

Summary of Benefits Report for Louisiana, Medicaid

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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 6 months	(TIDs #2, 3, 14, 15, 18, 19, 30 and 31 only). Six-year molar sealants will be paid only for Members under ten (10) years of age (TIDs#3, 14, 19, 30). Twelve (12) year molar sealants will be paid only for Members under sixteen (16) years of age (TIDs 2, 15, 18,31).
Space maintainers	Yes		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	No			

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Treatment Services				
	Is the service Covered?	Frequency	List any service - specific limitations	Criteria for coverage
treatments that stop decay from spreading				
Fillings				
Silver amalgam	Yes - only with prior authorization		No restoration of anytype will be payablefor deciduous centralor lateral incisor teeth(Tooth letters D, E, F,G, N, O, P, and Q) forrecipients who havereached their fifthbirthday	
Tooth colored composite	Yes - only with prior authorization		Prior authorizationONLY for ToothLetters C, H, M and R is required only forrecipients 9 years of age and older.	
Crowns/tooth caps				
Stainless steel crowns	Yes - only with prior authorization		This procedure codeis payable for ToothLetters D, E, F, G, N,O, P and Q only if themember is under five(5) years of age.Pre-authorization forprocedure codeD2930 is requiredonly for Tooth LettersB, I, L, and S formembers nine (9)years of age andolder; and for ToothLetters A, C, H, J, K,M, R and T formembers 10 years of age and older.	
Metal (only) crowns	No			
Metal/porcelain crowns	No			
Porcelain (only) crowns	No			
Root Canals (endodontics)				
Root canals on baby teeth (pulpotomies)	Yes - only with prior authorization		Therapeuticpulpotom yreimbursable forTooth Letters D, E, F,G, N, O, P and Q onlyif the recipient isunder five years ofage. Pupal Therapyonly on (A, J, K or T)	
Root canals on permanent teeth	Yes - only with prior authorization		Ages 6-20	

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Treatment Services				
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Gum (periodontal) therapy	Yes - only with prior authorization		Ages 13-20. Only two(2) units of periodontal scaling and root planing may be reimbursed per day. This procedure is reimbursable for Oral Cavity Designators 10, 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 five-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			
Braces	Yes - only with prior authorization		This procedure is reimbursable for Oral Cavity Designators 01, 02, 10, 20, 30, and 40.	related to an identifiable syndromes such as cleft lip and/or palate, Crozon's syndrome, Treacher-Collins syndrome, Pierre-Robin syndrome, hemi-facial atrophy, hemi-facial hypertrophy: other severe craniofacial deformities that result in age appropriate surgical cases as determined by a clinical review.
Oral surgery				
Simple extractions	Yes			

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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 orthocodes	
Cancer treatment	No			
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				
General anesthesia	No			
Intravenous conscious sedation	Yes		in conjunction with difficult impactions or other extensive surgical procedures done in the office setting	
Non-intravenous conscious sedation	Yes - only with prior authorization		Ages 1-5 for children with behavioral problems, and Ages 6-20 for individuals with physical or mental disabilities. Pre-authorizations are required only for members six (6) years of age and older.	
Analgesia (nitrous oxide)	Yes		only reimbursable for dates of service on which restorative and/or surgical services	

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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?).