# **ANALYST CHECKLIST**

## INDIVIDUAL EMBEDDED PEDIATRIC EHBs

**For ALL LICENSURES; HCSC, HMO, and Disability Company**

**This checklist is required to accompany the 2026 Individual Health Plans Analyst Checklist where a health plan provides the Pediatric EHBs as an embedded set of benefits.**

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| Issuer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SERFF Tracker ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Network Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sub-networks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Provider Network Type (Single or Tiered\*): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Network Line of Business (dental, medical, medical and vision, vision):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

\*TIERED as described in [WAC 284-170-330](http://apps.leg.wa.gov/wac/default.aspx?cite=284-170-330)

* **Note:** For plan years beginning on or after 1/1/2026, the base-benchmark plan for Pediatric Oral Care Essential Health Benefits is the Washington Essential Health Benefits Benchmark Plan approved by the Centers for Medicare and Medicaid Services (CMS) on October 7, 2024. You can access these documents on our website at [https:**//www.insurance.wa.gov**](https://www.insurance.wa.gov)

 **GENERAL REVIEW REQUIREMENTS**

Authority to Review Contract:
For HCSCs - RCW 48.44.040, RCW 48.44.309, WAC 284-43-5702

For HMOs – RCW 48.46.060, RCW 48.46.010, WAC 284-43-5702

For Disability Issuers - RCW 48.18.100, RCW 48.43.715, WAC 284-43-5622, WAC 284-43-5642, WAC 284-43-5702

