Rule Summary and Fiscal Analysis Part A - General Questions

Rule Number: 5160-5-01

Rule Type: Amendment

Rule Title/Tagline: Dental services.

Agency Name: Ohio Department of Medicaid

Division:

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I. Rule Summary

- 1. Is this a five year rule review? Yes
 - A. What is the rule's five year review date? 10/15/2019
- 2. Is this rule the result of recent legislation? No
- 3. What statute is this rule being promulgated under? 119.03
- 4. What statute(s) grant rule writing authority? 5164.02
- 5. What statute(s) does the rule implement or amplify? 5162.02, 5164.02
- 6. What are the reasons for proposing the rule?

To update, change policy, or clarify policy relating to the administration of the Medicaid program.

7. Summarize the rule's content, and if this is an amended rule, also summarize the rule's changes.

Rule 5160-5-01, "Dental services," sets forth Medicaid coverage and payment policies for dental services. It includes one appendix that lays out coverage of dental services by category.

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A dated reference has been updated in the rule body.

Changes incorporated into appendix A include the following:

- Procedure code terminology is updated based on changes to Code on Dental Procedures and Nomenclature (CDT) for 2020. The descriptors for covered space maintainers and several covered procedure codes for partial dentures have been revised.

- Coverage is updated for the application of silver diamide fluoride (SDF) to "per tooth" with a limit of up to four teeth reimbursed per date of service and a lifetime limit of four applications per tooth.
- Coverage is extended to include: more specific occlusal guard procedure codes at same maximum fees and limits as currently covered removal oral appliances and immediate complete dentures at the same maximum fee and limit as currently covered complete dentures. Relines of complete immediate dentures within the first six months of placement are included in the adjustment period of the dentures and are not separately reimbursed.
- The limit for partial and complete denture relines is changed from every four years to every 3 years based on medical necessity.
- Payment for in-office dental general anesthesia services and in-office intravenous sedation services is increased. Payment for each type of anesthesia is changed from one "loaded' unit per date of service to one unit of the first 15 minutes and up to four units of subsequent 15 minute increments.
- 8. Does the rule incorporate material by reference? Yes
- 9. If the rule incorporates material by reference and the agency claims the material is exempt pursuant to R.C. 121.71 to 121.76, please explain the basis for the exemption and how an individual can find the referenced material.

This rule incorporates one or more dated references to the Code of Federal Regulations (CFR). This question is not applicable to any dated incorporation by reference to the CFR because such reference is exempt from compliance with RC 121.71 to 121.74 in accordance with RC 121.75.

This rule incorporates one or more references to another rule or rules of the Ohio Administrative Code. This question is not applicable to any incorporation by reference

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to another OAC rule because such reference is exempt from compliance with RC 121.71 to 121.74 pursuant to RC 121.75.

10. If revising or re-filing the rule, please indicate the changes made in the revised or re-filed version of the rule.

Not Applicable

II. Fiscal Analysis

11. As a result of this proposed rule, please estimate the increase / decrease in revenues or expenditures affecting this agency, or the state generally, in the current biennium or future years. If the proposed rule is likely to have a different fiscal effect in future years, please describe the expected difference and operation.

This will increase expenditures.

\$1.39 million biennium.

Not Applicable.

12. What are the estimated costs of compliance for all persons and/or organizations directly affected by the rule?

Completing documentation of medical necessity and the services provided takes between five and thirty minutes of provider staff time. This estimate is based on the personal experience of practicing dentists, including the ODM medical technical advisors (MTAs). The wage cost depends on who performs the task. The median statewide hourly wage for a billing clerk, according to Labor Market Information (LMI) data published by the Ohio Department of Job and Family Services, is \$16.10; for a dentist, it is \$87.21. Adding 30% for fringe benefits brings these figures to \$20.93 and \$113.37. So generating a necessary document costs between \$1.75 (five minutes at \$20.93 per hour) and \$56.69 (thirty minutes at \$113.37 per hour).

- 13. Does the rule increase local government costs? (If yes, you must complete an RSFA Part B). No
- 14. Does the rule regulate environmental protection? (If yes, you must complete an RSFA Part C). No

III. Common Sense Initiative (CSI) Questions

15. Was this rule filed with the Common Sense Initiative Office? Yes

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- 16. Does this rule have an adverse impact on business? Yes
 - A. Does this rule require a license, permit, or any other prior authorization to engage in or operate a line of business? No
 - B. Does this rule impose a criminal penalty, a civil penalty, or another sanction, or create a cause of action, for failure to comply with its terms? No
 - C. Does this rule require specific expenditures or the report of information as a condition of compliance? Yes

This rule requires the report of information.

The rule will not increase expenses or decrease revenue for impacted providers.