

Summary of Benefits Report for Louisiana, Medicaid

InsureKidsNow.gov

Preventive Services				
	Is the service Covered?	Frequency	List any service - specific limitations	
Cleanings	Yes	1 x 6 months		
Fluoride treatments (including fluoride varnishes)	Yes	1 x 6 months		
Sealants (list any tooth-specific limits)	Yes	1 x every 3 years	Sealants are limited to one application per tooth per 36 months. Service is reimbursable for TIDs #2, 3, 14, 15, 18, 19, 30 and 31 only.	
Space maintainers	Yes - only with prior authorization		Fixed-space maintainers require pre-authorization and are limited to the necessary maintenance of a posterior space for a permanent successor to a prematurely lost deciduous tooth (teeth). Removable, maxillary anterior or active space maintainers are not provided.	
Diagnostic Services				
	Is the service Covered?	Frequency	List any service - specific limitations	Recommended age of first visit ?
Oral health screening or assessment	No			
Dental examinations	Yes	1 x 6 months		At eruption of first tooth/6 months, and no later than 12 months
Assessment of risk for tooth decay	No			
X-Rays				
Bitewing	Yes	1 x year	Age 3-20. A 3-20.Limited to one (1)service a day by any provider, facility, or group, and to one service every year by the same provider, facility, or group.	
Full Mouth	Yes	1 x year	Ages 2-20. Full mouth series x-ray (D0210)once every year by the same provider ,facility, or group.	
Panoramic	Yes	1 x year	Age 3-20. Limited to one (1) service a day by any provider, facility, or group, and to one service every year by the same provider, facility, or group.	
Treatment Services				
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Anti-microbial treatments that stop decay from spreading	No			
Fillings				

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Treatment Services				
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Silver amalgam	Yes		<p>Reimbursable for Tooth Numbers 1 through 32 and Letters A through T. Please note, for enrollees under five years of age, restorations are reimbursable for Tooth Letters D, E, F, G, N, O, P, and Q only.</p> <p>Procedure code D2161 is reimbursable for Tooth Numbers 1 through 32 only. Second or subsequent restorations on permanent teeth when billed within 12 months from the date of the original restoration require consideration when the need for the restoration is due to pulpal necrosis (root canal), traumatic injury to the tooth, or in the event of failed restoration which must be indicated in the enrollee's treatment records. Otherwise, duplicate surfaces are not reimbursable on the same tooth, in amalgam restorations, within a 12-month period by any provider.</p>	

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Tooth colored composite	Yes		<p>Procedure codes D2330, D2331, D2332, D2335, and D2390 are reimbursable for Tooth Numbers 6 through 11 and 22 through 27 and Tooth Letters C, H, M, and R for enrollees under 21 years of age. These procedures are also reimbursable for Tooth Letters D, E, F, G, N, O, P, and Q for enrollees under five years of age only. Procedure codes D2391, D2392, D2393, and D2394 are reimbursable for Tooth Numbers 1 through 5, 12 through 16, 17 through 21, and 28 through 32 and Tooth Letters A, B, I, J, K, L, S, and T. Second or subsequent restorations on permanent teeth when billed within 12 months from the date of the original restoration require consideration when the need for the restoration is due to pulpal necrosis (root canal), traumatic injury to the tooth, or in the event of failed restoration which must be indicated in the enrollee's treatment records. Otherwise, duplicate surfaces are not reimbursable on the same tooth, in amalgam restorations, within a 12-month period by any provider.</p>	
Crowns/tooth caps				

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Treatment Services				
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Stainless steel crowns	Yes - only with prior authorization		<p>Prefab stainless steel crowns are reimbursable for Tooth Letters D, E, F, G, N, O, P, and Q for enrollees under five years of age only.</p> <p>Permanent teeth stainless steel prefab crowns are reimbursable for Tooth Numbers 1 through 32.</p> <p>Resin window crowns are reimbursable for Tooth Letters C, H, M, and R. This procedure is also reimbursable for Tooth Letters D, E, F, G, N, O, P, and Q for enrollees under five years of age only.</p> <p>D2934 is reimbursable for Tooth Letters C, H, M, and R. This procedure is also reimbursable for Tooth Letters D, E, F, G, N, O, P, and Q for enrollees under five years of age only.</p>	
Metal (only) crowns	No			
Metal/porcelain crowns	No			
Porcelain (only) crowns	Yes - only with prior authorization		<p>Prefab is reimbursable for tooth letters C, H, M, and R for EPSDT enrollees. This procedure is also reimbursable for tooth letters D, E, F, G, N, O, P and Q for enrollees under five years of age. Resin crowns are reimbursable for Tooth Numbers 6 through 11 and 22 through 27 and Letters C, H, M and R. This procedure is also reimbursable for Tooth Letters D, E, F, G, N, O, P, and Q for enrollees under five years of age only.</p>	
Root Canals (endodontics)				

