

TO BE RESCINDED

5160-5-07

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 from January 1, 2006 through June 30, 2008, periododontic services were not covered services for consumers twenty-one years of age and older.
- (B) Gingivectomy or gingivoplasty - four or more contiguous teeth or tooth bounded spaces 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: 01/01/2016

Five Year Review (FYR) Dates: 10/16/2015

CERTIFIED ELECTRONICALLY

Certification

12/22/2015

Date

Promulgated Under: 119.03
Statutory Authority: 5164.02
Rule Amplifies: 5162.03, 5164.02
Prior Effective Dates: 01/02/2000, 10/01/2003, 01/01/2006, 07/01/2008,
12/31/2008 (Emer), 03/31/2009