numbers to the pharmacist on prescriptions telephoned directly to the pharmacy.
- ~~(3) Reimbursement for the cost of drugs for take-home use prescribed and dispensed by dentists shall be consistent with rule 5101:3-4-13 of the Administrative Code.~~

(D) Co-payments (except for medicaid consumers enrolled in the medicaid managed health care program). For dates of service on or after January 1, 2006, the department has adopted a medicaid co-payment of three dollars per date of service per provider in accordance with rules 5101:3-1-09 and 5101:3-1-60 of the Administrative Code. Services provided to a consumer on the same date of service by the same provider are subject only to one co-payment.

- ~~(1) For dates of service on or after January 1, 2006, the department has adopted a medicaid co-payment of three dollars per date of service per provider in accordance with rules 5101:3-1-09 and 5101:3-1-60 of the Administrative Code. Services provided to a consumer on the same date of service by the same provider are subject only to one co-payment.~~
- ~~(2) The dental co-payments set forth in this rule also apply to consumers who are eligible under the disability medical assistance (DMA) program in accordance with rule 5101:3-23-01 of the Administrative Code, when the dental services provided are covered under the DMA program in accordance with Chapter 5101:3-23 of the Administrative Code.~~

~~(E) For dates of service as of January 1, 2006 through June 30, 2008, the department has adopted a modified dental benefit that is less in amount, scope and duration for consumers twenty-one years of age and older as specified by service category in rules 5101:3-5-02 to 5101:3-5-11 of the Administrative Code.~~

~~(F)~~(E) Unless otherwise specified, reimbursement for covered dental services provided by eligible providers to eligible consumers is contained in appendix DD of rule 5101:3-1-60 of the Administrative Code.

~~(G)~~(E) Reimbursement for some services covered under the medicaid program is

available only upon obtaining prior authorization from the ~~department~~ Ohio department of job and family services (ODJFS) as specified in accordance with rule 5101:3-1-31 of the Administrative Code. Dental services which require prior authorization are identified in Chapter 5101:3-5 of the Administrative Code. ~~Prior authorization requests for dental services should be submitted utilizing as appropriate forms JFS-03612 (prior authorization for dental services) or JFS-03630 (referral evaluation criteria for comprehensive orthodontic treatment), appendix to this rule. A completed prior authorization request for such dental services is required for reimbursement consideration.~~

- (1) All prior authorization requests must be submitted through the ODJFS web portal. Paper prior authorization requests will be returned to the provider unprocessed.
- (2) Documentation necessary to complete the prior authorization request that cannot be uploaded and submitted through the ODJFS web portal, such as x-rays and dental molds, must be submitted separately.

Effective: 08/02/2011

R.C. 119.032 review dates: 09/20/2010 and 08/01/2016

CERTIFIED ELECTRONICALLY

---

Certification

06/06/2011

---

Date

Promulgated Under: 119.03  
Statutory Authority: 5111.02, 5111.0112  
Rule Amplifies: 5111.01, 5111.0112, 5111.02, 5111.021  
Prior Effective Dates: 4/7/77, 9/2/85, 2/1/88, 11/15/93, 12/29/95 (Emer.),  
3/21/96, 1/1/00, 10/1/03, 1/1/06, 7/1/08