

STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

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

CITATION Medical and
42 CFR 447 Remedial Care and
 Services
 Item 12b

Dentures

I1. Methods of Payment

~~Adult denture services are reimbursed the lower of the dentist's billed charges or the state established schedule of fees. This fee schedule is reviewed annually.~~

~~Effective for dates of service on or after July 1, 2012, the reimbursement fees on file for the following adult denture services shall be reduced to the following percentages of the 2009 National Dental Advisory Service Comprehensive Fee Report 70th percentile, unless otherwise stated:~~

- ~~1. 65 percent for the comprehensive evaluation exam; and~~
- ~~2. 56 percent for full mouth x ray.~~

~~Removable prosthodontics shall be excluded from the July 1, 2012 reimbursement rate reduction.~~

~~Effective for dates of service on or after August 1, 2013, the reimbursement for adult denture services shall be reduced by 1.5 percent of the fee amounts on file as of July 31, 2013.~~

~~Removable prosthodontics shall be excluded from the August 1, 2013 reimbursement rate reduction.~~

Effective for dates of service on and after July 1, 2023, the reimbursement for adult denture services shall be reimbursed based on the Louisiana Medicaid fee schedule, which targets aggregate reimbursement equal to approximately 61.2 percent of the 2022 National Dental Advisory Services (NDAS) Comprehensive Fee Report 70th percentile. Except as otherwise noted in the Plan, state-developed fee schedule rates are the same for both governmental and private providers of adult denture services. All rates in the

STATE OF LOUISIANA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

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

fee schedule are published on the Medicaid provider website at www.lamedicaid.com.

H2. Standards for Payment

Only the services of dentists who are licensed by the State Board of Dental Examiners are reimbursed.

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.

A
DATE RECD 9-30-97
DATE APPROV 12-22-97
DATE EFF 8-1-97
HCFA 179 97-17

TN No. ~~97-17~~ 23-0011

Supersedes

TN No. ~~97-17~~ 97-17

Approval Date ~~12-22-97~~

Effective Date ~~8-1-97~~ July 1, 2023