Table of Contents

State/Territory Name: Washington

State Plan Amendment (SPA) #: 15-0005

This file contains the following documents in the order listed:

1) Approval Letter

- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services Seattle Regional Office 701 Fifth Avenue, Suite 1600, MS/RX-200 Seattle, WA 98104



Division of Medicaid & Children's Health Operations

Dorothy Frost Teeter, Director MaryAnne Lindeblad, Medicaid Director Health Care Authority Post Office Box 45502 Olympia, Washington 98504-5010

MAR 0 9 2015

RE: Washington State Plan Amendment (SPA) Transmittal Number 15-0005

Dear Ms. Teeter and Ms. Lindeblad:

The Centers for Medicare & Medicaid Services (CMS) Seattle Regional Office has completed its review of State Plan Amendment (SPA) Transmittal Number 15-0005. This SPA adds information for preventative dental services for children age 20 and under that was inadvertently removed from the Medicaid state plan.

This SPA is approved effective January 8, 2015.

If you have any questions, please contact me, or have your staff contact Janice Adams at (206) 615-2541 or via email at janice.adams@cms.hhs.gov.

Sincerely,

Frank Schneider

Acting Associate Regional Administrator Division of Medicaid and Children's Health Operations

cc: Ann Myers, State Plan Coordinator

20. SIGNATURE OF BEGIONAY, OFFICIAL:

22. TITLE: Acting Associate Regional Administrator Division

of Medicaid and Children's Health

23. REMARKS:

21. TYPED NAME:

19. EFFECTIVE DATE OF APPROVED MATERIAL:

Frank schneider

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State	WASHINGTON
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AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

- 10. Dental services and dentures (cont)
 - 6. Non-emergency oral surgeries performed in an inpatient hospital setting are not covered. The exception is for clients of the Developmental Disabilities Administration whose surgery cannot be performed in an office setting. Documentation must be maintained in the client's record.
 - C. Dentures
 - 1. Complete and overdentures
 - a. 1 maxillary and 1 mandibular in a 5-year period
 - b. Prior authorization required
 - Complete or partial rebase or relines once every 3 years when performed at least 6 months after the seating date
 - 3. Resin partial dentures
 - a. Once every 3 years
 - b. Prior authorization required
 - II. For clients age 20 and under
 - A. Preventive care
 - 1. Examinations
 - a. Periodic oral evaluations once every 6 months
 - b. Comprehensive evaluations once every 5 years
 - 2. Fluoride (per client per provider/clinic)
 - a. For clients age 6 and younger, 3 times in a 12-month period
 - b. For clients age 7 through 18, 2 times in a 12-month period
 - c. For clients age 19 through 20, 1 time in a 12-month period
 - 3. Oral hygiene instruction
 - a. For clients age 8 and younger only
 - b. Up to 2 times in a 12-month period in a setting other than a dental office
 - 4. Prophylaxis
 - a. Not covered in conjunction with periodontal maintenance or root scaling/planning
 - b. For clients age 18 and younger
 - i. Once every 6 months
 - ii. Must be at least 6 months after periodontal maintenance or root scaling/planning
 - c. For clients age 19 through 20
 - i. Once every 12 months
 - ii. Must be at least 12 months after periodontal maintenance or root scaling/planning

Back to TOC

TN #15-0005 Supersedes TN# 13-26 Approval Date

Effective Date 1/8/15

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State	WASHINGTON	
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