



# RULE-MAKING ORDER PERMANENT RULE ONLY

**CR-103P (December 2017)**  
**(Implements RCW 34.05.360)**

CODE REVISER USE ONLY

OFFICE OF THE CODE REVISER  
STATE OF WASHINGTON  
FILED

DATE: October 04, 2023

TIME: 10:58 AM

WSR 23-20-129

**Agency:** Health Care Authority

**Effective date of rule:**

**Permanent Rules**

- ☐ 31 days after filing.
- ☒ Other (specify) January 1, 2024 (If less than 31 days after filing, a specific finding under RCW 34.05.380(3) is required and should be stated below)

**Any other findings required by other provisions of law as precondition to adoption or effectiveness of rule?**

- ☐ Yes ☒ No If Yes, explain:

**Purpose:** The agency amended this rule to increase the allowable number of periodontal treatments to up to four per 12-month period for Apple Health eligible clients, age 21 and over, with a current diagnosis of diabetes. Effective January 1, 2024, periodontal maintenance is allowed once every three months when criteria is met. In subsection (2)(a)(i), the agency removed "subgingival calculus" as it is unnecessary language.

**Citation of rules affected by this order:**

New:  
Repealed:  
Amended: 182-535-1088  
Suspended:

**Statutory authority for adoption:** RCW 41.05.021, 41.05.160

**Other authority:** ESSB 5187 Conference Budget, Sec. 211 (60)

**PERMANENT RULE (Including Expedited Rule Making)**

Adopted under notice filed as WSR 23-17-080 on August 15, 2023 (date).  
Describe any changes other than editing from proposed to adopted version: None

If a preliminary cost-benefit analysis was prepared under RCW 34.05.328, a final cost-benefit analysis is available by contacting:

Name:  
Address:  
Phone:  
Fax:  
TTY:  
Email:  
Web site:  
Other:

**Note: If any category is left blank, it will be calculated as zero.  
No descriptive text.**

**Count by whole WAC sections only, from the WAC number through the history note.  
A section may be counted in more than one category.**

**The number of sections adopted in order to comply with:**

Federal statute:	New	_____	Amended	_____	Repealed	_____
Federal rules or standards:	New	_____	Amended	_____	Repealed	_____
Recently enacted state statutes:	New	_____	Amended	_____	Repealed	_____

**The number of sections adopted at the request of a nongovernmental entity:**

New	_____	Amended	_____	Repealed	_____
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**The number of sections adopted on the agency's own initiative:**

New	_____	Amended	<u>1</u>	Repealed	_____
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**The number of sections adopted in order to clarify, streamline, or reform agency procedures:**

New	_____	Amended	<u>1</u>	Repealed	_____
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**The number of sections adopted using:**

Negotiated rule making:	New	_____	Amended	_____	Repealed	_____
Pilot rule making:	New	_____	Amended	_____	Repealed	_____
Other alternative rule making:	New	_____	Amended	<u>1</u>	Repealed	_____

**Date Adopted:** October 4, 2023

**Name:** Wendy Barcus

**Title:** HCA Rules Coordinator

**Signature:**



**WAC 182-535-1088 Dental-related services—Covered—Periodontic services.** Clients described in WAC 182-535-1060 are eligible to receive the dental-related periodontic services listed in this section, subject to coverage limitations, restrictions, and client-age requirements identified for a specified service.

(1) **Surgical periodontal services.** The medicaid agency covers the following surgical periodontal services, including all postoperative care:

(a) Gingivectomy/gingivoplasty (does not include distal wedge procedures on erupting molars) only on a case-by-case basis and when prior authorized and only for clients age ~~((twenty))~~ 20 and younger; and

(b) Gingivectomy/gingivoplasty (does not include distal wedge procedures on erupting molars) for clients of the developmental disabilities administration of the department of social and health services (DSHS) according to WAC 182-535-1099.