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Root canals on baby teeth (pulpotomies)	Yes - only with prior authorization		Therapeutic pulpotomy reimbursable for Tooth Letters D, E, F,G, N, O, P and Q only if the recipient is under five years of age. Pupal Therapy only on (A, J, K or T)	
Root canals on permanent teeth	Yes - only with prior authorization		Root canals on 3rd molars are not covered. Retreatment of previous root canal therapy is limited to anterior teeth only.	
Gum (periodontal) therapy	Yes - only with prior authorization		Only two(2) units of periodontal scaling and root planing maybe reimbursed per day. For those requiring hospitalization, a maximum of four units of may be paid on the same date of service. This procedure is reimbursable for Oral Cavity Designators10, 20, 30 and 40. This service is reimbursable only once per quadrant in a 12 month period.	
Dentures				
Partial dentures	Yes - only with prior authorization		Ages 3-20.Only one prosthesis per recipient per arch is allowed in an 5-year period. Only permanent teeth are eligible for replacement by an interim partial denture or a partial denture.	
Complete dentures	Yes - only with prior authorization		Ages 3-20. Only one prosthesis per recipient per arch is allowed in an five-year period.	
Bridges	Yes - only with prior authorization		Ages 16-20. Limited to one (1) per member in a five (5)year period. This procedure is reimbursable for Tooth Numbers 7, 8,9, or 10.	
Orthodontics*				
Retainers (orthodontic)	No			

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Treatment Services				
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
Braces	Yes - only with prior authorization		Limited and comprehensive orthodontic treatment is reimbursable for Oral Cavity Designators 01, 02, 10, 20, 30, and 40.	comprehensive treatment is allowable when related to an identifiable syndrome such as cleft lip and/or palate, Crozon's syndrome, Treacher-Collins syndrome, Pierre-Robin syndrome, hemi-facial atrophy, hemi-facial hypertrophy; or other severe craniofacial deformities that result a physically handicapping malocclusion.
Oral surgery				
Simple extractions	Yes			
Surgical extractions	Yes - only with prior authorization			
Care of abscesses	Yes		TID 1-32. Requires x-rays and rationale. This service is not reimbursable for primary teeth	
Cleft palate treatment	Yes - only with prior authorization		covered using comprehensive ortho codes	
Cancer treatment	No		Refer to Louisiana Medicaid medical health benefit for coverage.	
Treatment of fractures	Yes - only with prior authorization			
Biopsies	Yes - only with prior authorization		Requires pre-authorization, x-rays, and rationale. Oral Cavity Designator 01,02, 10, 20, 30 or 40.	
Treatment of jaw joint problems (TMJ)	Yes - only with prior authorization		must have an occlusion that has progressed beyond the mixed dentition stage of tooth eruption	
Emergency room services provided by a dentist	Yes			
Inpatient Hospital Services	Yes - only with prior authorization			In conjunction with physical health coverage
Anesthesia				

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General anesthesia	Yes - only with prior authorization		in conjunction with difficult impactions or other extensive surgical procedures done in the office setting. A maximum of three units are available per enrollee per visit. Anesthesia time record is required.	
Intravenous conscious sedation	Yes - only with prior authorization		in conjunction with difficult impactions or other extensive surgical procedures done in the office setting. A maximum of three units are available per enrollee per visit. Anesthesia time record is required.	
Non-intravenous conscious sedation	Yes - only with prior authorization		This service is only allowable for children with behavioral problems under the age of six or for older children who are physically or mentally handicapped. A maximum of four non-intravenous conscious sedation/analgesia administrations, per enrollee, are available annually by the same billing provider or another Medicaid provider located in the same office as the billing provider.	
Analgesia (nitrous oxide)	Yes		Reimbursable in accordance with AAPD recommendations and documentation guidelines on which the same date as a covered dental service. Nitrous oxide is not separately reimbursable when billed in conjunction with Non-intravenous conscious sedation, General anesthesia or IV conscious sedation.	

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* When this information is posted on the Insure Kids Now website, we will include a special note for orthodontic services explaining that parents and caretakers should work with their child's orthodontist to ensure that the treatment and payment terms and conditions are clear at the outset of treatment (for example, what happens in the case of a child who becomes ineligible for Medicaid or CHIP while he or she is undergoing orthodontic treatment?).