

ADULT DENTAL

Washington Apple Health (Medicaid)

Starting January 1, 2014

Client Handout

- ❖ The Washington Apple Health (Medicaid) resumed covering dental services for all adults with Medicaid (clients 21 years of age and older)
- ❖ 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* 2nd or 3rd 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 Partial** – 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.**

OTHER NON-COVERED SERVICES

- ✓ Implants
- ✓ Bridges

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

To find a provider that takes Apple Health visit:

<https://fortress.wa.gov/hca/p1findaprovider/>

