



Provider Notice 14-28

Dear Provider,

Effective for claims with dates of service on and after May 1, 2014, Washington Apple Health (Medicaid), administered by the Health Care Authority (agency), is publishing a revised [Dental-Related Services Provider Guide](#). These changes reflect recent policy updates in Chapter 182-535 WAC.

Major updates to the guide include:

- **Age limits and coverage** on many items and services have changed, to include, but are not limited to:
 - ✓ Crowns, single restorations only
 - ✓ General anesthesia
 - ✓ Other restorative services
 - ✓ Sealants
 - ✓ Space maintenance
 - ✓ Surgical incision
 - ✓ Tests and examinations
 - ✓ X-rays
- **Anesthesia** – Removed general anesthesia for clients 21 years of age and older from noncovered list; prior authorization is required.
- **Crowns** – Changed coverage for crowns (single restorations only) for permanent anterior teeth for clients 12 through 20 years of age to clients 15 through 20 years of age. The agency does not cover permanent anterior crowns for clients 0 through 14 years of age.
- **Extractions and surgical extractions** – Prior authorization is required when one of the following applies:
 - ✓ Extractions of four or more teeth over a six-month period, per provider, results in the client becoming edentulous in the maxillary arch or mandibular arch
 - ✓ Tooth number is not able to be determined
- **Nursing facility clients** – Removed expedited prior authorization requirement for dental services for clients in a nursing facility
- **Oral hygiene instructions** – Clarified what is included in oral hygiene instruction
- **Prior authorization requirement change** - PA is now required for clients 20 years of age and younger, for CDT code D7280 surgical access of unerupted teeth.
- **Tobacco cessation counseling** – Removed from noncovered. Added coverage for clients 18 years of age and older and pregnant women any age for the control and prevention of oral disease.
- **Topical fluoride treatment**, now includes coverage for fluoride varnish for all ages with limits
- **Tooth chart** (updated 2/14) – The agency has revised HCA [13-863](#) form, *Tooth Chart*. Providers should begin using the updated tooth chart now. **Beginning June 1, 2014**, the agency will reject prior authorization requests which are not accompanied by the revised HCA [13-863](#) form, *Tooth Chart*. When requesting partial dentures, providers must answer the question on the form regarding whether all periodontal services have been completed on all remaining teeth.

Other updates include:

Housekeeping changes, billing clarifications, and cross-reference and hyperlink updates.
For a specific listing of all of the changes, see the ***What Has Changed*** table in the Dental-Related Services Provider Guide.

WB/AL
Provider Publications Team
Medicaid Program
Health Care Authority

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