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 amended this rule to add language back in that was inadvertently struck in the final CR-103P rule text in WSR 21-14-055, effective August 2, 2021. The agency held a public hearing and agreed to a request to not strike subsection (5) regarding tobacco/nicotine cessation counseling for the control and prevention of oral disease. The agency covers tobacco/nicotine cessation counseling for pregnant women only. See WAC 182-531-1720. The agency agreed; however, the final rule text filed under WSR 21-14-055, effective August 2, 2021, inadvertently had subsection (5) struck out.

Citation of rules affected by this order:
New:
Repealed:
Amended: 182-535-1082
Suspended:

Statutory authority for adoption: RCW 41.05.021, 41.05.160

Other authority: None

PERMANENT RULE (Including Expedited Rule Making)
Adopted under notice filed as WSR 22-13-047 on June 8, 2022 (date).
Describe any changes other than editing from proposed to adopted version: None

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:

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<th>Category</th>
<th>New</th>
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<td>Federal statute</td>
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<td>Federal rules or standards</td>
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<td>Recently enacted state statutes</td>
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The number of sections adopted at the request of a nongovernmental entity:

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The number of sections adopted on the agency’s own initiative:

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

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The number of sections adopted using:

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<td>Pilot rule making</td>
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<tr>
<td>Other alternative rule making</td>
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**Date Adopted:** July 29, 2022

**Name:** Wendy Barcus

**Title:** HCA Rules Coordinator

**Signature:**

[Signature]

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WAC 182-535-1082 Covered—Preventive services. Clients described in WAC 182-535-1060 are eligible for the dental-related preventive services listed in this section, subject to coverage limitations and client-age requirements identified for a specific service.

(1) Prophylaxis. The medicaid agency covers prophylaxis as follows. Prophylaxis:

(a) Includes scaling and polishing procedures to remove coronal plaque, calculus, and stains when performed on tooth structures and implants.

(b) Is limited to once every:

(i) Six months for clients:

(A) Age ((eighteen)) 18 and younger; or

(B) Of any age residing in an alternate living facility or nursing facility;

(ii) Twelve months for clients age ((nineteen)) 19 and older.

(c) Is reimbursed according to (b) of this subsection when the service is performed:

(i) At least six months after periodontal scaling and root planing, or periodontal maintenance services, for clients:

(A) Age ((thirteen)) 13 through ((eighteen)) 18; or

(B) Of any age residing in an alternate living facility or nursing facility; or

(ii) At least ((twelve)) 12 months after periodontal scaling and root planing, periodontal maintenance services, for clients age ((nineteen)) 19 and older.

(d) Is not reimbursed separately when performed on the same date of service as periodontal scaling and root planing, periodontal maintenance, gingivectomy, gingivoplasty, or scaling in the presence of generalized moderate or severe gingival inflammation.

(e) Is covered for clients of the developmental disabilities administration of the department of social and health services (DSHS) according to (a), (c), and (d) of this subsection and WAC 182-535-1099.

(2) Topical fluoride treatment. The agency covers the following per client, per provider or clinic:

(a) Fluoride rinse, foam or gel, fluoride varnish, including disposable trays, three times within a ((twelve-month)) 12-month period with a minimum of ((one hundred ten)) 110 days between applications for clients:

(i) Age six and younger;

(ii) During orthodontic treatment.

(b) Fluoride rinse, foam or gel, fluoride varnish, including disposable trays, two times within a ((twelve-month)) 12-month period with a minimum of ((one hundred seventy)) 170 days between applications for clients:

(i) From age seven through ((eighteen)) 18; or

(ii) Of any age residing in alternate living facilities or nursing facilities.

(c) Fluoride rinse, foam or gel, fluoride varnish, including disposable trays, for clients age ((nineteen)) 19 and older, once within a ((twelve-month)) 12-month period.
(d) Additional topical fluoride applications only on a case-by-case basis and when prior authorized.

(e) Topical fluoride treatment for clients of the developmental disabilities administration of DSHS according to WAC 182-535-1099.

(3) **Silver diamine fluoride.**
   
   (a) The agency covers silver diamine fluoride as follows:
   
   (i) When used for stopping the progression of caries or as a topical preventive agent;
   
   (ii) Allowed two times per client per tooth in a (twelve-month) 12-month period; and
   
   (iii) Cannot be billed with interim therapeutic restoration on the same tooth when arresting caries or as a preventive agent.

   (b) The dental provider or office must have a signed informed consent form on file for each client receiving a silver diamine fluoride application. The form must include the following:
   
   (i) Benefits and risks of silver diamine fluoride application;
   
   (ii) Alternatives to silver diamine fluoride application; and
   
   (iii) A color photograph example that demonstrates the post-procedure blackening of a tooth with silver diamine fluoride application.

(4) **Oral hygiene instruction.** Includes instruction for home care such as tooth brushing technique, flossing, and use of oral hygiene aids. Oral hygiene instruction is included as part of the global fee for prophylaxis for clients age nine and older. The agency covers individualized oral hygiene instruction for clients age eight and younger when all of the following criteria are met:

   (a) Only once per client every six months within a (twelve-month) 12-month period.

   (b) Only when not performed on the same date of service as prophylaxis or within six months from a prophylaxis by the same provider or clinic.

   (c) Only when provided by a licensed dentist or a licensed dental hygienist and the instruction is provided in a setting other than a dental office or clinic.

(5) **Tobacco/nicotine cessation counseling for the control and prevention of oral disease.** The agency covers tobacco/nicotine cessation counseling for pregnant individuals only. See WAC 182-531-1720.

(6) **Sealants.** The agency covers:

   (a) Sealants for clients age (twenty) 20 and younger and clients any age of the developmental disabilities administration of DSHS.

   (b) Sealants once per tooth:

   (i) In a three-year period for clients age (twenty) 20 and younger; and

   (ii) In a two-year period for clients any age of the developmental disabilities administration of DSHS according to WAC 182-535-1099.

   (c) Sealants only when used on the occlusal surfaces of:

   (i) Permanent teeth two, three, (fourteen, fifteen, eighteen, nineteen, thirty, and thirty-one) 14, 15, 18, 19, 30, and 31; and

   (ii) Primary teeth A, B, I, J, K, L, S, and T.

   (d) Sealants on noncarious teeth or teeth with incipient caries.

   (e) Sealants only when placed on a tooth with no preexisting occlusal restoration, or any occlusal restoration placed on the same day.

   (f) Sealants are included in the agency's payment for occlusal restoration placed on the same day.

   (g) Additional sealants not described in this subsection on a case-by-case basis and when prior authorized.

(7) **Space maintenance.** The agency covers:
(a) One fixed unilateral space maintainer per quadrant or one fixed bilateral space maintainer per arch, including recementation, for missing primary molars A, B, I, J, K, L, S, and T, when:
   (i) Evidence of pending permanent tooth eruption exists; and
   (ii) The service is not provided during approved orthodontic treatment.
(b) Replacement space maintainers on a case-by-case basis when authorized.
(c) The removal of fixed space maintainers when removed by a different provider.
   (i) Space maintainer removal is allowed once per appliance.
   (ii) Reimbursement for space maintainer removal is included in the payment to the original provider that placed the space maintainer.