

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 (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, for the sole purpose of providing professional services.
- (3) Dentists practicing and serving Ohio medicaid ~~recipients~~ 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) 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 ~~recipients~~ 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, advanced practice nurse or dentist.
- (2) Providers are required to print or stamp their seven-digit ~~provider~~ 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).

- (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 ~~on or after~~ from January 1, 2006 through December 31, 2007, the department ~~has~~ adopted a modified dental benefit that ~~is~~ was 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) 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) Reimbursement for some services covered under the medicaid program is available only upon obtaining prior authorization from the department 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 "Prior Authorization For Dental Services" (JFS 03612, revised 8/2007) or "Referral Evaluation Criteria For Comprehensive Orthodontic Treatment" (JFS 03630, revised 8/2007) as found in the appendix to this rule.

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Certification

Date

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