(2) **Nonsurgical periodontal services.** The agency:

(a) Covers periodontal scaling and root planing for clients age ~~((thirteen through eighteen))~~ 13 through 18, once per quadrant per client, in a two-year period on a case-by-case basis, when prior authorized, and only when:

(i) The client has radiographic evidence of periodontal disease ~~((and subgingival calculus))~~;

(ii) The client's record includes supporting documentation for the medical necessity, including complete periodontal charting done within the past ~~((twelve))~~ 12 months from the date of the prior authorization request and a definitive diagnosis of periodontal disease;

(iii) The client's clinical condition meets current published periodontal guidelines; and

(iv) Performed at least two years from the date of completion of periodontal scaling and root planing or surgical periodontal treatment, or at least ~~((twelve))~~ 12 calendar months from the completion of periodontal maintenance.

(b) Covers periodontal scaling and root planing once per quadrant per client in a two-year period for clients age ~~((nineteen))~~ 19 and older. Criteria in (a)(i) through (iv) of this subsection must be met.

(c) Considers ultrasonic scaling, gross scaling, or gross debridement to be included in the procedure and not a substitution for periodontal scaling and root planing.

(d) Covers periodontal scaling and root planing only when the services are not performed on the same date of service as prophylaxis, periodontal maintenance, gingivectomy, or gingivoplasty.

(e) Covers periodontal scaling and root planing for clients of the developmental disabilities administration of DSHS according to WAC 182-535-1099.

(f) Covers periodontal scaling and root planing, one time per quadrant in a ~~((twelve))~~ 12-month period for clients residing in an alternate living facility or nursing facility.

(3) **Other periodontal services.** The agency:

(a) Covers periodontal maintenance for clients age ~~((thirteen through eighteen))~~ 13 through 18 once per client in a ~~((twelve))~~ 12-

month period on a case-by-case basis, when prior authorized, and only when:

- (i) The client has radiographic evidence of periodontal disease;
- (ii) The client's record includes supporting documentation for the medical necessity, including complete periodontal charting done within the past (~~((twelve))~~) 12 months with location of the gingival margin and clinical attachment loss and a definitive diagnosis of periodontal disease;

- (iii) The client's clinical condition meets current published periodontal guidelines; and

- (iv) The client has had periodontal scaling and root planing but not within (~~((twelve))~~) 12 months of the date of completion of periodontal scaling and root planing, or surgical periodontal treatment.

- (b) Covers periodontal maintenance once per client in a twelve month period for clients age (~~((nineteen))~~) 19 and older. Criteria in (a)(i) through (iv) of this subsection must be met.

- (c) Covers periodontal maintenance only if performed at least (~~((twelve))~~) 12 calendar months after receiving prophylaxis, periodontal scaling and root planing, gingivectomy, or gingivoplasty.

- (d) Covers periodontal maintenance for clients of the developmental disabilities administration of DSHS according to WAC 182-535-1099.

- (e) Covers periodontal maintenance for clients residing in an alternate living facility or nursing facility:

- (i) Periodontal maintenance (four quadrants) substitutes for an eligible periodontal scaling or root planing once every six months.

- (ii) Periodontal maintenance allowed six months after scaling or root planing.

- (f) Covers periodontal maintenance for clients 21 and older with a diagnosis of diabetes:

- (i) Periodontal maintenance allowed once every three months. Criteria in (a)(i) through (iii) of this subsection must be met.

- (ii) Periodontal maintenance allowed three months after scaling or root planing.

- (g) Covers full-mouth scaling in the presence of generalized moderate or severe gingival inflammation and only:

- (i) For clients age (~~((nineteen))~~) 19 and older once in a (~~((twelve))~~) 12-month period after an oral evaluation; and

- (ii) For clients age (~~((thirteen through eighteen))~~) 13 through 18 once in a (~~((twelve))~~) 12-month period after an oral evaluation and when prior authorized.