

**WAC 182-535-1100 Dental-related services—Not covered.** (1) The medicaid agency does not cover the following under the dental program:

- (a) The dental-related services described in subsection (2) of this section unless the services are covered under the early periodic screening, diagnostic, and treatment (EPSDT) program. When EPSDT applies, the agency evaluates a noncovered service, equipment, or supply according to the process in WAC 182-501-0165 to determine if it is medically necessary, safe, effective, and not experimental.
- (b) Any service specifically excluded by statute.
- (c) More costly services when less costly, equally effective services as determined by the agency are available.
- (d) Services, procedures, treatment, devices, drugs, or application of associated services:
  - (i) That the agency or the Centers for Medicare and Medicaid Services (CMS) considers investigative or experimental on the date the services were provided.
  - (ii) That are not listed as covered in one or both of the following:
    - (A) Washington Administrative Code (WAC).
    - (B) The agency's current published documents.

(2) The agency does not cover dental-related services listed under the following categories of service (see subsection (1)(a) of this section for services provided under the EPSDT program):

- (a) **Diagnostic services.** The agency does not cover:
  - (i) Detailed and extensive oral evaluations or reevaluations.
  - (ii) Posterior-anterior or lateral skull and facial bone survey films.
  - (iii) Any temporomandibular joint films.
  - (iv) Tomographic surveys/3-D imaging.
  - (v) Comprehensive periodontal evaluations.
  - (vi) Viral cultures, genetic testing, caries susceptibility tests, or adjunctive prediagnostic tests.
- (b) **Preventive services.** The agency does not cover:
  - (i) Nutritional counseling for control of dental disease.
  - (ii) Removable space maintainers of any type.
  - (iii) Sealants placed on a tooth with the same-day occlusal restoration, preexisting occlusal restoration, or a tooth with occlusal decay.
  - (iv) Custom fluoride trays of any type.
  - (v) Bleach trays.
- (c) **Restorative services.** The agency does not cover:
  - (i) Restorations for wear on any surface of any tooth without evidence of decay through the dentinoenamel junction (DEJ) or on the root surface.
  - (ii) Preventative restorations.
  - (iii) Labial veneer resin or porcelain laminate restorations.
  - (iv) Sedative fillings.
  - (v) Crowns and crown related services.
    - (A) Gold foil restorations.
    - (B) Metallic, resin-based composite, or porcelain/ceramic inlay/onlay restorations.
    - (C) Crowns for cosmetic purposes (e.g., peg laterals and tetracycline staining).
    - (D) Permanent indirect crowns for posterior teeth.
    - (E) Permanent indirect crowns on permanent anterior teeth for clients age 14 and younger.

- (F) Temporary or provisional crowns (including ion crowns).
- (G) Any type of coping.
- (H) Crown repairs.
- (I) Crowns on teeth one, 16, 17, and 32.
- (vi) Polishing or recontouring restorations or overhang removal for any type of restoration.
- (vii) Any services other than extraction on supernumerary teeth.
- (d) **Endodontic services.** The agency does not cover:
  - (i) Indirect or direct pulp caps.
  - (ii) Any endodontic treatment on primary teeth, except as described in WAC 182-535-1086(3).
- (e) **Periodontic services.** The agency does not cover:
  - (i) Surgical periodontal services including, but not limited to:
    - (A) Gingival flap procedures.
    - (B) Clinical crown lengthening.
    - (C) Osseous surgery.
    - (D) Bone or soft tissue grafts.
    - (E) Biological material to aid in soft and osseous tissue regeneration.
    - (F) Guided tissue regeneration.
    - (G) Pedicle, free soft tissue, apical positioning, subepithelial connective tissue, soft tissue allograft, combined connective tissue and double pedicle, or any other soft tissue or osseous grafts.
    - (H) Distal or proximal wedge procedures.
  - (ii) Nonsurgical periodontal services including, but not limited to:
    - (A) Intracoronal or extracoronal provisional splinting.
    - (B) Full mouth or quadrant debridement (except for clients of the developmental disabilities administration).
    - (C) Localized delivery of chemotherapeutic agents.
    - (D) Any other type of surgical periodontal service.
- (f) **Removable prosthodontics.** The agency does not cover:
  - (i) Removable unilateral partial dentures.
  - (ii) Any interim complete or partial dentures.
  - (iii) Flexible base partial dentures.
  - (iv) Any type of permanent soft reline (e.g., molloplast).
  - (v) Precision attachments.
  - (vi) Replacement of replaceable parts for semi-precision or precision attachments.
  - (vii) Replacement of second or third molars for any removable prosthesis.
  - (viii) Immediate dentures.
  - (ix) Cast-metal framework partial dentures.
- (g) **Implant services.** The agency does not cover:
  - (i) Any type of implant procedures, including, but not limited to, any tooth implant abutment (e.g., periosteal implants, eposteal implants, and transosteal implants), abutments or implant supported crowns, abutment supported retainers, and implant supported retainers.
  - (ii) Any maintenance or repairs to procedures listed in (g)(i) of this subsection.
  - (iii) The removal of any implant as described in (g)(i) of this subsection.
- (h) **Fixed prosthodontics.** The agency does not cover any type of:
  - (i) Fixed partial denture pontic.
  - (ii) Fixed partial denture retainer.
  - (iii) Precision attachment, stress breaker, connector bar, coping, cast post, or any other type of fixed attachment or prosthesis.

