

## Client Handout

## GOOD NEWS!

- ❖ The Washington Medicaid Program resumed covering dental services for all adults with Medicaid.
- ❖ Includes people who already have Medicaid AND people who are eligible for “Expanded Medicaid,” part of health care reform.
- ❖ Medicaid is now “Apple Health.”

## WHAT’S COVERED?

### DIAGNOSTIC PROCEDURES

#### ❖ EXAMS

- ✓ Initial Comprehensive Exam – Once per client, per provider or clinic
- ✓ Periodic Exam – 1 every 12 months
- ✓ Limited Exam – as needed

#### ❖ X-RAYS

- ✓ Complete Series (FMX) – 1 every 3 years
- ✓ 4 Bitewings – every 12 months
- ✓ Panorex – every 3 years (*A panorex is a two-dimensional dental x-ray that displays both the upper and lower jaws and teeth, in the same film.*)
- ✓ Periapical – as needed (common need: a possible abscess)

### PREVENTIVE SERVICES

- ❖ Prophylaxis (Cleaning) – 1 every 12 months
- ❖ Fluoride Application (Varnish)
  - ✓ 21 and older– 1 every 12 months
  - ✓ Residents of alternative living facility – 3 every 12 months

### BASIC RESTORATIVE (FILLINGS)

- ❖ Composite or Amalgam restorations - once per tooth in a 2 year period
- ❖ **Crowns – NOT COVERED**

### PERIODONTAL (GUM DISEASE)

- ❖ Scaling and Root Planing – every 2 years per quadrant
- ❖ Perio Maintenance – once every 12 months

### ENDODONTIC (ROOT CANAL)

- ❖ Anterior (front) teeth only – upper and lower

### DENTURES / PARTIALS

- ❖ Complete Dentures – covered, with Prior Authorization (PA) required
- ❖ Partial Dentures – Resin Based (Acrylic) – covered, but prior authorization required
  - ✓ At least one anterior tooth or 4 posterior teeth, not including 2<sup>nd</sup> or 3<sup>rd</sup> molars, missing per arch to be considered for approval.
  - ✓ If in alternative living facility, requires medical diagnosis, prognosis, and documentation of medical necessity to be considered for approval.
- ❖ **Replacement of Partials** – may be covered if existing dentures are at least 3 years old.
- ❖ Rebase and Reline of Dentures – once in a 3 year period, at least 6 months after original dentures inserted.

### ORAL SURGERY

Simple extractions, Surgical extractions, Biopsies, Intraoral and Extraoral Incise and Drain

- ✓ Nitrous oxide sedation covered
- ✓ **Oral and other sedation methods NOT COVERED.**

### ORTHODONTICS

- ✓ **Clients over the age of 20 are NOT COVERED.**

### DIVISION OF DEVELOPMENTAL DISABILITIES (DDD)

- ❖ For adults with this designation, all coverage is the same as above with the following additions:
  - ✓ Topical Fluoride – 3 times per year
  - ✓ Sealants – covered for posterior teeth
  - ✓ Crowns – Stainless Steel only, covered for posterior teeth with supporting documentation
  - ✓ Prophylaxis, Scaling and Root Planing, and Perio Maintenance – any combination of the 3 in a 12 month period

For more information your covered dental benefits contact:

**Health Care Authority/ProviderOne**

**1-800-562-3022**

King County residents visit: [www.kingcounty.gov/health/access](http://www.kingcounty.gov/health/access)

or call: **Community Health Access Program (CHAP Line)** at

**206-284-0331 or 1-800-756-5437**

