

STATE OF LOUISIANA

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
LIMITATIONS OF THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED
MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

Dental Services

Louisiana Medicaid provides coverage of dental services to beneficiaries under 21 years of age. Covered dental service categories are as follows:

- (a) Category I – Diagnostic and preventive
- (b) Category II – Basic dental
- (c) Category III – Major dental
- (d) Category IV – Orthodontic

STATE OF LOUISIANA

PAYMENT OF MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905(A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

I. Dental Services

~~Effective for dates of service on and after December 24, 2008, the reimbursement fees for EPSDT dental services are increased to the following percentages of the 2008 National Dental Advisory Service Comprehensive Fee Report 70th percentile rate, unless otherwise stated. The reimbursement fees are increased to:~~

- ~~1. 80 percent for all oral examinations;~~
- ~~2. 75 percent for the following services:
 - a. radiograph—periapical and panoramic film;
 - b. prophylaxis;
 - c. topical application of fluoride or fluoride varnish; and
 - d. removal of impacted tooth;~~
- ~~3. 70 percent for the following services:
 - a. radiograph—complete series, occlusal film and bitewings;
 - b. sealant, per tooth;
 - c. space maintainer, fixed (unilateral or bilateral);
 - d. amalgam, primary or permanent;
 - e. resin-based composite and resin-based composite crown, anterior;
 - f. prefabricated stainless steel or resin crown;
 - g. core buildup, including pins;
 - h. pin retention;
 - i. prefabricated post and core, in addition to crown;
 - j. extraction or surgical removal of erupted tooth;
 - k. removal of impacted tooth (soft tissue or partially bony); and
 - l. palliative (emergency) treatment of dental pain; and
 - m. surgical removal of residual tooth roots; and~~
- ~~4. 65 percent for the following dental services:
 - a. oral/facial images;
 - b. diagnostic casts;
 - c. re-cementation of space maintainer or crown;
 - d. removal of fixed space maintainer;
 - e. all endodontic procedures except unspecified endodontic procedure, by report;
 - f. all periodontic procedures except unspecified periodontal procedure, by report;
 - g. fluoride gel carrier;~~

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PAYMENT OF MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905(A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

Effective for dates of service on or after July 1, 2023, EPSDT dental services shall be reimbursed based on the Louisiana Medicaid fee schedule.

The reimbursement rates in the fee schedule target aggregate reimbursement by dental service category, equal to a specific percentage of the 2022 National Dental Advisory Services (NDAS) Comprehensive Fee Report 70th percentile, as listed within subparts (a) through (d).

(a) Category I dental service rates for diagnostic and preventive services are established at approximately 57.2 percent of the NDAS.

(b) Category II dental service rates for basic dental services are established at approximately 52.9 percent of the NDAS.

(c) Category III dental service rates for major dental services are established at approximately 61.2 percent of the NDAS.

(d) Category IV dental service rates for orthodontic services are established at approximately 38.5 percent of the NDAS.

Except as otherwise noted in the Plan, state-developed fee schedule rates are the same for both governmental and private providers of EPSDT dental services. All rates in the fee schedule are published on the Medicaid provider website at www.lamedicaid.com.

AMOUNT, DURATION AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

9. Clinic services.

Provided: No limitations With limitations*
 Not provided.

10. Dental services.

Provided: No limitations With limitations*
 Not provided.

11. Physical therapy and related services.

a. Physical therapy.

Provided: No limitations With limitations*
 Not provided.

b. Occupational therapy.

Provided: No limitations With limitations*
 Not provided.

c. Services for individuals with speech, hearing, and language disorders
(provided by or under the supervision of a speech pathologist or
audiologist).

Provided: No limitations With limitations*
 Not provided.

*Description provided on attachment.

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State/Territory: LOUISIANA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): All Groups Listed Under C
of Attachment 2.2-A

8. Private duty nursing services.

Provided: No limitations With limitations*

9. Clinic services.

Provided: No limitations With limitations*

10. Dental services.

Provided: No limitations With limitations*

11. Physical therapy and related services.

a. Physical therapy.

Provided: No limitations With limitations*

b. Occupational therapy.

Provided: No limitations With limitations*

c. Services for individuals with speech, hearing, and language disorders provided by or under supervision of a speech pathologist or audiologist.

Provided: No limitations With limitations*

12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

a. Prescribed drugs.

Provided: No limitations With limitations*

b. Dentures.

Provided: No limitations With limitations*

*Description provided on attachment.

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