
Health Care & Wellness Committee

HB 2498

Brief Description: Concerning prior authorization for dental services and supplies in medical assistance programs.

Sponsors: Representatives Caldier, Cody, DeBolt, Manweller, Walsh, Johnson, Pike, Appleton, Jinkins, Kilduff and Gregerson.

Brief Summary of Bill

- Eliminates prior authorization requirements for dental services and supplies provided through medical assistance programs if the payment rate for the service or supplies is less than half of the usual and customary fee for the service or supplies.

Hearing Date: 1/27/16

Staff: Chris Blake (786-7392).

Background:

Medical assistance is available to eligible low-income state residents and their families from the Health Care Authority (Authority), primarily through the Medicaid program. The majority of medical assistance clients are served under a managed care arrangement which provides a prepaid, comprehensive system of medical and health care delivery, including primary, specialty, and ancillary health services. Dental services for medical assistance clients, however, are provided through a fee-for-service arrangement in which the dentist directly bills the Authority. Certain dental services require that the dental provider obtain authorization prior to the service being performed. Prior authorization generally requires that the dental provider establish medical necessity for the service through sufficient, objective, clinical information.

Summary of Bill:

Medical assistance programs may not apply prior authorization requirements to dental services and supplies if the payment for the service or supplies is less than half of the usual and

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customary fee. The term "usual and customary fee" means the amount charged for a dental service based on the fee usually charged for the same or similar dental service by providers in the area.

Appropriation: None.

Fiscal Note: Requested on January 21, 2016.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.