

**WAC 284-43-5702 Essential health benefit category—Pediatric oral services.** A health benefit plan must include "pediatric dental benefits" in its essential health benefits package. Pediatric dental benefits means coverage for the oral services listed in subsection (3) of this section, delivered to those under age nineteen. Plans must provide this coverage for enrollees until at least the end of the month in which the enrollee turns age nineteen.

(1) For benefit years beginning January 1, 2017, a health benefit plan must include pediatric dental benefits as an embedded set of benefits, or through a combination of a health benefit plan and a stand-alone dental plan that includes pediatric dental benefits certified as a qualified dental plan. For a health benefit plan certified by the health benefit exchange as a qualified health plan, this requirement is met if a stand-alone dental plan meeting the requirements of subsection (4) of this section is offered in the health benefit exchange for that benefit year.

(2) The requirements of WAC 284-43-5642 and 284-43-5782 are not applicable to the stand-alone dental plan.

(3) A health benefit plan may, but is not required to, include the following services as part of the EHB-benchmark package. The base-benchmark plan specifically excludes oral implants, and an issuer should not include benefits for oral implants in establishing a plan's actuarial value.

(4) The base-benchmark plan covers pediatric services for the categories set forth in WAC 284-43-5642 and covers pediatric oral services. The designated base-benchmark plan for pediatric dental benefits consists of the benefits and services covered by health care service contractor Regence BlueShield as the *Regence Direct Gold* small group plan policy form, policy form number WW0114CCONMSD, and certificate form number WW0114BPP01SD, offered during the first quarter of 2014 (SERFF filing number RGWA-128968362). A health plan issuer must offer coverage for and classify the following pediatric oral services as pediatric dental benefits in a manner substantially equal to the base-benchmark plan:

- (a) Diagnostic services;
- (b) Preventive care;
- (c) Restorative care;
- (d) Oral surgery and reconstruction to the extent not covered under the hospitalization benefit;
- (e) Endodontic treatment, not including indirect pulp capping;
- (f) Periodontics;
- (g) Crown and fixed bridge;
- (h) Removable prosthetics; and
- (i) Medically necessary orthodontia.

(5) The base-benchmark plan's visit limitations on services in this category are:

(a) Diagnostic exams once every six months, beginning before one year of age, plus limited oral evaluations when necessary to evaluate for a specific dental problem or oral health complaint, dental emergency or referral for other treatment;

(b) Limited visual oral assessments or screenings, limited to two per member per calendar year, not performed in conjunction with other clinical oral evaluation services;

(c) Two sets of bitewing X-rays once a year for a total of four bitewing X-rays per year;

(d) Cephalometric films, limited to once in a two-year period;

- (e) Panoramic X-rays once every three years;
  - (f) Occlusal intraoral X-rays, limited to once in a two-year period;
  - (g) Periapical X-rays not included in a complete series for diagnosis in conjunction with definitive treatment;
  - (h) Prophylaxis every six months beginning at age six months;
  - (i) Fluoride three times in a twelve-month period for ages six and under; two times in a twelve-month period for ages seven and older; and three times in a twelve-month period during orthodontic treatment;
  - (j) Sealant once every three years for permanent bicuspids and molars only;
  - (k) Oral hygiene instruction two times in twelve months for ages eight and under if not billed on the same day as a prophylaxis treatment;
  - (l) Restorations (fillings) on the same tooth every two years;
  - (m) Frenulectomy or frenuloplasty covered for ages six and under without prior authorization;
  - (n) Root canals on baby primary posterior teeth only;
  - (o) Root canals on permanent anterior, bicuspids and molar teeth, excluding teeth 1, 16, 17, and 32;
  - (p) Periodontal scaling and root planing once per quadrant in a two-year period for ages thirteen and older;
  - (q) Periodontal maintenance once per quadrant in a twelve-month period for ages thirteen and older;
  - (r) Stainless steel crowns for primary anterior teeth once every three years, if age thirteen and older;
  - (s) Stainless steel crowns for permanent posterior teeth once every three years;
  - (t) Installation of space maintainers (fixed unilateral or fixed bilateral) for members twelve years of age or under, including:
    - (i) Recementation of space maintainers;
    - (ii) Removal of space maintainers; and
    - (iii) Replacement space maintainers when dentally appropriate.
  - (u) One resin-based partial denture, if provided at least three years after the seat date;
  - (v) One complete denture upper and lower, and one replacement denture per lifetime after at least five years from the seat date;
  - (w) Rebasing and relining of complete or partial dentures once in a three-year period, if performed at least six months from the seat date.
- (6) Issuers must know and apply relevant guidance, clarifications and expectations issued by federal governmental agencies regarding essential health benefits. Such clarifications may include, but are not limited to, Affordable Care Act implementation and frequently asked questions jointly issued by the U.S. Department of Health and Human Services, the U.S. Department of Labor and the U.S. Department of the Treasury.
- (7) This section applies to health plans that have an effective date of January 1, 2017, or later.

[Statutory Authority: RCW 48.02.060. WSR 16-14-106 (Matter No. R 2016-11), § 284-43-5702, filed 7/6/16, effective 8/6/16. WSR 16-01-081, recodified as § 284-43-5702, filed 12/14/15, effective 12/14/15. Statutory Authority: RCW 48.21.241, 48.21.320, 48.44.460, 48.44.341, 48.46.291, 48.46.530, and 48.43.715. WSR 15-20-042 (Matter No. R 2015-02), § 284-43-8791, filed 9/29/15, effective 9/29/15.]