| **Topic** | **Sub-Topic** | **Reference** | **Specific Issue** | **Form # and page or section** | **Additional Information** |
| --- | --- | --- | --- | --- | --- |
| **Requirement for Pediatric Oral Services EHB** |  | 42 USC 18022(a)(1);42 USC §18022(b)(1)(J);Benchmark Plan; WAC 284-43-5400; WAC 284-43-5602; WAC 284-43-5702 | In order to meet the requirements for the “Pediatric Oral Services” Essential Health Benefit, the plan must provide coverage for the oral services listed in the benchmark plan in a manner substantially similar to the base benchmark plan, delivered to those under age nineteen. The plan must provide this coverage for enrollees until at least the end of the month in which the enrollee turns age nineteen. |  |  |
| Lifetime and Annual Dollar limits | 42 USC §300gg-11(a); 42 USC §300gg-21(c) | Stand Alone Dental Plans, that include family coverage (coverage for those over age 18) as excepted benefits plans, may have lifetime and annual limits, for those over age 18. |  |  |
|  |  |  |  |  |  |
| **Crown and fixed bridge****Crown and fixed bridge (Cont’d)** | Required CoverageRequired Coverage (Cont’d) | Benchmark Plan; WAC 284-43-5702(4)(g). See, also, WAC 284-43-5702(6) | Plan must cover crown and fixed bridge services in a manner substantially equal to the base benchmark plan including, at a minimum: |  |  |
| Benchmark plan | * Stainless steel crowns for primary posterior teeth once in a three-year period; and
 |  |  |
| Benchmark Plan; WAC 284-43-5702(5)(s) | * + - * Stainless steel crowns for permanent posterior teeth (excluding teeth one, 16, 17 and 32) once every three years.
 |  |  |
| Benchmark plan | * Bridges (fixed partial dentures);
	+ Benefits need not be provided for replacement made fewer than seven years after placement.
 |  |  |
| Benchmark plan | * + - * Crowns and crown build-ups, limited to the following:
 |  |  |
| Benchmark plan | * + - * An indirect crown in a five-year period, per tooth, for permanent anterior teeth for Members with fully erupted permanent anterior teeth;
 |  |  |
| Benchmark plan | * + - * Cast post and core or prefabricated post and core, on permanent teeth when performed in conjunction with a crown;
 |  |  |
| Benchmark plan | * + - * Core build-ups, including pins, only on permanent teeth when performed in conjunction with a crown;
 |  |  |
| Benchmark plan | * + - * Recementations of permanent indirect crowns for Members with fully erupted permanent anterior teeth;
 |  |  |
| Benchmark plan | * + - * Dental implant crown and abutment related procedures, one per Member per tooth in a seven-year period.
 |  |  |
| Benchmark plan | * Adjustment and repair of dentures and bridges;
	+ Benefits need not be provided for adjustments or repairs done within one year of insertion.
 |  |  |
| Benchmark plan | * Repair of crowns. May be limited to one per tooth;
 |  |  |
|  | Benchmark plan | * Repair of implant-supported prosthesis or abutment. May be limited to one per tooth;
 |  |  |
|  |  |  |  |  |  |
| **Diagnostic Services****Diagnostic Services (Cont’d)** | Required Diagnostic Services Without Cost SharingRequired Diagnostic Services Without Cost Sharing (Cont’d) | Benchmark plan; WAC 284-43-5702(4)(a). See, also, WAC 284-43-5702(6).  | Must cover diagnostic services in a manner substantially equal to the base-benchmark plan. This must include, at least, the following services, which must be covered without cost sharing (as they are covered as preventive services under the base benchmark plan): |  |  |
| Benchmark plan | * + - * Periodic and comprehensive oral examinations, limited to two per Member per Calendar Year, beginning before one year of age;
 |  |  |
| Benchmark plan | * + - * Problem focused oral examinations;
 |  |  |
| Benchmark plan | * + - * Limited visual oral assessments or screenings, not performed in conjunction with other clinical oral evaluation services;
 |  |  |
| Benchmark plan | * + - * Bitewing X rays;
 |  |  |
| Benchmark plan | * + - * Cephalometric films;
 |  |  |
| Benchmark plan | * + - * Panoramic mouth X rays;
 |  |  |
| Benchmark plan | * + - * Occlusal intraoral X rays;
 |  |  |
| Benchmark plan | * + - * Periapical X rays that are not included in a complete series for diagnosis in conjunction with definitive treatment;
 |  |  |
| Benchmark Plan | * + - * Diagnostic casts when dentally appropriate; and
 |  |  |
| Benchmark Plan | * + - * Photographic images (oral and facial) when dentally appropriate.
 |  |  |
|  |  |  |  |  |  |
| **Endodontic Treatment** | RequiredEndodontic Services | Benchmark Plan; WAC 284-43-5702(4)(e). See, also, WAC 284-43-5702(6) | Plan must cover endodontic treatment (**not** including indirect pulp capping) in a manner substantially equal to the base benchmark plan including, at a minimum: |  |  |
| * Apexification for apical closures of anterior permanent teeth;
 |  |  |
| Benchmark Plan | * Apicoectomy;
 |  |  |
| Benchmark Plan | * Debridement;
 |  |  |
| Benchmark Plan | * Direct pulp capping;
 |  |  |
| Benchmark Plan | * Pulpal therapy;
 |  |  |
| Benchmark Plan | * Pulp vitality tests;
 |  |  |
| Benchmark Plan | * Pulpotomy; and
 |  |  |
| Benchmark Plan | * Root canal treatment.
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| **Home and Facility Visits** |  | Benchmark plan | Home visits, including extended care facility calls. May be limited to two calls per facility per provider. |  |  |
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| **Medically Necessary Orthodontia** | Required Services | Benchmark plan; WAC 284-43-5702(4)(i). See, also, WAC 284-43-5702(6) | Plan must cover medically necessary orthodontia in a manner substantially equal to the base benchmark plan including, at a minimum: |  |  |
| Benchmark plan | * Medically Necessary orthodontia for malocclusions associated with:
 |  |  |
| Benchmark plan | * + cleft lip and palate, cleft palate and cleft lip with alveolar process involvement; and
 |  |  |
