



InsureKidsNow.gov
Connecting Kids to Coverage

Summary of Benefits for Louisiana, MEDICAID

Children's Dental Services

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	FV - under the age of six; TF-children less than 16 years of age
Sealants (list any tooth-specific limits)	Yes	1 x 6 months	only reimbursable for 2, 3, 14, 15, 18, 19, 30 and 31; 6yr molars under 10; 12yr molars under 16;
Space maintainers	Yes	1 x every 2 years	

Summary of Benefits for Louisiana, MEDICAID

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		6 months
Assessment of risk for tooth decay				
	No			
X-Rays				
Bitewing	Yes	1 x 6 months		
Full Mouth	Yes - only with prior authorization	1 x 6 months	must be justified by the findings of a clinical examination	
Panoramic	Yes - only with prior authorization		for oral and maxillofacial surgery and orthodontic services.	

Summary of Benefits for Louisiana, MEDICAID

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				
Silver amalgam	Yes - only with prior authorization		No restoration of any type will be payable for deciduous central or lateral incisor teeth (Tooth letters D, E, F, G, N, O, P, and Q) for recipients who have reached their fifth birthday	
Tooth colored composite	Yes - only with prior authorization		Prior authorization ONLY for Tooth Letters C, H, M and R is required only for recipients 9 years of age and older.	
Crowns/tooth caps				
Stainless steel crowns	Yes - only with prior authorization		Tooth Letters D, E, F, G, N, O, P and Q only if the recipient is under 5 years of age. Prior authorization for procedure code D2930 is required only for Tooth Letters B, I, L, and S for recipients 8 years of age and older; and for Tooth Letters A, C, H, JK, M, R and T for recipients 9 years of age and older.	
Metal (only) crowns	No			

Summary of Benefits for Louisiana, MEDICAID

	Is the service Covered?	Frequency	List any service-specific limitations	Criteria for coverage
Metal/porcelain crowns	No			
Porcelain (only) crowns	No			
Root Canals (endodontics)				
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			
Gum (periodontal) therapy				
	Yes - only with prior authorization		Only two units of periodontal scaling and root planing may be reimbursed per day. Only one full mouth debridement is allowed in a 12 month period.	
Dentures				
Partial dentures	Yes - only with prior authorization		Only one prosthesis per recipient per arch is allowed in a 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		Only one prosthesis per recipient per arch is allowed in a five-year period.	

Summary of Benefits for Louisiana, MEDICAID

	Is the service Covered?	Frequency	List any service-specific limitations	Criteria for coverage
Bridges	Yes - only with prior authorization		patient must be at least 16 and only one bridge is covered in a five year period	
Orthodontics*				
Retainers (orthodontic)	No			
Braces	Yes - only with prior authorization		ordinated diagnosis and treatment leading to the improvement of a patients craniofacial dysfunction and/or dentofacial deformity including anatomical, functional and aesthetic relationships.	related to an identifiable syndrome such as cleft lip and/or palate, Crozon's syndrome, Treacher-
Oral surgery				
Simple extractions	Yes			
Surgical extractions	Yes - only with prior authorization			
Care of abscesses	Yes			
Cleft palate treatment	Yes - only with prior authorization		covered using comprehensive ortho codes	
Cancer treatment	No			
Treatment of fractures	No			

Summary of Benefits for Louisiana, MEDICAID

	Is the service Covered?	Frequency	List any service-specific limitations	Criteria for coverage
Biopsies	Yes - only with prior authorization		requires post authorization	
Treatment of jaw joint problems (TMJ)				
	Yes - only with prior authorization		must have an occlusion that has progressed beyond the mixed dentition	
Emergency room services provided by a dentist				
	No			
Inpatient Hospital Services				
	No			
Anesthesia				
General anesthesia	No			
Intravenous conscious sedation	Yes - only with prior authorization		in conjunction with difficult impactions or other extensive surgical procedures done in the office setting	
Non-intravenous conscious sedation	Yes - only with prior authorization		for children with behavioral problems under the age of six or for older children who are physically or mentally handicapped.	
Analgesia (nitrous oxide)	Yes		only reimbursable for dates of service on which restorative and/or surgical services	

Summary of Benefits for Louisiana, MEDICAID

* 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?).