



RULE-MAKING ORDER PERMANENT RULE ONLY

CR-103P (December 2017) (Implements RCW 34.05.360)

CODE REVISER USE ONLY

OFFICE OF THE CODE REVISER
STATE OF WASHINGTON
FILED

DATE: February 21, 2019

TIME: 8:05 AM

WSR 19-06-003

Agency: Health Care Authority

Effective date of rule:

Permanent Rules

- 31 days after filing.
- Other (specify) _____ (If less than 31 days after filing, a specific finding under RCW 34.05.380(3) is required and should be stated below)

Any other findings required by other provisions of law as precondition to adoption or effectiveness of rule?

- Yes No If Yes, explain:

Purpose: The agency is amending these sections to reflect changes in covered benefits, and to remove certain authorization requirements to expedite claims processing and the delivery of timely services.

Citation of rules affected by this order:

New:
Repealed:
Amended: 182-535-1066, 182-535-1094
Suspended:

Statutory authority for adoption: RCW 41.05.021, 41.05.160

Other authority:

PERMANENT RULE (Including Expedited Rule Making)

Adopted under notice filed as WSR 19-01-074 on December 17, 2018 (date).
Describe any changes other than editing from proposed to adopted version:

Proposed/Adopted	WAC Subsection	Reason
Original WAC # 182-535-1094(1)(c)(ii)		
Proposed	"Clients age nine through twenty only on a case-by-case basis and when the site-of-service is prior authorized by the agency;"	The agency revised this subsection to separate coverage information from authorization requirements.
Adopted	"Clients age nine through twenty only on a case-by-case basis and when the site-of-service is prior authorized by the agency; Prior authorization is required for the site of service;"	
Original WAC # 182-535-1094(2)		
Proposed	"Alveoloplasty."	Alveoloplasty is a covered service for which prior authorization is not required.
Adopted	"Alveoloplasty. The agency covers alveoloplasty. Prior authorization is not required."	
Original WAC # 182-535-1094(3)(d)		
Proposed	"Frenuloplasty/frenulectomy for clients age seven through twelve only on a case-by-case basis and when prior authorized."	The agency revised this subsection to separate coverage information from authorization requirements.
Adopted	"Frenuloplasty/frenulectomy for clients age seven through twelve only on a case-by-case basis and when prior authorized. Prior authorization is required."	

Original WAC # 182-535-1094(4)(a)

Proposed	"Occlusal orthotic devices for clients age twelve through twenty only on a case-by-case basis and when prior authorized."	The agency revised this subsection to separate coverage information from authorization requirements.
Adopted	"Occlusal orthotic devices for clients age twelve through twenty. only on a case-by-case basis and when prior authorized Prior authorization is required."	

If a preliminary cost-benefit analysis was prepared under RCW 34.05.328, a final cost-benefit analysis is available by contacting:

- Name:
- Address:
- Phone:
- Fax:
- TTY:
- Email:
- Web site:
- Other:

**Note: If any category is left blank, it will be calculated as zero.
No descriptive text.**

**Count by whole WAC sections only, from the WAC number through the history note.
A section may be counted in more than one category.**

The number of sections adopted in order to comply with:

Federal statute:	New	___	Amended	___	Repealed	___
Federal rules or standards:	New	___	Amended	___	Repealed	___
Recently enacted state statutes:	New	___	Amended	___	Repealed	___

The number of sections adopted at the request of a nongovernmental entity:

New	___	Amended	___	Repealed	___
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The number of sections adopted on the agency's own initiative:

New	___	Amended	___	Repealed	___
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The number of sections adopted in order to clarify, streamline, or reform agency procedures:

New	___	Amended	<u>2</u>	Repealed	___
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The number of sections adopted using:

Negotiated rule making:	New	___	Amended	___	Repealed	___
Pilot rule making:	New	___	Amended	___	Repealed	___
Other alternative rule making:	New	___	Amended	<u>2</u>	Repealed	___

Date Adopted: February 21, 2019

Name: Wendy Barcus

Title: HCA Rules Coordinator

Signature:

A handwritten signature in black ink that reads "Wendy Barcus". The signature is written in a cursive style with a large initial 'W' and 'B'.

WAC 182-535-1066 Dental-related services—Medical care services clients (~~((formerly general assistance (GA)))~~)). (1) The medicaid agency covers the following dental-related services for a medical care services client under WAC 182-501-0060 when the services are provided by a dentist to assess, diagnose, and treat pain, infection, or trauma of the mouth, jaw, or teeth, including treatment of postsurgical complications, such as dry socket:

- (a) Limited oral evaluation;
- (b) Periapical or bitewing radiographs (X-rays) that are medically necessary to diagnose only the client's chief complaint;
- (c) Palliative treatment to relieve dental pain or infection;
- (d) Pulpal debridement to relieve dental pain or infection; and
- (e) Tooth extraction.

(2) (~~Tooth extractions require prior authorization when:~~

- ~~(a) The extraction of a tooth or teeth results in the client becoming edentulous in the maxillary arch or mandibular arch; or~~
- ~~(b) A full mouth extraction is necessary because of radiation therapy for cancer of the head and neck.~~

~~(3))~~) Each dental-related procedure described under this section is subject to the coverage limitations listed in this chapter.

