

5101:3-5-07

**Dental program: covered periodontic services and limitations.**

The following periodontic services are covered under the dental care program subject to the specified limitations.

(A) Effective for dates of service on or after January 1, 2006, periododontic services will no longer be covered services for consumers twenty-one years of age and older.

~~(A)~~(B) Gingivectomy or gingivoplasty - per quadrant. Prior authorization is required for gingivectomy and gingivoplasty services. Complete radiographs of the mouth and diagnostic casts must be submitted with each request.

~~(B)~~(C) Gingivectomy or gingivoplasty surgery is not usually covered under the medicaid program. One exception to program coverage limitations is to correct severe hyperplasia or hypertrophic gingivitis associated with drug therapy or hormonal disturbances.

Effective: 01/01/2006

R.C. 119.032 review dates: 08/19/2005 and 01/01/2011

CERTIFIED ELECTRONICALLY

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Certification

12/14/2005

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Date

Promulgated Under: 119.03  
Statutory Authority: 5111.02  
Rule Amplifies: 5111.01, 5111.02, Am. Sub. HB 66 of the 126th GA,  
section 206.66.44  
Prior Effective Dates: 1/2/00, 10/1/03