Covered services

Diagnostic Procedures

Exams
- Initial comprehensive exam – once per client, per provider or clinic
- Periodic exam – 1 every 6 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 (a possible abscess is a common need)

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

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 required
- Partial dentures, resin based (acrylic) – covered, with prior authorization required
- Rebase and reline of dentures – 1 in a 3-year period, at least 6 months after original dentures inserted
- Replacement of partials – may be covered if existing dentures are at least 3 years old

Oral Surgery
- Simple extractions, surgical extractions, biopsies, intraoral and extraoral incise, and drain
- Nitrous oxide sedation covered.

As of May 1, 2014, oral and other sedation methods or general anesthesia is considered on a case-by-case basis when a client has a medical condition for which general anesthesia is medically necessary (for example, tremors, seizures, behavioral health conditions, and breathing difficulties). Prior authorization is required.

Services that are not covered
- Bridges
- Implants
- Crowns

DIVISION OF DEVELOPMENTAL DISABILITIES (DDD)

For adults with this designation, all coverage is the same as “Covered services” above, along 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

For more information about your covered dental benefits, contact: Health Care Authority 1-800-562-3022
To find a provider that accepts Washington Apple Health, visit: https://fortress.wa.gov/hca/p1findaprovider/