



**Medicaid Transmittal Letter No. 3335-21-01**

DATE: March 26, 2021  
TO: Eligible Medicaid Providers of Dental Services  
Chief Executive Officers, Managed Care Plans  
Other Interested Parties  
FROM: Maureen M. Corcoran, Medicaid Director  
SUBJECT: Dental Program Enhancements Ohio Administrative Code Rule 5160-5-01

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.

A dated reference has been updated and reference to OAC 5160-1-18 "Telehealth" has been added in the rule body. Dental residents have been delineated as rendering providers. Regulatory restrictive words have been removed in accordance with section 121.95 of the Ohio Revised Code as enacted under House bill 166.

Changes incorporated into appendix A include the following:

- Procedure code terminology is updated based on Code on Dental Procedures and Nomenclature (CDT) changes for 2020. The descriptors for a number of preventive and partial denture services have been revised. Procedure code terminology is updated based on changes to Code on Dental Procedures and Nomenclature (CDT) for 2021. The descriptors for covered services such as exams, prophylaxes and dentures have been revised. Examples of these updates are replacing "clasps" with "retentive/clasping materials...devices", "laboratory" with "indirect", "chairside" with "direct."
- HB 11 requires ODM to cover two dental cleanings per year for pregnant women and several special groups such as foster children and employed individuals with disabilities regardless of their age. Cleanings and exams are overwhelmingly rendered during the same visit and coverage of two exams will be covered for these individuals. Coverage of two exams for these individuals ages 21 and older will be covered in conjunction with two cleanings per year.
- Coverage of recementation of crowns (D2920) has been added.
- Coverage of dental sealants has been updated to 1 per 5 years per first and second molar per provider per patient (D1351).
- Coverage of cone beam CT with view of both jaws (D0367) has been added.

- Coverage of interim therapeutic restorations (ITR) for primary and permanent teeth (D2940, D2941) has been added. D2940 “protective restoration” is covered for primary and permanent teeth with a limit of 1 per 180 days per tooth and a lifetime limit of 5 per tooth. D2941 “interim therapeutic restoration - primary dentition” is covered for primary teeth with a limit of 1 per 180 days per tooth and a lifetime limit of 5 per tooth. D2940 and D2941 are not covered in conjunction with each other, endodontic closure, restoration or crown on the same tooth.
- Coverage of alveoloplasty in conjunction with extractions – one to three teeth (D7311) has been added.
- Coverage of unspecified orthodontic procedure (D8999) has been added.
- Certain dental services will be covered through teledentistry coverage of which is specified in OAC 5160-1-18 “Telehealth.” D9995 “teledentistry- synchronous; real-time encounter” is to be reported in addition to other procedures (e.g. diagnostic) delivered to the patient through teledentistry on the date of service. Teledentistry services are to be provided in accordance with Chapter 4715. of the Revised Code and Chapter 4715-23 of the Administrative Code.

These changes will enhance the dental services and treatment options while aligning the dental codes and rates for consistency.

The list of CDT procedure codes, maximum fees and effective dates of coverage is contained in Appendix DD of 5160-1-60 “Medicaid payment” and the list is posted on the Fees Schedules and Rates page of the Ohio Medicaid web site, <http://medicaid.ohio.gov/providers/FeeScheduleAndRates.aspx> (or its successor).

The effective date of this rule change is April 1, 2021.

### **Additional Information**

Information about the services and programs of the Ohio Department of Medicaid (ODM) may be accessed through the main ODM web page, <http://www.medicaid.ohio.gov>.

Questions pertaining to this letter should be directed to the Ohio Department of Medicaid:

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