



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:

- Extraction, coronal remnants- deciduous tooth;
- Extraction, erupted tooth or exposed root (elevation and/or forceps removal);
- Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth;
- Removal of impacted tooth, soft tissue; and
- Removal of impacted tooth, partially bony.

Fee schedules are published on the Medicaid provider website at [www.lamedicaid.com](http://www.lamedicaid.com). Public and private providers are paid the same rate for the same type of service.

STATE	<u>Louisiana</u>	A
DATE REC'D	<u>3-4-10</u>	
DATE APP'D	<u>6-2-10</u>	
DATE EFF	<u>1-22-10</u>	
HCFA 179	<u>10-14</u>	

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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:

(3) 65 Percent for the Following Dental Services:

- Periodontal Scaling and Root Planing;
- Full Mouth Debridement; and
- Extraction, Coronal Remnants – Deciduous Tooth.

The reimbursement fees for all other covered dental procedures shall remain at the rate on file as of January 5, 2009.

Effective for dates of service on or after January 22, 2010, the reimbursement fees for dental services provided to Medicaid eligible pregnant women shall be reduced to the following percentages of the 2008 National Dental Advisory Service Comprehensive Fee Report 70th percentile, unless otherwise stated:

- (1) 73 percent for the comprehensive periodontal evaluation exam;
- (2) 70 percent for the following diagnostic services:  
Intraoral-periapical first film;  
Intraoral-periapical, each additional film; and  
Panoramic film and prophylaxis, adult; and
- (3) 65 percent for the remaining diagnostic services and all periodontic procedures, restorative and oral and maxillofacial surgery procedures which includes the following dental services:

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STATE	LOUISIANA
DATE REC'D.	3-1-10
DATE APP'D.	6-2-10
DATE EFF.	1-22-10
HCFA 179	10-14

- Intraoral, occlusal film;
- Bitewings, two films;
- Amalgam (one, two or three surfaces) primary or permanent;
- Amalgam (four or more surfaces);
- Resin-based composite (one, two or three surfaces), anterior;
- Resin-based composite (four or more surfaces) or involving incisal angle, anterior;
- Resin-based composite crown, anterior;
- Resin-based composite (one, two, three, four or more surfaces), posterior;
- Prefabricated stainless steel crown, primary or permanent tooth;
- Prefabricated resin crown;
- Periodontal scaling and root planning (four or more teeth per quadrant);
- Full mouth debridement to enable comprehensive evaluation and diagnosis;

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