WAC 182-535-1094 Dental-related services—Covered—Oral and maxillofacial surgery services. Clients described in WAC 182-535-1060 are eligible to receive the oral and maxillofacial surgery services listed in this section, subject to the coverage limitations, restrictions, and client-age requirements identified for a specific service.

(1) **Oral and maxillofacial surgery services.** The medicaid agency:

(a) Requires enrolled providers who do not meet the conditions in WAC 182-535-1070(3) to bill claims for services that are listed in this subsection using only the current dental terminology (CDT) codes.

(b) Requires enrolled providers (oral and maxillofacial surgeons) who meet the conditions in WAC 182-535-1070(3) to bill claims using current procedural terminology (CPT) codes unless the procedure is specifically listed in the agency's current published billing guide as a CDT covered code (e.g., extractions).

(c) Covers nonemergency oral surgery performed in a hospital or ambulatory surgery center only for:

(i) Clients age eight and younger;

(ii) Clients age nine through twenty (~~only on a case-by-case basis and when the site-of-service is prior authorized by the agency~~). Prior authorization is required for the site of service; and

(iii) Clients any age of the developmental disabilities administration of the department of social and health services (DSHS).

(d) For site-of-service and oral surgery CPT codes that require prior authorization, the agency requires the dental provider to submit current records (within the past twelve months), including:

(i) Documentation used to determine medical appropriateness;

(ii) Cephalometric films;

(iii) Radiographs (X-rays);

(iv) Photographs; and

(v) Written narrative/letter of medical necessity, including proposed billing codes.

(e) Requires the client's dental record to include supporting documentation for each type of extraction or any other surgical procedure billed to the agency. The documentation must include:

(i) Appropriate consent form signed by the client or the client's legal representative;

(ii) Appropriate radiographs;

(iii) Medical justification with diagnosis;

(iv) Client's blood pressure, when appropriate;

(v) A surgical narrative and complete description of each service performed beyond surgical extraction or beyond code definition;

(vi) A copy of the post-operative instructions; and

(vii) A copy of all pre- and post-operative prescriptions.

(f) Covers simple and surgical extractions. (~~Authorization is required for the following:~~

~~(i) Surgical extractions of four or more teeth per arch over a six-month period, resulting in the client becoming edentulous in the maxillary arch or mandibular arch;~~

~~(ii) Simple extractions of four or more teeth per arch over a six-month period, resulting in the client becoming edentulous in the maxillary arch or mandibular arch; or~~

~~(iii) Tooth number is not able to be determined.))~~

(g) Covers unusual, complicated surgical extractions with prior authorization.

(h) Covers tooth reimplantation/stabilization of accidentally evulsed or displaced teeth.

(i) Covers surgical extraction of unerupted teeth for clients.

(j) Covers debridement of a granuloma or cyst that is five millimeters or greater in diameter. The agency includes debridement of a granuloma or cyst that is less than five millimeters as part of the global fee for the extraction.

~~(k) Covers ((the following without prior authorization:~~
~~(i)) biopsy of soft oral tissue((~~
~~(ii)), brush biopsy((~~
~~(iii)), and surgical excision of soft tissue lesions. ((1) Re-~~
~~quires providers to keep all biopsy reports or findings in the cli-~~
~~ent's dental record.~~

~~(m) Covers the following with prior authorization (photos or ra-~~
~~diographs, as appropriate, must be submitted to the agency with the~~
~~prior authorization request):~~

~~(i) Alveoloplasty on a case-by-case basis.~~

~~(ii)) Providers must keep all biopsy reports or findings in the~~
~~client's dental record.~~

(1) Covers only the following excisions of bone tissue in con-
junction with placement of complete or partial dentures:

~~((A)) (i) Removal of lateral exostosis;~~

~~((B)) (ii) Removal of torus palatinus or torus mandibularis;~~

~~((and~~

~~(C)) (iii) Surgical reduction of osseous tuberosity.~~

~~((iii) Surgical access of unerupted teeth for clients age twenty~~
~~and younger.))~~

(2) **Alveoloplasty.** The agency covers alveoloplasty. Prior author-
ization is not required.

(3) **Surgical incisions.** The agency covers the following surgical
incision-related services:

(a) Uncomplicated intraoral and extraoral soft tissue incision
and drainage of abscess. The agency does not cover this service when
combined with an extraction or root canal treatment. Documentation
supporting the medical necessity must be in the client's record.

(b) Removal of foreign body from mucosa, skin, or subcutaneous
alveolar tissue. Documentation supporting the medical necessity for
the service must be in the client's record.

(c) Frenuloplasty/frenulectomy for clients age six and younger
without prior authorization.

(d) Frenuloplasty/frenulectomy for clients age seven through
twelve ~~((only on a case-by-case basis and when prior authorized)).~~
Prior authorization is required. Photos must be submitted to the agen-
cy with the prior authorization request. Documentation supporting the
medical necessity for the service must be in the client's record.

(e) Surgical access of unerupted teeth for clients age twenty and
younger. Prior authorization is required.

~~((3)) (4) **Occlusal orthotic devices.** (Refer to WAC 182-535-1098~~
~~(4)(c) for occlusal guard coverage and limitations on coverage.) The~~
~~agency covers:~~

(a) Occlusal orthotic devices for clients age twelve through
twenty ~~((only on a case-by-case basis and when prior authorized)).~~
Prior authorization is required.

(b) An occlusal orthotic device only as a laboratory processed
full arch appliance.