

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~~ from January 1, 2006 through June 30, 2008, periododontic services were not ~~will no longer be~~ covered services for consumers twenty-one years of age and older.
- (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.
- (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: 07/01/2008

R.C. 119.032 review dates: 10/16/2007 and 01/01/2013

CERTIFIED ELECTRONICALLY

Certification

06/11/2008

Date

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