

Ohio Medicaid

Dental Periodicity Schedule for Children Birth through Twenty Years

Diagnostic and preventive dental examinations

Every Medicaid eligible child three through twenty years of age should have a dental examination at least once per year*.

*Ohio Medicaid eligible children from birth through age twenty are eligible to receive a Medicaid-covered dental examination every six months (including preventive, diagnostic and treatment services as medically necessary).

The following information was drawn from the Ohio Department of Medicaid website, accessed July, 2017.

<http://www.medicaid.ohio.gov/FOROHIOANS/CoveredServices.aspx#1683587-dental>

Ohio Medicaid programs provides a comprehensive package of services that includes preventive care for consumers. Some services are limited by dollar amount, number of visits per year, or setting in which they can be provided. We cover some of these services through our own programs and some are covered through your Managed Care plan. The best thing to do is to talk with your county department of Job and Family Services or specific Managed Care plan to understand your coverage.

BRACES

- Who is Eligible? Individuals younger than age 21
- How often? Braces are covered in extreme cases with prior authorization by the State.
- Info: No additional information.
- Copay: \$0

CHECKUPS AND CLEANINGS

- Who is Eligible? All Medicaid beneficiaries
- How often? Every 180 days (6 months) for individuals younger than age 21; every 365 days (12 months) for individuals age 21 and older.
- Info: There may be a copayment for dental services of \$3 per visit for individuals age 21 and older.
- Copay: \$3 (individuals age 21 and older); \$0 (individuals under age 21)

FILLINGS, EXTRACTIONS, AND CROWNS

- Who is Eligible? All Medicaid beneficiaries
- How often? Based upon medical necessity; may require prior authorization by the State.
- Info: There may be a copayment for dental services of \$3 per visit for non-pregnant individuals age 21 and older who are not residing in a nursing facility or intermediate care facility.
- Copay: \$3

MEDICAL AND SURGICAL DENTAL SERVICES

- Who is eligible? All Medicaid beneficiaries
- How often? Based upon medical necessity.
- Info: No additional information
- Copay: No additional information

ROOT CANALS

- Who is Eligible? All Medicaid beneficiaries
- How often? Based upon medical necessity.
- Info: There may be a copayment for dental services of \$3 per visit for non-pregnant individuals age 21 and older who are not residing in a nursing facility or intermediate care facility.
- Copay: \$3