(i) **Oral maxillofacial prosthetic services.** The agency does not cover any type of oral or facial prosthesis other than those listed in WAC 182-535-1092.

(j) **Oral and maxillofacial surgery.** The agency does not cover:

(i) Any oral surgery service not listed in WAC 182-535-1094.

(ii) Vestibuloplasty.

(k) **Adjunctive general services.** The agency does not cover:

(i) Anesthesia, including, but not limited to:

(A) Local anesthesia as a separate procedure.

(B) Regional block anesthesia as a separate procedure.

(C) Trigeminal division block anesthesia as a separate procedure.

(IM) drug injections, including antibiotic and injection of sedative.

(E) Application of any type of desensitizing medicament or resin.

(ii) Other general services including, but not limited to:

(A) Fabrication of an athletic mouthguard.

(B) Sleep apnea devices or splints.

(C) Occlusion analysis.

(D) Occlusal adjustment, tooth or restoration adjustment or smoothing, or odontoplasties.

(E) Enamel microabrasion.

(F) Dental supplies such as toothbrushes, toothpaste, floss, and other take home items.

(G) Dentist's or dental hygienist's time writing or calling in prescriptions.

(H) Dentist's or dental hygienist's time consulting with clients on the phone.

(I) Educational supplies.

(J) Nonmedical equipment or supplies.

(K) Personal comfort items or services.

(L) Provider mileage or travel costs.

(M) Fees for no-show, canceled, or late arrival appointments.

(N) Service charges of any type, including fees to create or copy charts.

(O) Office supplies used in conjunction with an office visit.

(P) Teeth whitening services or bleaching, or materials used in whitening or bleaching.

(Q) Botox or dermal fillers.

(3) The agency does not cover the following dental-related services for clients age 21 and older:

(a) The following diagnostic services:

(i) Occlusal intraoral radiographs;

(ii) Diagnostic casts;

(iii) Sealants (for clients of the developmental disabilities administration, see WAC 182-535-1099);

(iv) Pulp vitality tests.

(b) The following restorative services:

(i) Prefabricated resin crowns;

(ii) Any type of core buildup, cast post and core, or prefabricated post and core.

(c) The following endodontic services:

(i) Endodontic treatment on permanent bicuspid or molar teeth;

(ii) Any apexification/recalcification procedures;

(iii) Any apicoectomy/periradicular surgical endodontic procedures including, but not limited to, retrograde fillings (except for anterior teeth), root amputation, reimplantation, and hemisections.

(d) The following adjunctive general services:

(i) Occlusal guards, occlusal orthotic splints or devices, bruxing or grinding splints or devices, or temporomandibular joint splints or devices; and

(ii) Analgesia or anxiolysis as a separate procedure except for administration of nitrous oxide.

(4) The agency evaluates a request for any dental-related services listed as noncovered in this chapter under the provisions of WAC 182-501-0160.

[Statutory Authority: RCW 41.05.021 and 41.05.160. WSR 23-08-080, § 182-535-1100, filed 4/5/23, effective 5/6/23; WSR 17-20-097, § 182-535-1100, filed 10/3/17, effective 11/3/17; WSR 15-10-043, § 182-535-1100, filed 4/29/15, effective 5/30/15. Statutory Authority: RCW 41.05.021 and 2013 2nd sp.s. c 4 § 213. WSR 14-08-032, § 182-535-1100, filed 3/25/14, effective 4/30/14. Statutory Authority: RCW 41.05.021. WSR 12-09-081, § 182-535-1100, filed 4/17/12, effective 5/18/12. WSR 11-14-075, recodified as § 182-535-1100, filed 6/30/11, effective 7/1/11. Statutory Authority: RCW 74.08.090, 74.09.500, 74.09.520. WSR 07-06-042, § 388-535-1100, filed 3/1/07, effective 4/1/07. Statutory Authority: RCW 74.04.050, 74.04.057, 74.08.090, 74.09.530, 2003 1st sp.s. c 25, P.L. 104-191. WSR 03-19-078, § 388-535-1100, filed 9/12/03, effective 10/13/03. Statutory Authority: RCW 74.08.090, 74.09.035, 74.09.500, 74.09.520, 42 U.S.C. 1396d(a), 42 C.F.R. 440.100 and 440.225. WSR 02-13-074, § 388-535-1100, filed 6/14/02, effective 7/15/02. Statutory Authority: RCW 74.08.090, 74.09.035, 74.09.520 and 74.09.700, 42 USC 1396d(a), C.F.R. 440.100 and 440.225. WSR 99-07-023, § 388-535-1100, filed 3/10/99, effective 4/10/99. Statutory Authority: Initiative 607, 1995 c 18 2nd sp.s. and 74.08.090. WSR 96-01-006 (Order 3931), § 388-535-1100, filed 12/6/95, effective 1/6/96.]