| Benchmark plan | * + craniofacial anomalies for hemifacial microsomia, craniosynostosis syndromes, arthrogryposis or Marfan syndrome.
 |  |  |
|  |  |  |  |  |  |
| **Oral Surgery and Re-construction****Oral Surgery and Re-construction (Cont’d)** | Required ServicesRequired Services (Cont’d) | Benchmark plan | Plan must cover oral surgery and reconstruction in a manner substantially equal to the base-benchmark plan including, at a minimum: |  |  |
| Benchmark plan | * Frenulectomy or frenuloplasty;
 |  |  |
| Benchmark plan | * Uncomplicated oral surgery procedures including removal of teeth, incision and drainage;
 |  |  |
| Benchmark plan | * Complex oral surgery procedures including surgical extractions of teeth, impactions, alveoloplasty, vestibuloplasty, and residual root removal;
 |  |  |
| RCW 48.43.715(1); Benchmark plan | * General dental anesthesia or intravenous sedation administered:
	+ In connection with extractions of partially or completely bony impacted teeth;
 |  |  |
| RCW 48.43.185 (1)(b) | * + To safeguard the Member’s health;
 |  |  |
| RCW 48.43.185 (1)(a)  | * + For a covered procedure performed in a dental office if medically necessary because a child is under seven years of age or physically or developmentally disabled.
 |  |  |
| RCW 48.43.185(2) | * + Benefit may be subject to cost sharing, benefit maximums, or prior authorization, and limited to in-network providers.
 |  |  |
| Benchmark plan | * Drugs and/or medications when used with parenteral conscious sedation, deep sedation, or general anesthesia;
 |  |  |
| Benchmark plan | * Inhalation of nitrous oxide, once per day;
 |  |  |
| Benchmark plan | * Local anesthesia and regional blocks, including office-based oral or parenteral conscious sedation, deep sedation or general anesthesia; and
 |  |  |
| Benchmark plan | * Post-surgical complications.
 |  |  |
| Allowable exclusion | Benchmark Plan | * Base benchmark plan specifically excludes oral surgery to treat a fractured jaw, and orthognathic surgery.
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| **Periodontics** | RequiredPeriodontic Services | Benchmark Plan; WAC 284-43-5702(4)(f). See, also, WAC 284-43-5702(6) | Plan must cover periodontic services in a manner substantially equal to the base benchmark plan including, at a minimum: |  |  |
| Benchmark plan | * Periodontal scaling and root planing once per quadrant per Member in a two-year period;
 |  |  |
| Benchmark plan | * Periodontal maintenance once per quadrant in a calendar year;
 |  |  |
| Benchmark plan | * Complex periodontal procedures (osseous surgery including flap entry and closure and mucogingival plastic surgery);
 |  |  |
| Benchmark plan | * Debridement; and
 |  |  |
| Benchmark plan | * Gingivectomy and gingivoplasty limited to once per Member per quadrant in a three-year period.
 |  |  |
|  |  |  |  |  |  |
| **Preventive Services** | Required Preventive Services | Benchmark Plan; WAC 284-43-5800(4); | Plan must cover preventive care services **without cost sharing** in a manner substantially equal to the base-benchmark plan including, at a minimum: |  |  |
| Benchmark Plan | * Cleanings;
 |  |  |
| Benchmark Plan | * Periodic and comprehensive oral examinations, limited to two per enrollee per year, beginning before one year of age.
 |  |  |
| Benchmark Plan;WAC 284-43-5642 (6)(a)(iv) | * Fluoride;
 |  |  |
| Benchmark Plan | * Topical fluoride treatments when dentally appropriate.
 |  |  |
| Benchmark Plan | * Sealants;
 |  |  |
| Benchmark Plan | * Oral hygiene instruction if not billed on the same day as a cleaning;
 |  |  |
| Benchmark Plan | * Installation of space maintainers (fixed unilateral or fixed bilateral) including:
 |  |  |
| Benchmark Plan;WAC 284-43-5702 (5)(t)(i) | * + Recementation of space maintainers;
 |  |  |
| Benchmark Plan;WAC 284-43-5702 (5)(t)(ii) | * + Removal of space maintainers; and
 |  |  |
| Benchmark Plan;WAC 284-43-5702 (5)(t)(iii) | * + Replacement space maintainers when dentally appropriate.
 |  |  |
|  |  |  |  |  |  |
| **Prostho-dontic** **Services (Removable)****(Cont’d)** | Required Services | Benchmark Plan; WAC 284-43-5702(4)(h). See, also, WAC 284-43-5702(6) | Plan must cover removable prosthodontics and prosthodontic-related procedures in a manner substantially equal to the base benchmark plan including, at a minimum: |  |  |
| Benchmark Plan | * One resin based partial denture; replaced once within a three-year period;
 |  |  |
| Benchmark Plan | * One complete denture upper and lower and one replacement denture after at least 5 years from the seat date;
 |  |  |
| Benchmark Plan | * Denture rebase, limited to one per Member per arch in a three-year period, if performed at least six months from the seating date;
 |  |  |
|  | Benchmark plan | * Occlusal guards;
 |  |  |
|  | Benchmark plan | * Adjustment and repair of dentures and bridges;

Benefits need not be provided for adjustments or repairs done within one year of insertion. |  |  |
|  |  |  |  |  |  |
| **Restorative Services****Restorative Services****(Cont’d)** | Required Services | Benchmark plan; WAC 284-43-5702(4)(c) See, also, WAC 284-43-5702(6) | Plan must cover restorative care in a manner substantially equal to the base benchmark plan, including at least the following services: |  |  |
| Benchmark plan; WAC 284-43-5702(5)(l) | Plan must cover composite and amalgam restorations (fillings) on the same tooth, limited to once in a two-year period; |  |  |
| Allowable limitations | Benchmark plan | Plan may limit restorations to the following:* Maximum of five surfaces per tooth for permanent posterior teeth, except for upper molars;
 |  |  |
| Benchmark plan | * Maximum of six surfaces per tooth for teeth one, two, three, 14, 15 and 16;
 |  |  |
| Benchmark plan | * Maximum of six surfaces per tooth for permanent anterior teeth; and
 |  |  |
| Benchmark plan | * Two occlusal restorations for the upper molars on teeth one, two, three, 14, 15 and 16.
 |  |  |